

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	18/09/2019 18:10
Date Of Accident	17/09/2019 18:15
Exact Location Of Accident	BKE (SLE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3011B
Insured/Policyholder	
Name Of Registered Owner	OW PECK HWEE JONATHAN
NRIC No	S8931301E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97372409
Alternative Phone No	OFFICE-97372409

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
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?	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	5108751878
Cover Note Number	

Driver

Name of Driver	LIM YU XIN, JANE
NRIC No	S9029579I
Date Of Birth	18/08/1990
Occupation	INDOOR
Date Of Driving Pass	05/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84810954
Fax Number	
Contact Number	OFFICE-84810954
Email Address	NOEMAIL

Address	BLK 520A TAMPINES CENTRAL 8 #06-41
Postcode	521520
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHD288 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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: : OW PECK HWEE JONATHAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - L/20190918/7004.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5341S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN BENG HUAT

NRIC/Passport Number
 Contact Number 87866824
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2
 Passenger 1
 NAME: :
 GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JHD288
 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) 5
 Passenger 1
 NAME: :
 GENDER: :
 Passenger 2
 NAME: :
 GENDER: :
 Passenger 3
 NAME: :
 GENDER: :
 Passenger 4
 NAME: :
 GENDER: :

DETAILS OF INJURED PERSON 1

Name LIM YU XIN, JANE
 Approximate Age
 Injuries Sustain BODY
 Injured person in which vehicle? SMM3011B
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 2

Name OW PECK HWEE JONATHAN
 Approximate Age
 Injuries Sustain BODY
 Injured person in which vehicle? SMM3011B
 Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

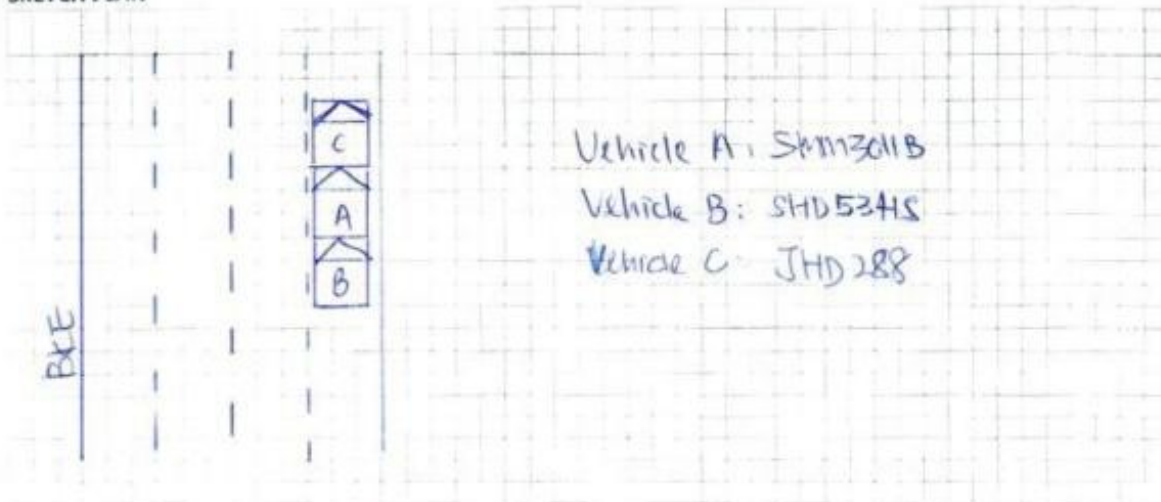
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
Report No : L/20190918/7004

DECLARATION

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

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.:

Police Report



SINGAPORE
POLICE FORCE



L/20190918/7004

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190918/7004

Pictures were taken and SD card from our car was taken out immediately. As a Malaysia vehicle was involved, traffic police was paged to the scene immediately.

Driver SMM3011B my girlfriend, immediately felt pain on her left shoulder and left fingers as she was hit against the steering wheel during the impact. However, the pain was still manageable during the accident hence we declined an ambulance as the priority was to ensure the accident procedure was done properly.

We waited for traffic police, the SD card from our car was seized for investigation and signed off by us on paper. The taxi was towed away and we managed to get the details to file for insurance. All 3 cars involved exchanged contact details and had photos taken.

Our tow truck came around 2000, and we left the scene. We then quickly rushed to the hospital for immediately medical attention at Mount Alvernia.

Investigation officer ISA (6547 6214), Report No. L/20190917/0114

Subjects Involved			
Suspect			
Person Name	Tan Beng Huat		
ID Type	NRIC NO	ID No	S1303975E
Gender	Male	Age	50-60
Race	Chinese	Language	Chinese
Occupation	Taxi driver		

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: 18/09/2019 10:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



L/20190918/7004

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190918/7004

Victim			
Person Name	OW PECK HWEE, JONATHAN		
ID Type	NRIC NO	ID No	S8931301E
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Mechanical engineer (general)	Address Type	
Address	APT BLK 872 WOODLANDS STREET 81 #03-280 SINGAPORE 730872	Mobile No.	97372409
Is Informant A Victim?	Yes		
Person Name	Lim Yu Xin Jane		
ID Type	NRIC NO	ID No	S9029579I
Gender	Female	Age	29
Race	Chinese	Language	English
Occupation	Marketing and sales representative (ICT)	Address	520A Tampines central 8 #06- 41 SINGAPORE 521520
Mobile No	84810954	Relation To Informant	Girlfriend
Person Name	Yap Kian Siong		
ID Type	NEW MALAYSIAN IC	ID No	820330015373
Gender	Male		
Person Name	OW PECK HWEE, JONATHAN (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: 18/09/2019 10:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

LTA Letter



Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Print Date/Time : 15 May 2019 / 16:54:35

Receipt Date/Time : 15 May 2019 / 16:54:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190515-002878

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Replaced Vehicle No. SMK6497Z				
1	Replacement of Veh Reg No. - SMM3011B Replacement Fee 20190515165258343266	300.00	21.00	321.00
Sub-Total		300.00	21.00	321.00
Total Before Rounding		300.00	21.00	321.00
Rounding Difference				0.00
Total Amount Payable				321.00
Paid By				
	xxxxxxxxxxxx4801	Credit Card: Visa /MasterCard		321.00
Total				321.00
Cash Change				0.00
Tendered Amount				321.00
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Accident Photo



Accident Photo



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