

## 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	26/08/2019 18:54
Date Of Accident	23/08/2019 20:55
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1404Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARTUP REMIX
Co Reg No	53291509K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96684998
Alternative Phone No	OFFICE-96684998

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 BLUE EFFICIENCY
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	5102952068-01
Cover Note Number	

### Driver

Name of Driver	KANG WEN JUN, JEREMY
NRIC No	S9647365F
Date Of Birth	29/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684998
Fax Number	
Contact Number	OFFICE-96684998
Email Address	NOEMAIL

Address	BLK 222 TAMPINES STREET 24 #12-96
Postcode	521222
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	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)	2
Passenger 1	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	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20190824/7011.

#### 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	YM8347H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KANG WEN JUN, JEREMY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKK1404Z
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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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 statement 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 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 a/s/possible.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) 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 based 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.

STARTUP REMIX

For Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
RRC/PIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Van A: 258515042  
Van B: 258515042

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

## DECLARATION

"We declare the foregoing parties are true in every respect."

**STARTUP REMIX**

Policyholder's Signature  
Date & Time:

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



E/20190824/7011

1 of 2

## POLICE REPORT (NP299)

Report No. E/20190824/7011

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
226892  
Tel No:1800-3910000

Date/Time Report Made 24/08/2019 14:47	Vide Report No.	Station Diary No.
Name Of Informant KANG WEN JUN, JEREMY	Address APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222	
ID Type / ID No. NRIC NO / S9647365F	Contact No. Home/Office: Mobile: 96684998	
Nationality SINGAPORE CITIZEN	Email Address jeremykang.96@gmail.com	
Occupation director	Sex Male	Age 22
Institution/School Name	Date of Birth 29/12/1996	Race Chinese
Date/Time Of Incident 23/08/2019 20:55 - 23/08/2019 21:30	Location Of Incident NEWTON CIRCUS	

### Brief details.

On the above stated time and date I was driving my vehicle bearing SKK1404Z on the left lane of Newton circus, after i have completed my turn into Newtown circus from Dunearn Road. I was about to turn into Scotts Road when a lorry bearing YM8347H from the 3rd lane cut into my lane and hit my driver side door. I was in pain and went to Mount Elizabeth Novena Hospital where i am currently treated for Whiplash related injuries. I have taken down all the pictures as evidence.

### Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 14:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

# Police Report



**SINGAPORE  
POLICE FORCE**



E/20190824/7011

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190824/7011

<b>Victim</b>			
Person Name	KANG WEN JUN, JEREMY		
ID Type	NRIC NO	ID No	S9647365F
Gender	Male	Age	22
Race	Chinese	Language	English
Occupation	director	Address Type	
Address	APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222	Mobile No	96684998
Is Informant A Victim?	Yes		
<b>Informant</b>			
Person Name	Xin Yi Wan		
Gender	Female	Race	Chinese
Mobile No	83571696	Relation To Informant	Grab Passenger
<b>Informant (Continued)</b>			
Person Name	KANG WEN JUN, JEREMY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 14:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo





Accident Photo



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