

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	15/10/2019 17:40
Date Of Accident	14/10/2019 00:10
Exact Location Of Accident	MALAYSIA JB JLN BERLIAN TO JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9568X
Insured/Policyholder	
Name Of Registered Owner	GOH TECK MENG
NRIC No	S1647540H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96885432
Alternative Phone No	OFFICE-96885432

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	5093680020-02
Cover Note Number	

Driver

Name of Driver	SIM JUN EE MERVIN
NRIC No	S9609311Z
Date Of Birth	17/03/1996
Occupation	INDOOR
Date Of Driving Pass	30/01/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96885432
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - NEPHEW
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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? NO
 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: : PASSENGER
 GENDER: : MALE
 Passenger 2
 NAME: : PASSENGER
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NPC
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

refer attached police report.

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 SKQ7313G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ANDREA CHUA KAH HWEE

NRIC/Passport Number

S7318258A

Contact Number

97669509/98535062

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 15/10/19 4pm

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

SKETCH PLAN

John Bahin C10
near Petlands

Vehicle A: SLF 9568X
Vehicle B: SCQ 7313G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

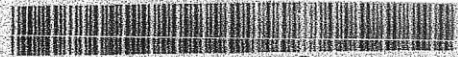
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/10/19 4pm

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



**SINGAPORE
POLICE FORCE**



J/20191014/2007

1 of 2

POLICE REPORT (NP299)

Report No. J/20191014/2007

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 14/10/2019 02:48	Vide Report No.	Station Diary No. 12
Name Of Informant SIM JUN EE, MERVIN	Address APT BLK 346 CHOA CHU KANG LOOP #08-75 SINGAPORE 680346	
ID Type / ID No. NRIC NO / S9609311Z	Contact No. Home/Office	Mobile 96885432
Nationality SINGAPORE CITIZEN	Email Address	
Occupation FINANCIAL ADVISOR	Sex Male	Age 23
Institution/School Name	Date of Birth 17/03/1996	Race Chinese
Date/Time Of Incident 14/10/2019 00:10 - 14/10/2019 00:15	Location Of Incident Johor Bahru CIQ near to Petronas MALAYSIA	

Brief details.

On 14/10/2019, at 0011hrs, I was on the left lane of two lane road travelling from Malaysia Johor Bahru Jalan Berlian towards Malaysia Johor Bahru Checkpoint and there was traffic congestion ahead. Out of sudden, I felt an impact from the rear of my car (SLF9568X). The car (SKQ7313G) had collided onto the rear center portion of my car. The driver and I then stopped and alighted to make a check on the damages. The rear center portion of my car was slightly damaged and no one was injured. I have an in-car camera (facing the front and back view) installed in my car. I am lodging this report for insurance

Signature Of Officer Recording The Report J / Insp MUHAMMAD KHALDUN BIN SARIFF
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 GOH MING LI Contact No.: 63167666

Signature Of Informant:
Date/Time: 14/10/2019 02:48
Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20191014/2007

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191014/2007

claim purposes. During the time of accident, I had two passengers in my car. Prior to the accident, while I was overtaking the car (SKQ7313G), I noticed the driver was dozing off.

Particulars of driver (SKQ7313G) as follows,

Andrea Chua Kah Hwee

I/C: S7318258A

HP: 97669509/98535062

Signature Of Officer Recording The Report:

J / Insp MUHAMMAD KHALDUN BIN SARIF

Signature Of Interpreter:
Not applicable.

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch
Sgt 2 GOH MING LI
Contact No.: 63167666

Authentication Stamp

Signature Of Informant:

Date/Time:
14/10/2019 02:48

Classification Of Case: