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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/10/2019 09:59
Date Of Accident	03/10/2019 11:30
Exact Location Of Accident	KIM SENG RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GT9350S
Insured/Policyholder	
Name Of Registered Owner	HUPER HOLDINGS PTE LTD
Co Reg No	201734782N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81041512
Alternative Phone No	OFFICE-81041512
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300 P/VAN
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112606699
Cover Note Number	
Driver	
Name of Driver	FUNG FOH SHING
NIDIO Na	047055450

Name of Driver FUNG FOH SHING
NRIC No S1725545B

Date Of Birth 07/11/1965
Occupation OUTDOOR
Date Of Driving Pass 24/03/1987

Driving Experience 32 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81041512

Fax Number

Contact Number OFFICE-81041512

EMail Address NOEMAIL

Address BLK 683C JURONG WEST STREET 64

#10-137

Postcode 643683

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

over a Commonweat Driverdo Over Vahiala

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

Was any body injured in the Accident? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) **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

NO

NO

2

NO

NO

1

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191004/7037.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3644G

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 26

Name FUNG FOH SHING Approximate Age Injuries Sustain BODY Injured person in which vehicle? GT9350S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 1. Please report epirectly the details of the attition to speed up the claims protons.
- 1. This Serminant be completed by the Politichalder and for the Asthonized Deleas.
- Information provided must be as <u>probabilised accurate as apositive</u>. Any will displacementation or withholding of motorial facts easy allow insprance companies to <u>providints pulls</u>, liability.
- The base and asseptioned of this Form by incurance companies is not an admission of policy liability on the part of the courses companies.
- 5. Any false recoming year be referred to the Police for levestigation.
- 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.
- By the lodgment of this report to the insurers, you hareby consent to the probbing of this report at the centre and to copies of the report being made evaluable aforesaid.
- I. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 postessed by my insurer (ecliectively the "Personal Information") and disclose and transfer such Personal Information to all Insuréris) who have insured vehicle(s) involved in this accident (all insureris) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agreety/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my defina including the settlement of the deline and any necessary investigations relating to the claims;
 - (ii) investigating the actidon; and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by may
 - (iv) administering my claims (including the mailing of correspondence, statements, invokes, reports or notices to me, which sould 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 low in administering, processing, handling and/or dealing with my daines (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are permitted to soffact, use, disclare 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 accomplicating their invested and firms it which may be steed outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile claims birtory for the purpose of froud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosude
 - (i) so at insurers and/or any other third parties that easily in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(2) for exmalying with requirements under any regulations, laws or court orders.

Pareytologra Signature Date & Times

Co. Reg. No.

Driver's Signature (If driver is not the policyholder) Date & Timét Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

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Scanned by CamScanner

Police Report





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

T/20191004/7037

1 of 3

Report No. T/20191004/7037

	F A TRAFFIC		Time to the contract of the co	Station Diary No.	
Date/Time Report Made: 04/10/2019 21:50			Vide Report No.: A/20191003/0061	Station Daily 110.	
Informan	it's Particu	ilars		No. of the last of	
Name of	Informant: OH SHING		Address: APT BLK 683C JURONG WE SINGAPORE 643683	ST STREET 64 #10-137	
ID Type / ID No.: NRIC NO / S1725545B		45B	Contact No.: Home/Office: Mobile: 97205020		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: admin@mycar.sg		
Sex: Male	Age: 53	Date of Birth: 07/11/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Van driver			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2019 11:30	Type of Location X-Junction
Location: KIM SENG R	OAD			
M th - m		Road Surface:		Road Speed Limit: 60 Km/h
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Weather: Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate Anyone conveyed by

Details of V		Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	IvidAd	1110001			0
GT9350S Van					0	
				_		0
SHD3644G	Car					

Details of Person Involved	
Any Pedestrian Involved: No	2
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





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

2 0/3 Report No. T/20191004/7037

CONTINUATION OF REPORT

Driver	577750m/magaza	50 SELECTION 1	AND THE RES	Desir.	12002	Children Children
Name	FUNG FOH SHING			ID No	No. S1725545B	
Related Vehicle	GT9350S (Van)			Conta	act No.	97205020
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2019 Date Disc				NIL	
No. of Days granted Medical Leave 05			Degree o			

Brief Details.

On the stated time and date I was travelling my vehicle bearing carplate GT9350S along Kim Seng road towards Outram road before Havelock Road junction.

I was on lane 2 going straight, suddenly vehicle bearing carplate SHD3644G swerve abruptly onto my lane attempting to TURN RIGHT into Havelock Road and collided onto the front and left side of my vehicle with a huge impact.

I alighted and realise that vehicle SHD3644G had made a right turn on a go straight only lane.

I wish to state that traffic police and ambulance attended to the scene.

I felt very pain on my waist and consult a doctor at mount Alvernia hospital and was given 5 days MC.

Police Report







3 of 3 Report No. T/20191004/7037

CONTINUATION OF REPORT

Sketch Plan								
Informa	ant	is	not	able	to	provide	sketch	pla

NP168

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: 04/10/2019 21:50
Officer In Charge Of Case: TP / TPHQ / NG BEIFENG Contact No.: 65476415	Classification Of Case:

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