

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	15/11/2019 16:13
Date Of Accident	15/11/2019 09:05
Exact Location Of Accident	BLOCK 424 ANG MO KIO AVENUE 3 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9929H
Insured/Policyholder	
Name Of Registered Owner	EGG CREATIVES PTE LTD
Co Reg No	200504905G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63391413

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 3.0 V6 LUXURY AT ABS D/AB HID 2WD 4DR
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	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	5082812981-02
Cover Note Number	30/12/2018 TO 29/12/2019

Driver

Name of Driver	KOH CHENG CHOO
NRIC No	S0844825F
Date Of Birth	08/05/1947
Occupation	INDOOR
Date Of Driving Pass	30/09/1969
Driving Experience	50 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92788115
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 424 ANG MO KIO AVENUE 3 #08-2422
Postcode	560424
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR'S MOTHER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report T/20191115/2107

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	SLU848T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVER CHUA JUN WEN
NRIC/Passport Number	S9939804C
Contact Number	82000502
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	KOH CHENG CHOO
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFK9929H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLOCK 424 ANG MO KIO AVENUE 3 #08-2422
Postcode	560424

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.

EGG CREATIVES PTE LTD
A/C NO. 3563002784 TEL. 63391413

Policyholder's Signature
Date & Time:

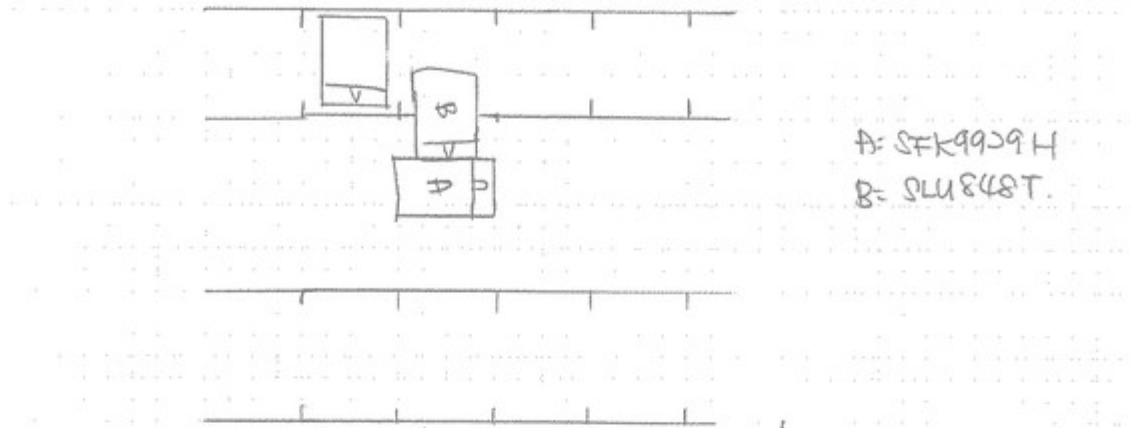
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

16/11/2014 @ 1630hrs

agm
905B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191115/2107.

DECLARATION

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

EDP CREATIVES PTE LTD
A/C NO. 3563002784 TEL. 63391413

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/11/2014 @ 1030hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ayp 905B.



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Report No. T/20191115/2107

REPORT OF A TRAFFIC ACCIDENT

Informant's Particulars

General Information of the Accident

Details of Vehicle Involved

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191115/2107

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20191115/2107

CONTINUATION OF REPORT

Driver			
Name	KOH CHENG CHOO	ID No.	S0844825F
Related Vehicle	SFK9929H (Car)	Contact No.	92788115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	IVER CHUA JUN WEN	ID No.	S9939804C
Related Vehicle	SLU848T (Car)	Contact No.	82000502
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/11/2019, at about 0950hrs, I was driving at the carpark of Blk 424 Ang Mo Kio Avenue 3. As I was approaching the gantry, suddenly a vehicle came out of the parking lot from behind a lorry. I did not managed to see the car until it collided into the side of my vehicle. The bonnet, front bumper and rear bumper of my vehicle were damaged.

I was conveyed to SKGH as I felt numbness at my head and giddiness.

Vide incident F/20191115/0070. Traffic Police IO Meera, Tel 64576236



**SINGAPORE
POLICE FORCE**



T/20191115/2107

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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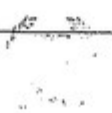

Report No. T/20191115/2107

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: F / Sgt 3 SWEE WEI ERN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 15:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SN 085
Authentication Stamp NP168  Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

