

## 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	15/04/2019 18:37
Date Of Accident	14/04/2019 18:10
Exact Location Of Accident	CHOA CHU KANG RD/ TECK WHYE AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ6361X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOO LAI CHUAN
NRIC No	S0118783Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96848207
Alternative Phone No	OFFICE-96848207

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 (M)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TUITION
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	5017225405-12
Cover Note Number	EXP 21.11.2019

### Driver

Name of Driver	WONG YU HAO
NRIC No	S8844103F
Date Of Birth	10/11/1988
Occupation	INDOOR
Date Of Driving Pass	14/04/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91116706
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 23 ST. GEORGE'S ROAD, 02-208
Postcode	320023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - L-LEARNER
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SOO LAI CHUAN -INSTRUCTOR GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT ATTACH

#### 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	SLL7499T
Vehicle Make/Model/Colour	SUBARU -WHITE
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)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SCZ 6361X  
INSURER : N7MC  
DATE & TIME: 14/4/19 @ 1870 hrs

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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.

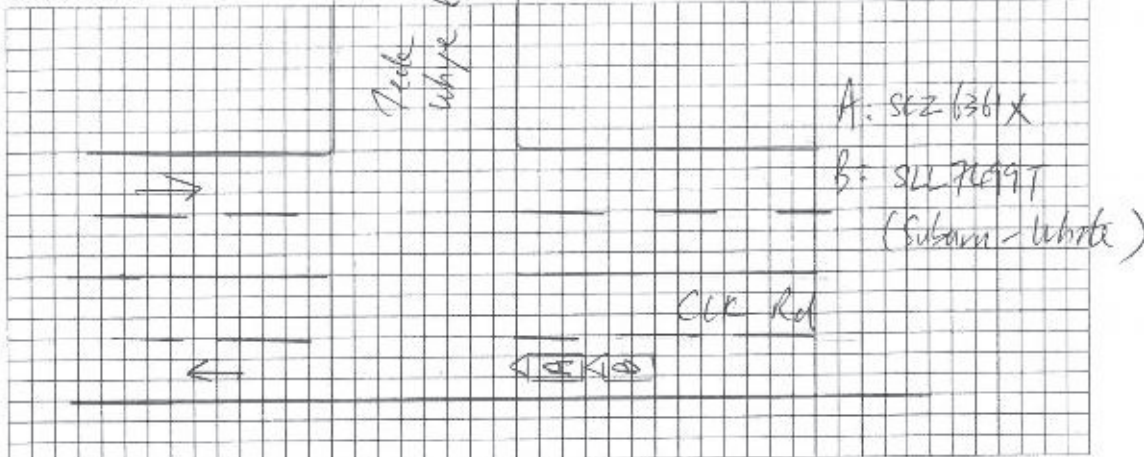
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: 1574/19  
NRIC/FIN No.: (YS)

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident on 14/4/19 @ 1810 hrs along CCK Rd

Refer Police Report T/20190414/2098

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### 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.:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )





**SINGAPORE  
POLICE FORCE**



T/20190414/2098

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20190414/2098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2019 19:45	Vide Report No.:	Station Diary No.: 126
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**Informant's Particulars**

Name of Informant: WONG YU HAO			Address: APT BLK 23 ST. GEORGE'S ROAD #02-208 SINGAPORE 320023		
ID Type / ID No.: NRIC NO / S8844103F			Contact No.: Home/Office: Mobile: 91116706		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 10/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TRADE SUPPORT			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/04/2019 18:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CHOA CHU KANG ROAD TECK WHYE AVENUE Near Junction of Choa Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SCZ6361X	Car	HONDA		Silver	Slightly Damaged	1
SLL7499T	Car	SUBARU		White		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190414/2098

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20190414/2098

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	WONG YU HAO		ID No. S8844103F
Related Vehicle	SCZ6361X (Car)		Contact No. 91116706
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
<b>Passenger</b>			
Name	SOO LAI CHUAN		ID No. S0118783Z
Related Vehicle	SCZ6361X (Car)		Contact No. 96848027
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 14/04/2018 at about 1810hrs, I was at the junction of Choa Chu Kang Road and Teck Whye Avenue, on the most left lane. I was the driver of SCZ6361X, with my driving instructor beside me as my passenger on the front passenger seat, my vehicle was stationary at the traffic junction as the traffic light was red. As the traffic light turned green, I accelerate the vehicle and my vehicle move forward slightly, however shortly after my engine stalled and my vehicle was stationary. The next moment, I felt a bump from the rear of the vehicle. My instructor then alighted from the car to make a check and discovered that the rear bumper was damaged. Another car, SLL 7499T that was behind my vehicle had hit my rear.

I then stopped along the side of the road as we wanted to exchange particulars with the other driver from SLL 7499T. However, the other driver did not stopped his vehicle, instead he filter lane to the right and then drove off. My instructor was only able to see the car register plate number and hence I was asked by him to lodge a report with regards to this matter.

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**SINGAPORE  
POLICE FORCE**



T/20190414/2098

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
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3 of 3



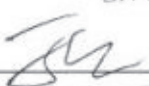
Report No. T/20190414/2098

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: J / Staff Sgt LEE JUN XIANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 19:45
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No: 65476144 	Classification Of Case:
Authentication Stamp NP168 