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### 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
- 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.

| aforesaid.   | e available upon application by interested parties.  consent to the archiving of this report at the centre and to copies of the report being made available  |
|--|--|
| THE RESIDENCE OF THE PARTY OF T | A COLD THE PROPERTY OF THE PRO |
| Date Of Report   | ACCIDENT STATEMENT   |
| Date Of Accident   | 28/06/2019 10:15   |
| Exact Location Of Accident   | 26/04/2019 10:50   |
| Country/State of Loss  | OPHIR RD NEAR RAFFLES HOSPITAL   |
|  | SINGAPORE  |
| Vehicle Registration Number  | DETAILS OF OWN VEHICLE   |
| Insured/Policyholder   | SJT8164J   |
| Name Of Registered Owner   |  |
| NRIC No  | NEO KIM SENG   |
| Email Address  | S1492756E  |
|  | NOEMAIL  |
| Mobile Phone No  | (LOCAL) +65-98175876   |
| Alternative Phone No   | OFFICE-98175876  |
| Vehicle Particulars  | E A SECTION E SECTION  |
| Manufacturer   | MAZDA  |
| Model  | W.To.  |
| Exact Purpose for which vehicle was being used a<br>time of accident   | PRIVATE USE  |
| Are you claiming under your own insurance policy<br>for repair to your vehicle?  | NO   |
| f No. Please state action to be taken  | THEOREM  |
| /ehicle Category   | THIRD PARTY  |
| nsurance Company   | PRIVATE CAR  |
| lame of Insurance Company  |  |
| ype Of Coverage  | NTUC INCOME INSURANCE CO-OPERATIVE LTD   |
| leet Policy  | COMPREHENSIVE  |
| olicy Number   | NO   |
| over Note Number   | 5080718060-02  |
| river  | •  |
| ame of Driver  |  |
| RIC No   | NEO KIM SENG   |
|  | S1492756E  |
| Coupation  | 03/05/1961   |

| Driver |  |  |  |
|--------|--|--|--|

03/05/1961 Occupation INDOOR Date Of Driving Pass 12/09/1983 Driving Experience 35 YEARS AND 7 MONTHS Gender MALE Mobile Number

(LOCAL) +65-98175876 Fax Number

Contact Number

OFFICE-98175876

EMail Address

NOEMAIL

Address

BLK 218 MARSILING CRESCENT #09-39

Postcode

730218

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 - CHANGE/CROSS LANE

Weather Conditions

DRIZZLING

Road Surface

WET

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**SLT3964B** 

Vehicle Make/Model/Colour

**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

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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 .:

|                                     | A = SJT 8164 J   |   |
|-------------------------------------|--|---|
| 1/2/                                | (A) B= SLT 3964 B  |   |
|                                     |  |   |
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|                                     | Ophir Roll near Raffles haspite  | 1 |
| ESCRIBE CIRCUMSTAN                  | NCES OF THE ACCIDENT   |   |
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| Please                              | nefer to Police Report   |   |
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| ARATION                             |  |   |
| ARATION declare the foregoing parts |  |   |
| ARATION declare the foregoing parti | ticulars are true in every respect.  |   |
| ARATION feclare the foregoing parti | ticulars are true in every respect.  |   |
| ARATION declare the foregoing parti | ticulars are true in every respect.  Driver's Signature  |   |

(If driver is not the policyholder) Date & Time:

NRIC/FIN No .:





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

1 of 3 Report No. T/20190426/2068

THE STATE OF

Tel No: 1800-7679999

## REPORT OF A TRAFFIC ACCIDENT

| Station Dis. Al                   |
|-----------------------------------|
| Station Diary No. 109             |
|                                   |
| RSILING CRESCENT #09-39 SINGAPORE |
| Mobile: 98175876                  |
|                                   |
| Institution / School Name:        |
| ormation:  Date of Expiry:        |
| Inf                               |

| General Information Type of Accident:   | Non-Injury<br>Hit and Run    | Drink                                    | Drink Date/Time of Accident: |      | Type of Location |
|---|------------------------------|--|------------------------------|------|------------------|
| Location:<br>Along Road 1<br>OPHIR ROAD |                              | No                                       | 26/04/2019 10:5              | 50   | Straight Road    |
| Drizzling                               | ore Victoria Street ne       | Road Surface:<br>Wet                     |                              | Road | Speed Limit:     |
| Traffic Flow:                           |                              | Traffic Control:<br>Traffic Light - Work | A200                         |      | Volume:          |
| One Way Type of Collision               | on:<br>ig Vehicles - Side Sw | THE LIGHT - WORK                         | ang                          | Heav | , ciamo,         |

| Vehicle No.       | Туре | Make   |          |         | TARREST SECTION | Burne - III    |                 |
|-------------------|------|--|----------|---------|-----------------|----------------|-----------------|
| SJT8164J          | Car  | The second secon | Model    | Color   | Condition       | No of Passenge |                 |
| - III WEXIIW BASI | 0.54 |  | IVIAZDAS | MAZDA3  | Silver          | Slightly       | INO of Passenge |
| SLT3964B          | Car  | 1.6L SDN   |          | Damaged | 1               |                |                 |
|                   |      |  |          |         | -               | 0              |                 |

| Vehicle No. | Insurance Company            | more The management | PROPERTY AND ADDRESS. | THE RESERVE |
|-------------|------------------------------|---------------------|-----------------------|-------------|
| SJT8164J    | NTUC Income Insurance Co. C. | Insurance No        | Effective             | Tevala D    |
|             |                              | 5080718060-02       | 30/04/2018            | 29/10/2019  |





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

2 of 3 Report No. T/20190426/2068

CONTINUATION OF REPORT

| No. of Pedestria<br>Driver                 | nvolved: No<br>ns Injured: NIL | Use of Ped   | estrian Cros                     |                                 |
|--|--------------------------------|--------------|----------------------------------|---------------------------------|
| Name                                       | NEO KIM OFINA                  |              | Cottlail Clos                    | sing: NA                        |
|  | NEO KIM SENG                   |              | ID No.                           | S1492756E                       |
| Related Vehicle                            | SJT8164J (Car)                 |              |                                  | - 102700E                       |
| -120003868167                              | (641)                          |              | Contact No.                      | 98175876                        |
| Hospital/Clinic                            | NIL                            |              |                                  |                                 |
|  | 100000 <del>1</del>            |              | Class of<br>Driving<br>Licence & | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                             | NIL                            |              | Expiry Date                      |                                 |
| No. of Days grant                          | od Madiaali                    | Date Discha  | arge NII                         |                                 |
| NET COLO COLO COLO COLO COLO COLO COLO COL | ed Medical Leave NIL           | Degree of Ir | jury NIL                         |                                 |

#### Brief Details.

On 26/04/2019 at about 1050hrs, I was driving my car (SJT8164J) travelling along lane 3 of Ophir road going towards Liang seah street and the lane consisted of 5 lanes. A that point of time, it was raining drizzling and the traffic was heavy. When I about to reach a traffic light, I slow down my car and also noticed there are cars in front of me however not sure how many. As there was space in front before I stop, a black Astra car (SLT3964B) out of sudden coming from my left side at lane 4 and cut into my lane without signal hence the front right side of the car (SLT3964B) collided onto my front left side of my car (SJT8164T). After which, I honked at (SLT3964B) and turn on my hazard light to inform the driver (SLT3964B) that his car knocked onto mine however the driver did not response. I wanted to come out from the car to tell him however I did not as it was raining. Subsequently, I stopped at one side to check the damage on my car SJT8164J. My car sustained dent on the front left side above the tyre, front left side head light cover broken and scratches on the front left side area of my car.

I wish to inform that no one was injured and my car does not have any in-car camera installed.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 3 Report No. T/20190426/2068

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: | Signature Of Informant:                 |
|--|---|
| Sgt 2 ZENG YAOSHENG                        | 4                                       |
| Signature Of Interpreter:                  |   |
| Not applicable                             | Date/Time:                              |
|  | 26/04/2019 15:00                        |
| Officer In Charge Of Case:                 |   |
| IP/HRI/                                    | Classification Of Case:                 |
| SI ABDUL KAREEM BIN ABDUL HAGUE            | 1 |
| Contact No.: 65476079                      |   |
| ## W) CN 120                               |   |
| uthentication Stamp                        |   |
| 7168                                       |   |
| Stant 2 Signature :                        |   |
|  |   |
| ingapore Police Force                      |   |







For LKK/NAC Use

Licence No. \$14927565

e Coly

IRIC No. S1492756E

Date of issue 15-11-2011

APT BLK 218 MARSILING CRESCENT W09-39 SINGAPORE 730218

Se No. \$1492756E

NP 428A

Policy Search **eBao**Tech Hello, NAC\_PAYA\_UBI\_800601 GeneralClaim My Desktop · Change Language **Policy Query** · Change Password Log Out Notice of Loss Policy No. Vehicle No.(For Motor) Date of Accident 26/04/2019 10:07 SJT8164) Certificate Number Search Certificate Number Select Policy No. Policyholder Name NEO KIM SENG Policyholder NRIC Product Cover Type Vehicle No. Insured Object 5080718060-02 Commence Date Expiry Date S1492756E drivo CLASSIC GPC S)T8164J SJT8164J 30/04/2018 29/10/2019 Continue

# Claim Handling

| Accident MT/1051023                        |                                |  |                   |                       |                  |  |        |
|--|--------------------------------|--|-------------------|-----------------------|------------------|--|--------|
| Policy No.                                 | 5060718060-02                  |  |                   |                       |                  |  |        |
| Certificate No.                            | 2000/10080-02                  | Vehicle No.  | CITRACAS          |                       |                  |  |        |
| Policyholder Name                          | NEO PIN CEL                    |  | SJT81643          |                       |                  | ST Registration No.                                    |        |
| Product Code                               | NEO KIM SENG                   |  |                   |                       |                  | ACC 14 15174 DO 151 151 151 151 151 151 151 151 151 15 |        |
| Contact No. (Mobile)                       | PRIVATE CAR INSURANCE          | Cover Type   | - graverson tes   |                       |                  | olicyholder NRIC                                       |        |
| Email Address                              | 98175876                       | Contact No.(Office)  | drivo CLASS       | ic .                  |                  | oading   | S14    |
| KFK  |                                | Special Remark   |                   |                       |                  | ontact No.(Home)                                       | 0      |
| NCD Protection                             | No Yes                         | TCA  |                   |                       |                  | Code   |        |
| Accident Details                           | Yes                            | NCD Entitlement(%)   | * No Ye           | 8                     |                  | Code Reason  | No     |
| Report Date                                |                                | orcutement(%)  | 50                |                       |                  |  |        |
|  | 28/06/2019 14:59               |  |                   |                       |                  | Ivate Hire   | No     |
| Date of Accident                           | 26/04/2019                     | Accident Report Within 24 hrs  | Yes               |                       |                  |  |        |
| Reporting Centre                           |                                | Time of Accident hh:mm   | 10:50             |                       |                  | cident Type  | Collis |
| Accident Location                          | OPHER RD NEAR RAFFLES HOSPITAL | Orange Force   |                   |                       | Co               | untry of Accident                                      | Singa  |
| ♥ Excess                                   | TES HOSPIAL                    |  |                   |                       | IC               | 4 No.  |        |
| Own damage Excess                          | 200                            |  |                   |                       |                  |  |        |
| Unnamed Driver Excess                      | 600.00                         | Additional Excess  | 0                 |                       |                  |  |        |
| Third Party Excess                         | 0.00                           | Outside Singapore OD Excess  | u.                |                       | Win              | dscreen Excess   | 2500   |
| <b>▽</b> Benefits                          | 0.00                           | Outside Singapore TP Excess  |                   | 600.00                |                  |  | 100,0  |
| ♥ GST Registered Inform                    |                                | and the contract of the contra |                   | 0.00                  |                  |  |        |
| GS7 Registered                             | lation                         |  |                   |                       |                  |  |        |
| GST Registration No.                       | No                             |  |                   |                       |                  |  |        |
| Modification History                       |                                |  | GST R             | egistration Date      |                  |  |        |
| nesize pedensi (fodeto                     |                                |  | GST St            | atus Verified         |                  | Yes  |        |
| Policyholder Mailing Ad                    |                                |  |                   |                       |                  | 160  |        |
| Address 1                                  |                                |  |                   |                       |                  |  |        |
| Address 4                                  | BLK 218 #09-39                 | Address 2  |                   |                       |                  |  |        |
|  |                                |  | MARSILING CRE     | SCENT                 | 79.90            | X 12   |        |
| Unit No.                                   |                                | Address Type   | Singapore addre   |                       | Addre            |  | SINGA  |
| ♥ OI Driver Info                           |                                | Related Policy Number  | 5080718060-02     |                       | Post (           | Ode  | 730218 |
| Driver Name                                | NEO KIM SENG                   |  |                   |                       |                  |  |        |
| Unnamed driver Name                        |                                | Driver Type  | Main Driver       |                       |                  |  |        |
| Register Date of Driver License            | 03/07/2003                     | Driver NRJC  | \$1492756E        |                       |                  |  |        |
| Contact No.(Mobile)                        | 98175876                       | Driver Age   | 57                |                       | Driver           |  | 03/05/ |
| Address 1                                  | BLK 218 #09-39                 | Contact No.(Office)  |                   |                       |                  | Experience   | 15     |
| Address 4                                  | 200,00                         | Address 2  | MARSILING CRES    | -                     | Contac           | t No.(Home)  |        |
| Unit No.                                   |                                | Address Type   | Singapore address |                       | Addres           | s 3  | SINGAL |
| Does he own a Singapore<br>Registered car? | Yes a No                       |  | 3-7 000103        |                       | Post Co          | de   | 730218 |
| 2 114 10 100                               | ies a No                       | Driver Vehicle No.   |                   |                       |                  |  | 11.5   |
| Declaration                                |                                |  |                   |                       | Driver           | nsurer Company   |        |
| Breathalyser or Blood Test                 |                                |  |                   |                       |                  |  |        |
| Reading?                                   | 0 mg                           | Appropriate a  |                   |                       |                  |  |        |
|  |                                | Any injury?  | Yes w No          |                       |                  |  |        |
| Modification History                       |                                |  |                   |                       |                  |  |        |
| 40 000                                     |                                |  |                   |                       |                  |  |        |
| Claim 001 New                              |                                |  |                   |                       |                  |  |        |
|  |                                |  |                   |                       |                  |  |        |
|  |                                |  |                   |                       |                  |  |        |
| Claim Type *                               |                                |  |                   |                       |                  |  |        |
| Contact No. (Marking)                      |                                |  |                   | OD WY                 |                  |  |        |
| Contact No.(Mobile)                        |                                |  |                   | OD-MX                 | Insured     Name | NEO KIM SENG   |        |
| Email Address                              |                                |  |                   | 98175876              | Contact<br>No.   |  |        |
|  |                                |  |                   |                       | (Home)           | 58841493   |        |
| Claim Description                          |                                |  |                   | gaowei_desmond@hotn   | OI Vahista       |  |        |
|  |                                |  |                   |                       | Number           | SJT81643   |        |
| referred<br>Vorkshop o                     |                                |  |                   | SJT8164J / SLT3964B O | N 26 Apr 2010    |  |        |
| Sentiect No. Yes                           | Insured Liability Not at Fault | -  |                   |                       | 10 7013          |  |        |
| ate Registered                             | Repair Preferred Workshop, Nam | e unknown V GIA Persions   |                   |                       |                  |  |        |
|  | D                              | report Received  | *                 |                       |                  |  |        |
| eport Taken By                             |                                |  |                   | 28/06/2019 15:02      | Claim            |  |        |
|  |                                |  |                   |                       | Date             |  |        |
| Print AK letter                            |                                |  | ,                 | LIEW SHAN HUI         |                  |  |        |
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| ident No.                                  | MT/1051022                     |  |                   |                       |                  |  |        |
| s://giclaim inco                           | MT/1051023                     | Claim No.  | 001               |                       |                  |  |        |
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Last Doc. Received

### Claim Handling(accident reporting Claim Task )

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|  |   | 28 Jun 2019 15:04 CENTRE SERVICES) o   | NRIC/ Driving License |        | Normal   |      |               |          |            |     |
| 63   | NAC PAVA LIRE PROFES                    |  |                       |        | Homig  |      | NRIC/ Driving | g Lice   | nse 2019-6 | .78 |
|  |   | NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Jun 2019 15:04  |                       |        |  |      |               |          | Les Salas  | -   |
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| AND DESCRIPTION OF THE PARTY OF | 100000000000000000000000000000000000000 | NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Jun 2019 15:04  | 320                   |        |  |      |               |          |            |     |
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|  | NAC_PAYA UBL BOOKDIL                    | NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Jun 2019 15:03  |                       |        | 300000000  |      | Photos        | 2019     | 9-6-28     |     |
| - CONTRACT   |   | 28 Jun 2019 15:03  |                       |        |  |      |               |          |            |     |
| ALCOHOL: N   |   | 14.03  | Photos                |        | Normal   |      |               |          |            |     |
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