

## 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	25/06/2019 12:11
Date Of Accident	24/06/2019 19:20
Exact Location Of Accident	CLEMENTI AVE 4 TOWARDS CLEMENTI AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8319K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J MING ENTERPRISE
Co Reg No	53379932E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96224111

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 CVT SR
Exact Purpose for which vehicle was being used at time of accident	PVT 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	5099732112-01
Cover Note Number	12/04/2019- 11/04/2020

### Driver

Name of Driver	HON JIAT MING
NRIC No	S8970715C
Date Of Birth	08/08/1989
Occupation	INDOOR
Date Of Driving Pass	08/12/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224111
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 604 WOODLANDS DR 42 #04-03
Postcode	730604
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?	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.	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	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL SEND TO NTUC DIRECTLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8298B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHEL ROBERT BOODEN
NRIC/Passport Number	G3276541L
Contact Number	93366696
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SIX 8319 K  
INSURER : MTC  
DATE & TIME: 24/6/19 19:20 HRS

### IMPORTANT NOTICE

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6. 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.
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.



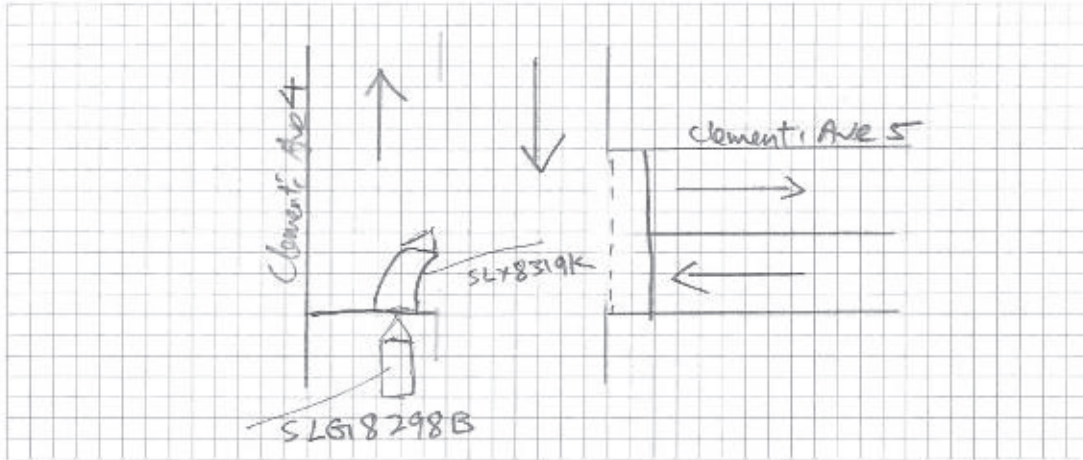
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/6/19

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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 that the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/6/19

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

SIAR/MC Sketch Plan (01/1/13)

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190624/2204

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190624/2204

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2019 22:03		Vide Report No.:		Station Diary No.: 179	
Name of Informant: HON JIAT MING		Address: APT BLK 604 WOODLANDS DRIVE 42 #04-03 SINGAPORE 730604			
ID Type / ID No.: NRIC NO / S8970715C		Contact No.: Home/Office: Mobile: 96224111			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 29	Date of Birth: 08/08/1989	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/06/2019 19:20	Type of Location: T-Junction
Location: Along Road 1 CLEMENTI AVENUE 4				
At the turning right lane along Clementi Avenue 4 towards Clementi Avenue 5.				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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

Vehicle No.	Make	Model	Year	Color	Damage	Notes
SLG8298B	Car				Slightly Damaged	0
SLX8319K	Car				Slightly Damaged	0

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20190624/2204

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190624/2204

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/06/2019 at about 1920hrs, I was driving my vehicle bearing the registration number SLX8319K along Clementi Avenue 4 turning right to Clementi Avenue 5 when a vehicle bearing the registration number SLG8298B hit the rear of my vehicle.

I was moving my vehicle slowly at the pocket of the turning right lane when I stopped my vehicle when I saw a pedestrian on PMD (E-scooter) crossing the road. The pedestrian crossing showed green man which was in favour of pedestrian to cross the road.

I then stopped my vehicle after turning right to a safe spot to change particulars with the other vehicle driver.

My vehicle suffered damages on the rear bumper and I planned to send my vehicle for damage cost assessment on 25/06/2019. I do not know the cost of damage.

The other vehicle also suffered some damages.

I did not suffer any injuries from the incident.

The details of SLG8298B driver are as follows :-

Name : Michel Robert Booden  
FIN No : G3276541L  
DOB : 16/03/1973  
Hp : 93366696

I wish to state that I have an in-car camera installed in my vehicle. The other vehicle also has in-car camera installed according to the driver.

We have agreed to claim insurance for both vehicles' repair.

I am lodging this report for any future insurance claim on my vehicle's damage

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20190624/2204

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190624/2204

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: D / SI IMRAN BIN MOHAMMAD HAJAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2019 22:03
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP188	SN 37
 SIGNATURE	