#### 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.	
	ACCIDENT STATEMENT
Date Of Report	21/10/2019 11:24
Date Of Accident	20/10/2019 11:50
Exact Location Of Accident	JUNC BEDOK NORTH AVE 4 & BEDOK NORTH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL4738Z
Insured/Policyholder	
Name Of Registered Owner	MEGAR CAR LEASING
Co Reg No	53322925A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86994326
Alternative Phone No	OFFICE-86994326
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5105220563-01
Cover Note Number	
Driver	

Name of Driver

NEO ZHAN RONG

NRIC No

S9708043G

Date Of Birth

10/03/1997

Occupation

OUTDOOR

Date Of Driving Pass

28/10/2016

Driving Experience

2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98297934

Fax Number

Contact Number OFFICE-98297934

EMail Address NOEMAIL

Address BLK 838 HOUGANG CENTRAL

#12-503

Postcode 530838

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

ress SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

ou i roccoulon given.

### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20191020/2047.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number FQ4656X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 91194865

Address

Postcode

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

### **IMPORTANT NOTICE**

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - 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:
  - 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.

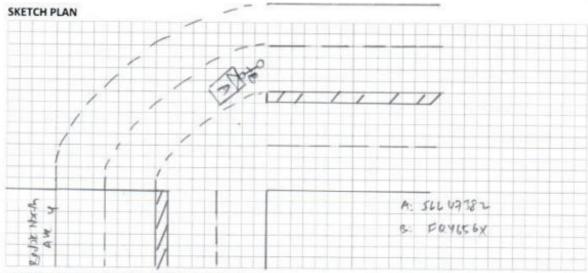
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

god'x NILL Ed.



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice	2 report-1/2019 20/20/20 .	

DECLARATION

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.:

GIARMC5keachPlanFarm\_V3





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

1 of 3 Report No. T/20191020/2047

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2019 12:54		Made:	Vide Report No.:	Station Diary No.: 46
Informa	nt's Particu	ulars	の場合を発生する。大学を表現	\$1000 March 1000 Company (1980)
NEO ZH	f Informant: IAN RONG		Address: APT BLK 838 HOUGANG CE 530838	ENTRAL #12-503 SINGAPORE
ID Type / ID No.: NRIC NO / S9708043G		13G	Contact No.: Home/Office:	Mobile: 98297934
National SINGAP	ity: ORE CITIZ	EŅ	Email:	
Sex:	Age: 22	Date of Birth: 10/03/1997	Type of Informant:	
Race: Chinese	The second second		Language:	Institution / School Name:
Occupat Student		* * 4	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2019 11:50	Type of Location T-Junction
Location: Along Road 1 BEDOK NORT  Weather: Clear	H ROAD	Road Surface: Dry		Road Speed Limit:
Traffic Flow:	KARTHAR MILL	Traffic Control: Traffic Light - Work	ing	Traffic Volume:
Two Way Type of Collision		Hame Light - WOLK	HIY	LIMITE TO THE THE

SOURCE STORY OF THE	ehicle Involve	d n	<b>建设的经验</b>	(A)	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The state of the s
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ4656X	Motorcycle	HONDA	STEED VLS	Black	Slightly Damaged	0
SLL4738Z	Car	TOYOTA	AXIO 1.5X A	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No. Insurance Company	Insurance No	Effective 14		
SLL4738Z NTUC Income Insurance Co-Operation		Euchnide	Expiry Date	
Limited	APPLICATION OF ALL AN	THE STREET	A CONTRACTOR	

#### **Police Report**





Police Station Of Origin: Bedok North N.P.C

Report No. T/20191020/2047

30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

No. of Pedestrian	s Injured: NIL	Use of Per	destrian Cross	sing: NA
Driver 1	大学生 人名西班牙斯	2 5 To 10 A	A STATE OF THE PARTY OF THE PAR	<b>建设设施设施</b>
Name	NEO ZHAN RONG	ALC:	ID No.	S9708043G
Related Vehicle	NIL		Contact No.	98297934
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry; NIL
图 特别国	of the of the of the	38-16 TW	Expiry Date	是一种
Date Treatment	NIL	Date Disc	harge NIL	early to hear faith part
No. of Days gran	ted Medical Leave NIL	Degree of	Injury   NIL	STATE OF THE STATE

### Brief Details.

On the above mentioned date, time and location, I was travelling along Bedok North Road heading to Blk 417 Bedok North Avenue 2. When I was at the first lane, my intention was to turn right at the T-junction. There was a motorcycle right infront of me, when the traffic light turns green. I started to slowly moved off from my stationary position, the motorcycle infront of me stopped just before the pedestrian crossing for no apparent reason as he did a sudden brake. I did pressed my brakes but however did not managed to stop in time and impact onto his motorcycle.

After that I went down and check if his alright, shortly after Police came.

### **Police Report**





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20191020/2047

### CONTINUATION OF REPORT

### Sketch Plan

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 TAY WEI LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2019 12:54
Officer in Charge Of Case: TP / GIT / MARIA Contact No.: 6543 16433	Classification Of Case:
Authentication Stamp NP168	4













