

## 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	14/11/2019 12:42
Date Of Accident	11/11/2019 10:00
Exact Location Of Accident	SIMEI ROAD TOWARDS SIMEI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9429J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GEN CAPITAL PTE. LTD.
Co Reg No	201542883W
Email Address	ASMURI220866@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87978998
Alternative Phone No	OFFICE-87978998

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO SEDAN
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5108973687 (TP)
Cover Note Number	

### Driver

Name of Driver	ASMURI BIN CHE'LON
NRIC No	S1752447Z
Date Of Birth	22/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90953350
Fax Number	
Contact Number	
Email Address	ASMURI220866@GMAIL.COM

Address	BLK 31 HOLLAND CLOSE #10-219
Postcode	270031
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 - CHANGE/CROSS LANE
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?	YES
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 POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER STATEMENT AND POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SHA8294R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG PAK KWONG
NRIC/Passport Number	S1454645F
Contact Number	81135865
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ASMURI BIN CHE'LON
Approximate Age	53
Injuries Sustain	NECK, SHOULDER AND LOWER BACK PAIN
Injured person in which vehicle?	SJU9429J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 31 HOLLAND CLOSE #10-219
Postcode	270031

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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 interested parties.
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:

14 NOV 2019

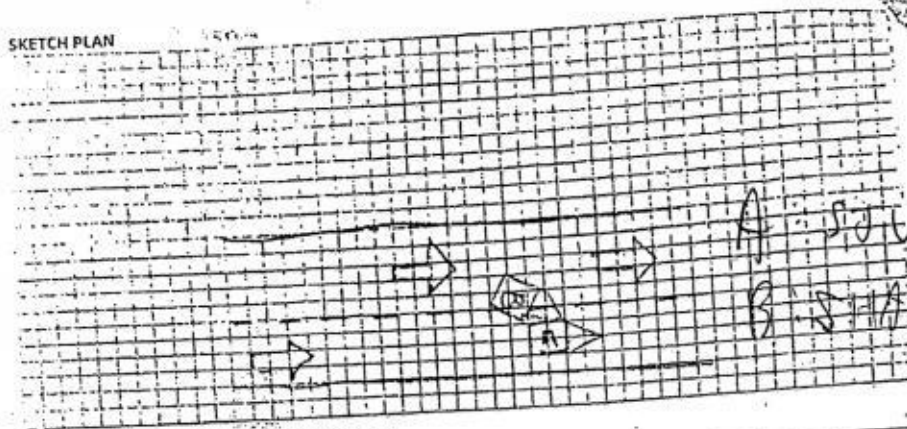
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

**NG WING KIN JAMES**  
admin\_vac@vicom.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2019 at about 10am, I was driving my Nissan Latio bearing plate number SJU 9429J along ~~Simei~~ Simei road towards Simei avenue 1.

A Hyundai taxi, bearing plate number SHH 8294R came speedily and collided into my car. It caused severe damages to my car.

Due to the accident, I suffered neck, shoulder and lower back pain. I have seen a doctor and was given 3 days MC with strong medications. The taxi driver has acknowledged the damages of my vehicle.

DECLARATION

We declare the 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.:

14 NOV 2019

NG WING KIN JAMES  
admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



G/20191111/7053

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20191111/7053

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made 11/11/2019 17:33	Vide Report No.	Station Diary No.
Name Of Informant ASMURI BIN CHE'LON	Address APT BLK 31 HOLLAND CLOSE #10-219 SINGAPORE 270031	
ID Type / ID No. NRIC NO / S1752447Z	Contact No. Home/Office:	Mobile: 90953350
Nationality SINGAPORE CITIZEN	Email Address asmuri220866@gmail.com	
Occupation Driver	Sex Male	Age 53
Institution/School Name	Date of Birth 22/08/1966	Race Malay
Date/Time Of Incident 11/11/2019 09:30 - 11/11/2019 10:00	Location Of Incident SIMEI ROAD	

**Brief details.**

On 11/11/2019 at about 10am, I was driving my nissan latia bearing plate numberr SJU9429J along simel road towards simel avenue 1.

A taxi, Hyundai bearing plate number SHA8294R came speedily and collided into my car. It caused severe damages to my car.

Due to the accident, I suffered neck, shoulder and lower back pain. I have seen a doctor and was given 3 days MC with strong medications.

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: 11/11/2019 17:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



G/20191111/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191111/7053

Subjects Involved			
Victim			
Person Name	ASMURI BIN CHE'LON		
ID Type	NRIC NO	ID No	S1752447Z
Gender	Male	Age	53
Race	Malay	Language	English
Occupation	Driver	Address Type	
Address	APT BLK 31 HOLLAND CLOSE		Mobile No
	#10-219 SINGAPORE 270031		90953350
Is Informant A	Yes		
Victim?			
Person Name	ASMURI BIN CHE'LON (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

11/11/2019 17:33

Classification Of Case: