

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	13/08/2019 14:32
Date Of Accident	11/08/2019 17:15
Exact Location Of Accident	ALONG TECK WHYE CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB5824C
Insured/Policyholder	
Name Of Registered Owner	TEE KHENG HONG ALEX
NRIC No	S8920167E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96473352
Alternative Phone No	OFFICE-96473352

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111364441
Cover Note Number	

Driver

Name of Driver	TEE KHENG HONG, ALEX
NRIC No	S8920167E
Date Of Birth	20/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96473352
Fax Number	
Contact Number	OFFICE-96473352
Email Address	NOEMAIL

Address	BLK 476A UPPER SERANGOON VIEW #19-510
Postcode	531476
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190811/7010.

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	SHD7121Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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Passenger 1	NAME:	:
	GENDER:	:
Passenger 2	NAME:	:
	GENDER:	:
Passenger 3	NAME:	:
	GENDER:	:

DETAILS OF INJURED PERSON 1

Name	TEE KHENG HONG, ALEX
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJB5824C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

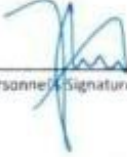
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

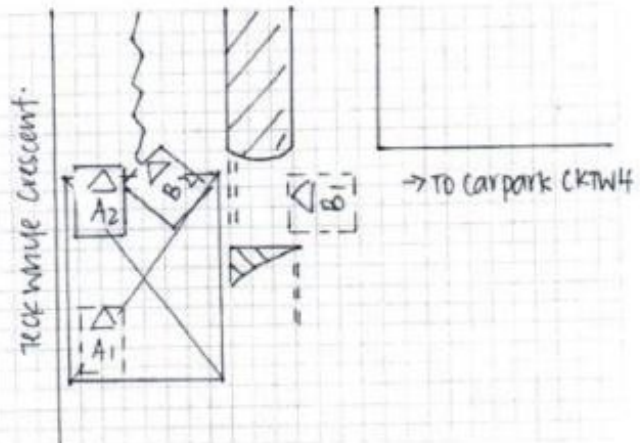

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SJB98426

Vehicle B: 6HD7121Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

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

Tee
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRUC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190811/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190811/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2019 19:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEE KHENG HONG, ALEX			Address: APT BLK 476A UPPER SERANGOON VIEW #19-510 SINGAPORE 531476	
ID Type / ID No.: NRIC NO / S8920167E			Contact No.:	Mobile: 96473352
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: alextkh89@gmail.com	
Sex: Male	Age: 30	Date of Birth: 20/06/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2019 17:15	Type of Location: Straight Road
Location: TECK WHYE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7121Y	Car				Slightly Damaged	3
SJB5824C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB5824C	NTUC Income Insurance Co-Operative Limited	5111364441	23/07/2019	16/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190811/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190811/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE KHENG HONG, ALEX	ID No.	S8920167E
Related Vehicle	SJB5824C (Car)	Contact No.	96473352
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/08/2019	Date Discharge	11/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 11/08/2019 AT ABOUT 17:15HR, I WAS DRIVING MY VEHICLE - SJB5824C, ALONG WITH 2 PASSENGERS IN MY VEHICLE. AS I WAS TRAVELLING STRAIGHT, SUDDENLY, VEHICLE NUMBER - SHD7121Y, CAME OUT OF THE CARPARK WITHOUT STOPPING BEFORE THE GIVE-WAY LINE AND COLLIDED ONTO MY VEHICLE'S RIGHT PORTION.

I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT UNIHEALTH CLINIC (BEDOK) & WAS GIVEN 3 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190811/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190811/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/08/2019 19:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



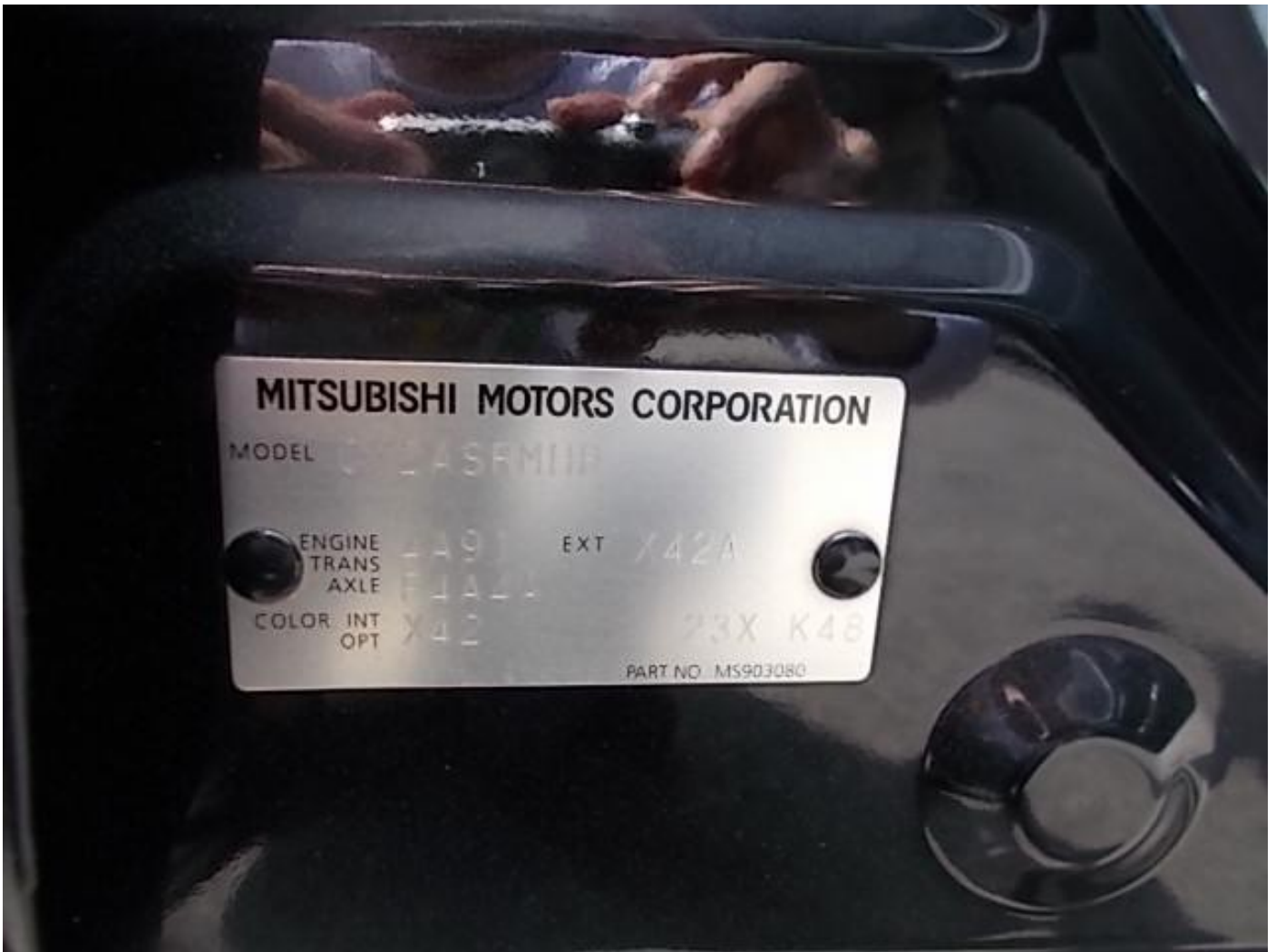
Accident Photo



Accident Photo



Accident Photo



Accident Photo

