

## 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	25/11/2019 11:22
Date Of Accident	23/11/2019 16:15
Exact Location Of Accident	JUNC PUNGGOL WAY & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6862P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOY CAR
Co Reg No	52883907A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97683998
Alternative Phone No	OFFICE-97683998

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	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	5111775748
Cover Note Number	

### Driver

Name of Driver	FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)
NRIC No	S7442823A
Date Of Birth	17/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91874148
Fax Number	
Contact Number	OFFICE-91874148
EEmail Address	NOEMAIL

Address	BLK 298 TAMPINES STREET 22 #08-554
Postcode	520298
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?	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)	2
Passenger 1	NAME: : NASHA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191123/2152.

#### 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	SHD6499P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE JEN HAW
NRIC/Passport Number	S7317708A
Contact Number	97887170

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)  
  
BODY  
SMD6862P  
YES  
NO

## Accident Sketch Plan

### SKETCH PLAN

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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.



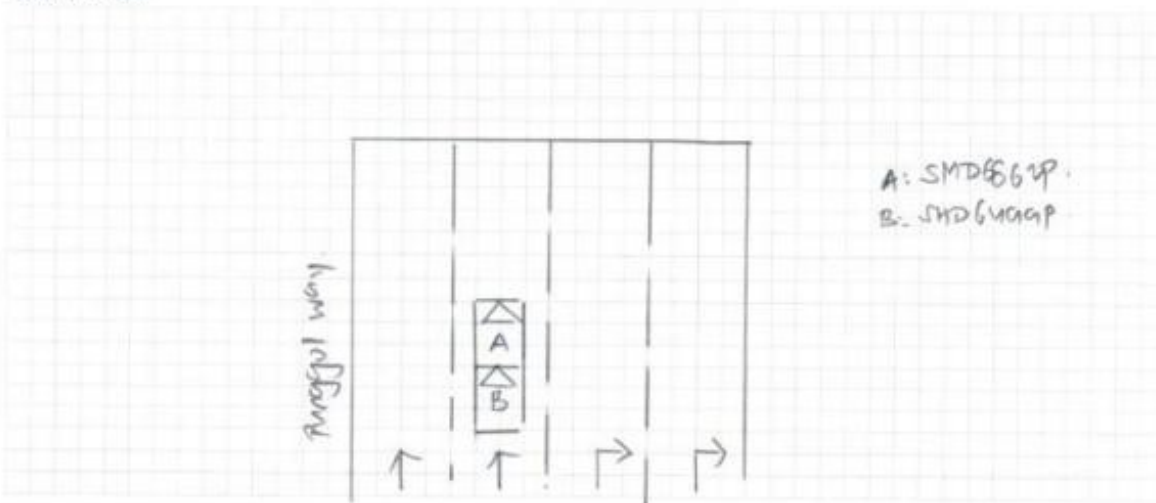
Policyholder's Signature  
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/91/23/2152.

## 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/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T201911230152

Police Station Of Origin:  
Tampines N.P.C.  
6 Tampines Avenue 4 SINGAPORE 520682  
Tel No: 1800-5871999

1 of 3  
Report No: T201911230152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2019 21:57	Vide Report No.:	Station Diary No.: 110
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**Informant's Particulars**

Name of Informant: FOO SAY TOON SEBASTIAN		Address: APT BLK 298 TAMPINES STREET 22 #06-554 SINGAPORE 520298	
ID Type / ID No.: NRIC NO / S7442623A	Contact No.: Home/Office:	Mobile: 91874148	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 17/12/1974	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GO-JEK DRIVER	Driving Licence Information: Class: 2B.3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2019 16:15	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL WAY				
Punggol Way before the junction of Punggol Central				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6499P	Car					0
SMD6862P	Car				Seriously Damaged	1


**Details of Person Involved**

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

## Police Report

SINGAPORE POLICE FORCE		1/20191123/2152	
Police Station Of Origin Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 520682 Tel No: 1800-5871999		2 of 3 Report No: T/20191123/2152	
CONTINUATION OF REPORT			
<b>Driver</b>			
Name	FOO SAY TOON SEBASTIAN	ID No.	S7442823A
Related Vehicle	SMD6862P (Car)	Contact No.	91874148
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	23/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Brief Details.</b>			
On 23rd November 2019 at about 1815hrs, I was driving along Punggol Way toward Punggol Central traffic junction with my car bearing registration plate SMD6862P. While driving on the 2nd lane from the left the vehicle in front of me e-brake due to the car in front did a sudden change of lane as such I followed. Suddenly I felt an impact from the rear. Hence I alighted from my vehicle and I discovered one taxi bearing registration plate SHD6499P collided on to my rear. My rear bumper is badly damaged.			
I felt pain on my neck shoulder, back and shortness of breath as such I went to Changi General Hospital for medical treatment and was given 7 days medical leave.			
I have one female passenger on board namely, Nasha hp: 93387041			
The taxi driver is one: Lee Jen Haw S7317708A hp: 97887170			

## Police Report

Police Station Of Origin: Tampines N.P.C 8 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999		3 of 3 Report No: T201911232152
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: G / Sgt 3 NURHIDAYAH BINTE IQDIL	Signature Of Informant: 	
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2019 21:57	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG HONG HOON Contact No.: 65474436	Classification Of Case:	
Authentication Stamp SEP19		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

