

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

Date Of Report	29/05/2019 10:49
Date Of Accident	28/05/2019 12:00
Exact Location Of Accident	SAIBOO STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3305M
Insured/Policyholder	
Name Of Registered Owner	SIM PHECK HUANG
NRIC No	S1303251C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91992808
Alternative Phone No	OTHERS-91992808

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097801838-01
Cover Note Number	

Driver

Name of Driver	SIM PHECK HUANG
NRIC No	S1303251C
Date Of Birth	18/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91992808
Fax Number	
Contact Number	OTHERS-91992808
E-Mail Address	NOEMAIL

Address	BLK 641 CHOA CHU KANG STREET 64 #13-87
Postcode	680641
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

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190528/2184

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	E-SCOOTER
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:
 - (i) 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:
 - (i) 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:

29/5/19
10:55 AM

Driver's Signature
(If driver is not the policyholder)

Date & Time:

29/5/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/5/2019

Sketch Plan #2

SKETCH PLAN



A - SLW3305 M
B - E-scooter

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report -
T/20190528/2184

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Theresa Sim
Policyholder's Signature

Date & Time:

29/5/2019
10:55 am

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:

29/5/2019
10:55 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] - 29/5/2019

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20190528/2184

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190528/2184

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location

I was travelling along the said location. I was travelling straight, approaching the T-Junction ahead of me with the intention to make a left turn. Whilst making the left turn, I make precautions to be careful of my surroundings by checking the right side and then the left side. However, as i finished making the checks, i faced forward and to my dismay, an E-scooter whom was from the opposite side of the road, travelled straight towards my direction. I tried to avoid a head on collision, however, it's speed was deemed too fast for me to avoid and hence, the head to side collision happened.

Outgoing 47 s	28/05/2019 12:51
Outgoing 1 m 49 s	28/05/2019 12:29
Outgoing 6 s	28/05/2019 12:29
Outgoing 5 s	28/05/2019 12:29
Outgoing Not Connected	02/04/2019 07:08

All Call History



Call

Send SMS

Create New Contact

Add to Existing Contact

Add to Blacklist

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



SINGAPORE
POLICE FORCE



T/20190528/2184

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Police Report



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T/20190528/2184

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3 of 3

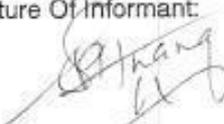
Report No. T/20190528/2184

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / NG JIN SHENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2019 19:45
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	