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 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 laforesaid.	hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/06/2019 14:13
Date Of Accident	07/06/2019 09:35
Exact Location Of Accident	NEAR CARPARK OF BLK 158 / MEI LING ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME5820L
Insured/Policyholder	
Name Of Registered Owner	TAY KOK BENG
NRIC No	S1481114A
Email Address	FREDTAY0805@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97414993
Alternative Phone No	OTHERS-97414993
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5G AUTO

Model

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 5104226445

Cover Note Number

Driver

Name of Driver TAY KOK BENG NRIC No S1481114A Date Of Birth 09/04/1961 Occupation **INDOOR** Date Of Driving Pass 22/07/1981

Driving Experience 37 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97414993

Fax Number

Contact Number OTHERS-97414993

EMail Address FREDTAY0805@SINGNET.COM.SG Address BLK 49 STRATHMORE AVENUE

#19-217

Postcode 140049

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 COLLIDED INTO PEDESTRIAN

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

1

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ALEXANDRA NPP

Police Station Address ROAD: BLK 46 TANGLIN HAIT RD #01-328, POSTCODE: 140462,

NO

NO

1

YES

NO

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190607/2099

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 INJURED PERSON 1

Name TAY KOK BENG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SME5820L
Were seat belts worn? YES

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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.
- 5. 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:

 (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.:

Sketch Plan #2

SKETCH PLAN Zelora Crossing	A Remove	Ling Street.	- ctr Dividley
	n turning out		<
	SME 5820 L 158	Mei Ling market	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	4	
		5000	
	Police	1000	
	· the	1100	
	Day 100) V	
- 20	Her old		
S/s,	1		
/			
		ſ	
DECLARATION			1 1
	iculars are true in every respect.		- 8 6 201

Sketch Plan #3





Police Station Of Origin: Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

T/20190607/2099

2 of 3 Report No. T/20190607/2099

CONTINUATION OF REPORT

Details of Perso	n Involved	(SEASON BUTTOS)	OUTGERIC TO	do Fellist	cinimis.	
Any Pedestrian I	nvolved: No			-		
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Driver		THE STREET	N. E. PANSAN	J. 100 P. IN		
Name	TAY KOK BENG			ID No		S1481114A
Related Vehicle	SME5820L (Car)			Conta	ct No.	97414993
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	Days granted Medical Leave NIL			Injury	NIL	
Pedestrian		LUCIO CHON	Sand In Street	WCESS!	HEST DO	AND THE RESERVE
Name	FOCK			ID No	*	NIL
Related Vehicle	NIL			Contact No.		88187548
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the above mentioned date and time, I was driving out of the carpark of 158 Mei Ling St. As I intended to turn right, I checked for oncoming traffic to my right and left. It was clear and I drove forward. Before completing the right turn, I checked for traffic to my left again. As it was clear, I drove forward. When I looked in front, an elderly man suddenly walked onto the road. I jammed the brakes but still collided into him. He suffered from bruises on his right arm and right knee. I offered to send him to the hospital but he declined and informed me that he is fine. As I was in a hurry, I took his phone number and left. I called his number later in the day and the wife informed that they seeking treatment at Alexandra Hospital.











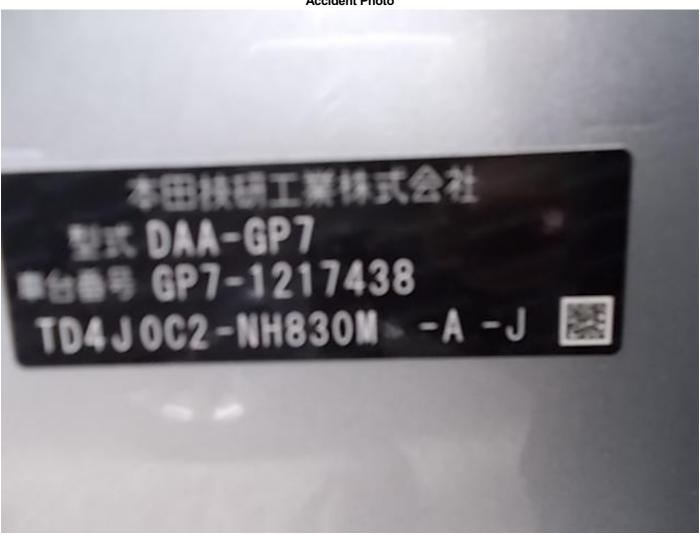












Police Report





10000112000

1 of 3

Report No. T/20190607/2099

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Tel No: 1800-4739999

Date/Time Report Made: 07/06/2019 15:22		fade:	Vide Report No.:	Station Diary No.: 34		
Informa	nt's Particu	ulars				
Name of Informant: TAY KOK BENG			Address: APT BLK 49 STRATHMORE AVENUE #19-217 SINGAPORE 140049			
ID Type / ID No.: NRIC NO / S1481114A			Contact No.: Home/Office:	Mobile: 97414993		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 58 09/04/1961			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 07/06/2019 09:35	Type of Location Straight Road	
Location: Along Road 1 MEI LING ST Near carpark					
1100011011		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
	sion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SME5820L	Car	HONDA	SHUTTLE HYBRID 1.5G AUTO	Silver	No Damage	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SME5820L	NTUC Income Insurance Co-Operative Limited	5104226445	05/10/2018	04/10/2019	

Police Report



T/20190607/2099

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

2 of 3 Report No. T/20190607/2099

Tel No: 1800-4739999

CONTINUATION OF REPORT

Details of Perso	n Involved	Land St.	HQ150-710-11-12	SEE TON	2512.00	THE RESIDENCE OF
Any Pedestrian I	nvolved: No		and the last live of			
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	Make I was a soul	E STREET	a section of	2000	-	
Name	TAY KOK BENG			ID No.		S1481114A
Related Vehicle	SME5820L (Car)			Conta	ct No.	97414993
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	ys granted Medical Leave NIL			Injury		
Pedestrian	WITH THE RESERVE AND THE PARTY OF	STREET, ST.	Control of the Control		and into its	CONTRACTOR OF THE PARTY OF THE
Name	FOCK		ID No.		NIL	
Related Vehicle	NIL			Contact No.		88187548
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details

On the above mentioned date and time, I was driving out of the carpark of 158 Mei Ling St. As I intended to turn right, I checked for oncoming traffic to my right and left. It was clear and I drove forward. Before completing the right turn, I checked for traffic to my left again. As it was clear, I drove forward. When I looked in front, an elderly man suddenly walked onto the road. I jammed the brakes but still collided into him. He suffered from bruises on his right arm and right knee. I offered to send him to the hospital but he declined and informed me that he is fine. As I was in a hurry, I took his phone number and left. I called his number later in the day and the wife informed that they seeking treatment at Alexandra Hospital.

Police Report





3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462 CONTINUATION OF REPORT

Report No. T/20190607/2099

Tel No: 1800-4739999

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: D / Sr Staff Sgt MOHAMAD AFIQ BIN MOHAMAD ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2019 15:22
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	