

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	31/05/2019 16:48
Date Of Accident	30/05/2019 20:55
Exact Location Of Accident	SLIP RD JLN BUKIT MERAH TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH9881Z
Insured/Policyholder	
Name Of Registered Owner	SNG KWANG BENG JULIAN
NRIC No	S0054452C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97931899
Alternative Phone No	OFFICE-97931899

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	200E AUTO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5105961774
Cover Note Number	

Driver

Name of Driver	SNG KWANG BENG JULIAN
NRIC No	S0054452C
Date Of Birth	29/11/1954
Occupation	INDOOR
Date Of Driving Pass	31/07/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97931899
Fax Number	
Contact Number	OFFICE-97931899
Email Address	NOEMAIL

Address	3 JALAN SERULING
Postcode	576837
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	COLLISION - HEAD TO REAR
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?	YES
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190531/2136.

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	GX6207Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MING HAO
NRIC/Passport Number	
Contact Number	96879148
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	SNG KWANG BENG JULIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBH9881Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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7. 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:
 - (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.

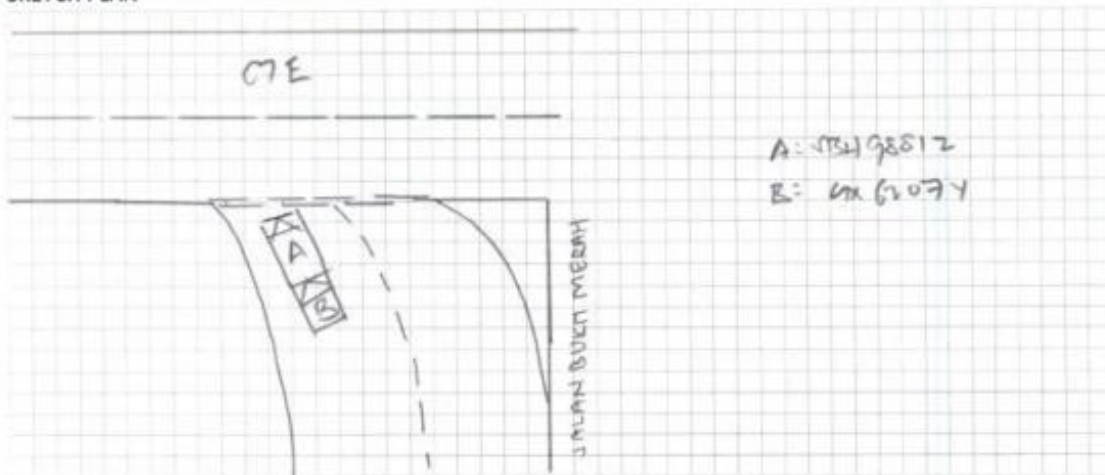

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 740190531/2136.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190531/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20190531/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 16:19	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: SNG KWANG BENG, JULIAN			Address: 3 JALAN SERULING SINGAPORE 576837		
ID Type / ID No.: NRIC NO / S0054452C			Contact No.: Home/Office: Mobile: 97931899		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 29/11/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 20:55	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Filter lane into CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX6207Y	Van				Slightly Damaged	1
SBH9881Z	Car	MERCEDES BENZ	200E AUTO	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBH9881Z	NTUC Income Insurance Co-Operative Limited	5105961774	01/12/2018	30/11/2019

Police Report



**SINGAPORE
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T/20190531/2136

Police Station Of Origin:
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9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20190531/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MING HAO	ID No.	NIL
Related Vehicle	GX6207Y (Van)	Contact No.	96879148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SNG KWANG BENG, JULIAN	ID No.	S0054452C
Related Vehicle	SBH9881Z (Car)	Contact No.	97931899
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/05/2019 at about 2055hrs, I was driving on the second lane along Jalan Bukit Merah towards CTE. I stopped before the give way line on the filter lane from Jalan Bukit Merah to CTE to give way to the traffic from the main road. Suddenly, I felt an impact from the rear and realized that a van had collided onto my vehicle rear portion. I got down of my vehicle and exchanged phone number with the other driver, however he did not provide his particulars. I made a check on my vehicle and noticed that the rear portion was damaged.

After the incident, I felt pain and discomfort on the head area and went to a hospital for check up and was given 5 days of MC.

There is no camera installed in my vehicle.

No police or ambulance came down to scene. No pedestrian was involved. No government property was damaged.

Police Report



SINGAPORE
POLICE FORCE



T/20190531/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20190531/2136

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:

G /

Sgt 2 LIM ZHENG HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2019 16:19

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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