#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number
Contact Number
EMail Address

- 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.

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	ACCIDENT STATEMENT
Date Of Report	20/11/2019 09:44
Date Of Accident	27/10/2019 23:15
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7991P
Insured/Policyholder	
Name Of Registered Owner	SD CAR RENTAL
Co Reg No	53397877K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96377312
Vehicle Particulars	
Manufacturer	KIA
Model	-
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110299258
Cover Note Number	
Driver	
Name of Driver	NYIO SHU FENG
NRIC No	S9216873E
Date Of Birth	16/05/1992
Occupation	INDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581235

**NOEMAIL** 

BLK 58 LORONG 4 TOA PAYOH #10-55 Address

Postcode

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 - CROSS JUNCTION** 

Weather Conditions **CLEAR** Road Surface WET

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

YES

NO

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT T/20191112/7017

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: WITH TP

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMJ3573L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 28

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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:

hmm

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					
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DECLARATION					
DECLARATION  We declare the foregoing pa	rticulars are true	in every respect.		11	
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Policyholder's Signature  Date & Time:	Driver'	s Signature er is not the policyholder	-)	Reporting Centre Pers	ionnel's Signature
WHILE OR THITE	Date 8		960	NRIC/FIN No.:	

#### **POLICE REPORT**



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 af 3 Report No. T/20191112/7017

Date/Time Report Made: 12/11/2019 15:05		Made:	Vide Report No.:	Station Diary No.		
Informan	t's Partice	ulars				
Name of NYIO SH	Informant: U FENG		Address: APT BLK 58 LORONG 4 TOA PAYOH #10-55 SINGAPORE 310058			
ID Type / ID No.: NRIC NO / S9216873E			Contact No.: Home/Office:	Mobile: 98581235		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: kravenyio92@gmail.com			
Sex: Age: Date of Birth: Female 27 16/05/1992			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: UNEMPLOYED			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2019 23:15	Type of Location X-Junction	
Location: MACPHERS  Weather: Clear	ON ROAD	Road Surface:		Road Speed Limit:	
Clear		Traffic Control:		Traffic Volume: Light	
Traffic Flow: Dual Carriage	Way	Traffic Light - Wo	rking	Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU7991P	Car					0
SMJ3573L	Car	INFINITI		Blue	Slightly Damaged	1

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

#### **POLICE REPORT**



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20191112/7017

#### CONTINUATION OF REPORT

Driver	The state of the s		一 上吉州		May - all	
Name	NYIO SHU FENG			ID No		S9216873E
Related Vehicle	SJU7991P (Car)			Conta	ct No.	98581235
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	nted Medical Leave NIL			Degree of Injury NIL		

#### Brief Details.

On the stated date 27/10/2019, approximately 11.15pm. I was travelling along Macpherson Road in my vehicle bearing registration plate SJU7991P, approaching the Cross Junction of Upper Aljunied Road - Macpherson Road. I performed a U-turn at the cross junction. As I was about to complete the U-turn manuvere, the other party vehicle bearing registration number plate SMJ3573L sped across the cross junction and collided with the left side of my vehicle. No party that were involved was injured at the scene.

#### **POLICE REPORT**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191112/7017

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 12/11/2019 15:05
Officer In Charge Of Case: TP/TPHQ/ ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	







































