

## 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	11/11/2019 16:50
Date Of Accident	08/11/2019 11:45
Exact Location Of Accident	INSIDE MALAYSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8310C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SEE LIN
NRIC No	S0061101H
Email Address	STEVEHOW003@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97522619
Alternative Phone No	OFFICE-97522619

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071975020-04
Cover Note Number	

### Driver

Name of Driver	LOW KAM SENG
NRIC No	S0027282E
Date Of Birth	05/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331101
Fax Number	
Contact Number	
EEmail Address	STEVEHOW003@HOTMAIL.COM

Address	BLK 28 ALEXANDRA VIEW #32-12
Postcode	158744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SGA8255R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96729563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## 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.

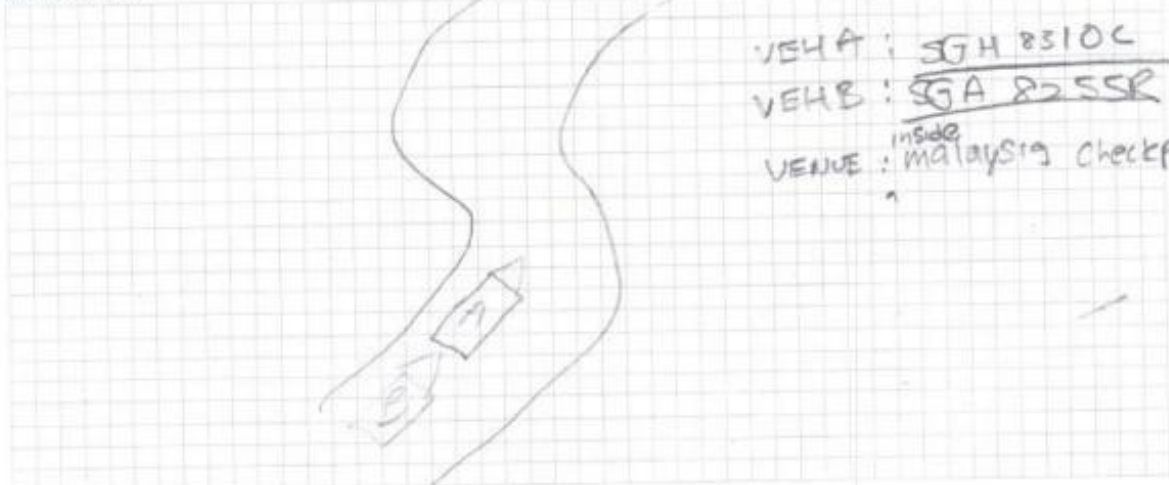
Policyholder's Signature  
Date & Time:

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



VEH A : SGH 8310C  
VEH B : SGA 82 SSR  
VENUE : <sup>inside</sup> Malaysia checkpoint

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police  
Report no. G/2017 1110/2044

### 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/EPN No.:

Accident Sketch Plan Form V2

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20191110/2044

1 of 2

Report No. G/20191110/2044

## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

Date/Time Report Made 10/11/2019 14:29	Vide Report No.	Station Diary No. 9
Name Of Informant LOW KAM SENG	Address BLK 28 ALEXANDRA VIEW #32-12 SINGAPORE 158744	
ID Type / ID No. NRIC NO / S0027282E	Contact No. Home/Office	Mobile 97331101
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 66
Institution/School Name	Date of Birth 05/05/1953	Race Chinese
Date/Time Of Incident 08/11/2019 11:45	Language English	
	Location Of Incident Johor Bahru MALAYSIA	

### Brief details.

On 08/11/2019 at about 1145hrs, I was driving in my car Toyota Altis, registration plate number SGH8310C. I had already cleared the Malaysian custom checkpoint and was still inside the custom compound. The traffic was very heavy and the vehicles were moving very slowly. Suddenly, a car bearing registration plate number, SGA8255R collided onto my car from the rear. I alighted from my car to make a check however there were no visible damages on both our cars.

The said driver claimed that it was my mistake and wanted to claim from my insurance company. The

Signature Of Officer Recording The Report:

G / Staff Sgt LEE WEE CHANG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp TAY JIA YING JASMINE  
Contact No.: 62440000

Authentication Stamp

Signature Of Informant:

Date/Time:  
10/11/2019 14:29

Classification Of Case:



POLICE REPORT



SINGAPORE  
POLICE FORCE



G/20191110/2044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191110/2044

driver is one Mr Yeo, a male Chinese in his thirties and his contact number is 9672 9563. We did not sustained any injuries.

I am lodging this report for record and insurance purposes.

Signature Of Officer Recording The Report:

G / Staff Sgt LEE WEE CHANG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp TAY JIA YING JASMINE  
Contact No.: 62440000

Authentication Stamp

Signature Of Informant:

Date/Time:  
10/11/2019 14:29

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

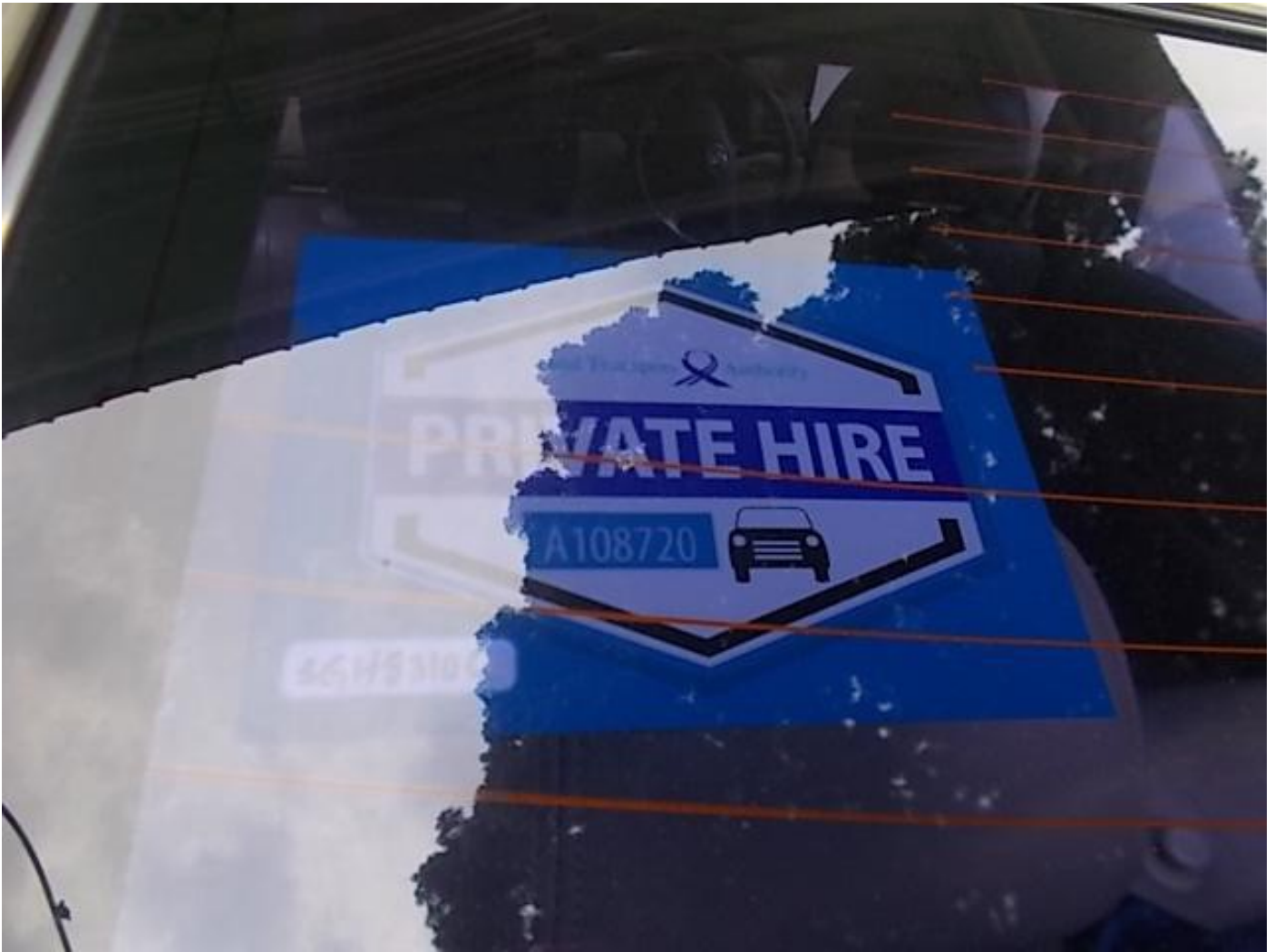


Accident Photo





Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NCA/INC190199641F Vehicle Registration No: SGH 8310C  
Name (as shown in NRIC) : TAN SEE LIN NRIC/FIN/Passport No : 90061101H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 28 ALEXANDRA VIEW #32-12 Singapore (58714)  
Contact (Tel) : - Mobile No. : 97522619  
Email Address : STEVEHOW003@HOTMAIL.COM  
Date of Accident : 06/11/2019 Time of Accident : 11:45  
Place of Accident : MALAYSIA / JOHOR DARUL TAKZIM  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend policy no.

*(This section contains horizontal lines for additional information, which have been crossed out with a diagonal line.)*

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Pavan Suraw  
NRIC/FIN No.: 59526439E  
Date: