### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/09/2019 14:16
Date Of Accident	16/09/2019 08:05
Exact Location Of Accident	KPE (ECP) AT TPE ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE816M
Insured/Policyholder	
Name Of Registered Owner	SIN HOE HUP PLUMBING ENGINEERING
Co Reg No	31794000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073289983-04
Cover Note Number	
Driver	
Name of Driver	PHUA PHECK GEOK

NRIC No S1279497E

Date Of Birth 30/01/1957

Occupation OUTDOOR

Date Of Driving Pass 18/09/1975

Driving Experience 43 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97957866

Fax Number

Contact Number OFFICE-97957866

EMail Address NOEMAIL

**BLK 161B PUNGGOL CENTRAL** Address

#19-95 822161

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** 

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

GEYLANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190916/2157.

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 FBD2464L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **MOTORCYCLE** 

Name of Driver

NRIC/Passport Number

**Contact Number** 87552073 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SLC1564A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TAN HAN LONG

NRIC/Passport Number S7441986J Contact Number 96428812

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Accident Sketch Plan

#### SKETCH PLAN

## 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
- 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)
  - (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
- (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
- 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.
- 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.

SIN HOE HUP PLUMBING ENGINEERING

Policyholder's Signature

Date & Time:

7

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

## **Accident Sketch Plan**

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SKETCH PLAN				
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(%)			Reporting Centre Pers	nnel's Signature
Policyholder's Signature	Oriver's Signature (If driver is not the police	yholder)	Name: NRIC/FIN No.:	1
Date & Time:	A STATE OF THE STA		The state of the s	

#### **Accident Sketch Plan**

finithin: KPE(ECP) of TPE intere. Trac : 0740th 0754 hrs.

A) GRE 816m Phua Pheck Golc 35P4PTE12 9785 7866 1 diver + 1 posseger.

C) SECISIAA

DWG MAIN MATE Z3891 447 2 9642 8812

Driver only

B) \$802464L

moky male 1465. 8755 2073 .

Dido only.

D Popice golant ( Mbb. ( Cong ).

3) Prejept belong . TC+DT+ continue countries.

3) TP CAIN - Shorts )







Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20190916/2157

# REPORT OF A TRAFFIC ACCIDENT

10/09/2	te/Time Report Made: /09/2019 19:14		Vide Report No.: G/20190916/0053	Station Dis.			
Informant's Particulars		culare	3/20190916/0053	Station Diary No.			
Name o	f Informant	culars		125			
PHUA	HECK GE	ok	Address: APT BLK 161B PLINGS	OLOSUS ASSESSMENT OF THE PROPERTY OF THE PROPE			
ID Type / ID No.:			APT BLK 161B PUNGGOL CENTRAL #19-95 SINGAPORE				
NRIC N	0 / S12794	97E	Contact No.:				
NRIC NO / S1279497E Nationality: SINGAPORE CITIZEN		O/E	Home/Office:				
		EN	Email: Mobile: 97957866				
Sex:	Age:	Date of Birth:					
Male	62	Date of Birth:	Type of Informant:				
Race:	100	30/01/1957	Driver				
	hinese		Language:	Institute to			
			The second second	Institution / School Name:			
Occupation: Plumber			Driving Licence Information	on: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2019 08:05	Type of Location Bridge
	XPRESSWAY			
Expressway)	ressway (Pan Island Exp	pressway) into Kalla	ang Paya Lebar Expre	ssway (Marina Coastal
Expressway) Weather: Clear	ressway (Pan Island Exp	Road Surface:	ang Paya Lebar Expre	ssway (Marina Coastal Road Speed Limit:
Weather:		Appropriate the second		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD2464L	Motorcycle	HONDA	CB4008J M	White	Slightly Damaged	0
GBE816M	Van	ТОУОТА	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR	Silver	Slightly Damaged	1
SLC1564A	Car	ТОУОТА	WISH 1.8 CVT	Grey	Slightly Damaged	0





2 of 3

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20190916/2157

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE816M	NTUC Income Insurance Co-Operative Limited	5073289983-04	03/09/2019	02/09/2020

Details of Perso	n Involved	Langua		ATTENDED TO		<b>自己国际政府</b>
Any Pedestrian Ir	rvolved: No		- P			
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver				-		
Name	PHUA PHECK GEOK		ID No	1	S1279497E	
Related Vehicle	GBE816M (Van)			Conta	ct No.	97957866
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Dis		harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

## Brief Details.

On the 16/09/2019 at about 0805hrs, I was driving my vehicle a Silver in color Toyota Hiace bearing registration number GBE816M and was on the way towards 50 Kallang Avenue as I was sending my daughter namely (Phua Pei Li Jessy, S8926809E, Contact: 81236430) to work. As I was travelling along Tampines Expressway(Pan Island Expressway) into Kallang Paya Lebar Expressway(Marina Coastal Expressway), the traffic was very heavy and congested due to heavy flow of vehicle. Suddenly both of us felt an impact from the rear right side of the van and that was when I noticed that a white in color Motorcycle bearing registration number FBD2464L had collided onto my vehicle. The motorcycle then skidded further and collided onto another vehicle, a Grey in color Toyota Wish bearing registration number SLC1564A. Traffic police and Ambulance then arrived at the scene shortly after. We were then advised to lodge a police report about this matter.

# **Police Report**





3 of 3

Report No. T/20190916/2157



Tel No: 1800-8486999

CONTINUATION OF REPORT

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Ske	ten	Pla	m

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:  G / Sgt 2 TOO YONG FOOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2019 19:14
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp	















