#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	son to the archiving of this report at the centre and to copies of the report sering made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2019 10:53
Date Of Accident	21/05/2019 09:05
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU8028L
Insured/Policyholder	
Name Of Registered Owner	ZHANG DAN
NRIC No	S7665371B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87218315
Alternative Phone No	OFFICE-87218315
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108735936
Cover Note Number	
Driver	
Name of Driver	ZHANG DAN
NRIC No	S7665371B
D ( O(D) ()	00/04/4070

Name of Driver ZHANG DA
NRIC No S7665371B
Date Of Birth 23/04/1976
Occupation OUTDOOR
Date Of Driving Pass 05/11/2008

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87218315

Fax Number

Contact Number OFFICE-87218315

EMail Address NOEMAIL

**BLK 432A SENGKANG WEST WAY** Address

#17-503

Postcode 791432

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

JRU9822 (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

NO

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - F/20190521/2123.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number JRU9822

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne's Signature Name: NRIC/FIN No.:

construction (in 2)

#### **Accident Sketch Plan**

Word land cheek print		
5 5	/	LS FUSIUS L
45 -0	E S	JRU9822
300	[3]	
34		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to only	17 pory - 7 2019 050	.14
12 Parce	13 by 4 - 1- 1514 189	1131~).
DECLARATION		
/We declare the foregoing particular	ulars are true in every respect	
	and the state of t	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyhold Date & Time:	er) Name: NRIC/FIN No.:





Report No. F/20190521/2123

# POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Date/Time Report Made			0	
21/05/2019 19:09				Station Diary No
Name Of Informant ZHANG DAN	APT BL	Address APT BLK 432A SENGKANG WEST WAY #17-503 SINGAPORE 791432		
ID Type / ID No. NRIC NO / S7665371B	Contact Home/C	No.	Mobile 87218315	
Nationality SINGAPORE CITIZEN	Email A	Email Address		
Occupation Semi conductor engineer	Sex Male	Age 43	Date of Birth 23/04/1976	Race Chinese
nstitution/School Name	Language English		1010	Othrese
Date/Time Of Incident 21/05/2019 09:05	Location Of Incident CAuseway before Malaysia Customs MALAYSIA			
Brief details,	Tren that I I	JIP.		

On 21/05/2019 at about 0904hrs, I was driving my car, SFU8028L from the causeway into Malaysia Johor Bahru customs when I was waiting for my turn, I was lining behind counter 3 when I was about to move inside, a white Hyundai MPV car, JRU9822 abruptly cut infront of me into counter 3, as it was dangerous to contest for the queue, my car stood stationary and JRU9822 continued to move infront of my car from the right but it soon grazed against the right side of my car.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sr Staff Sgt PHOON PENG MUNG	
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 19:09
Officer In-Charge Of Case: F / Sengkang N.P.C / Sr Staff Sgt PHOON PENG MUNG Contact No.: 63438999	Classification Of Case:
Authentication Stamp	

Simnatura:

Snamere Police Force

SN 085

Page 6 of 20





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190521/2123

The driver of JRU9822, a Chinese man in his 20s alighted and started to argue with me claiming that it was my fault, and refused to provide me his particulars when I requested from him. The authorities at the Malaysia customs advised us to move on and settle the matter amongst ourselves after we clear Malaysia customs.

After the customs clearance, JRU9822 left without providing particulars and nowhere to be found.

I tried to make a accident report in Malaysia Johor Bahru but was denied as I only managed to get the plate number of JRU9822 later on when I retrieve my in-car-camera footage. I was advised to make this report for record purposes in case of any allegations.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sr Staff Sgt PHOON PENG MUNG	San D
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 19:09
Officer In-Charge Of Case: F / Sengkang N.P.C / Sr Staff Sgt PHOON PENG MUNG Contact No.: 63438999	Classification Of Case:
Authentication Stamp	

























