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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/10/2019 17:40
Date Of Accident	14/10/2019 00:10
Exact Location Of Accident	MALAYSIA JB JLN BERLIAN TO JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF9568X
Insured/Policyholder	
Name Of Registered Owner	GOH TECK MENG
NRIC No	S1647540H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96885432
Alternative Phone No	OFFICE-96885432
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	5093680020-02
Cover Note Number	

Driver

Name of Driver SIM JUN EE MERVIN

 NRIC No
 \$9609311Z

 Date Of Birth
 17/03/1996

 Occupation
 INDOOR

 Date Of Driving Pass
 30/01/2015

Driving Experience 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96885432

Fax Number
Contact Number

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - NEPHEW

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?

Passenger 1

NO

NO

YES

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : PASSENGER

GENDER: : MALE

Passenger 2 NAME: : PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attached 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 SKQ7313G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANDREA CHUA KAH HWEE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S7318258A

97669509/98535062

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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 (all 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

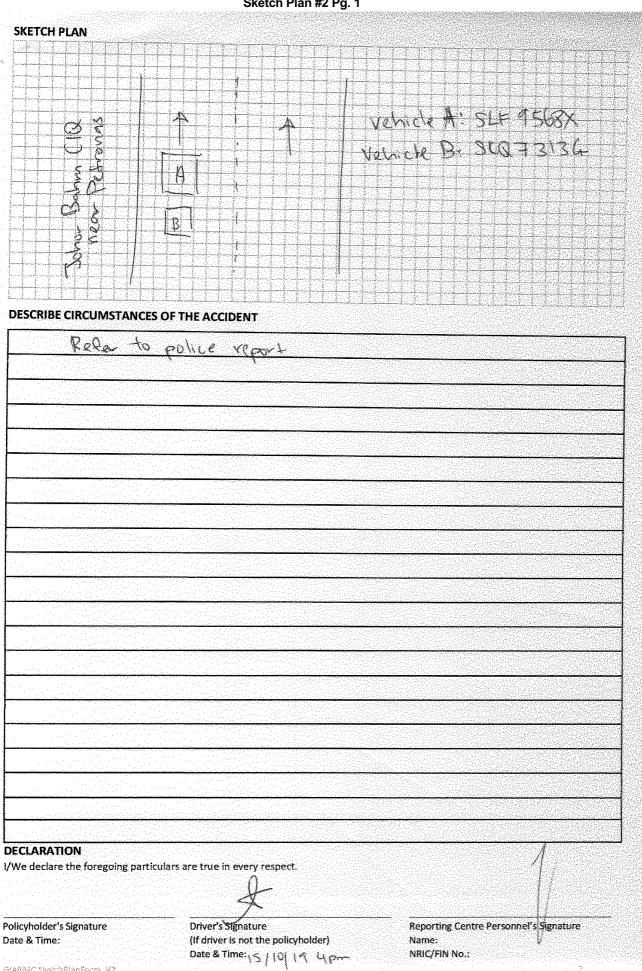
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: \5 \int \10 \ \10 \ \10

er) Unaan Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



GIARNIC SheithFlanForm, V3





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Report No. J/20191014/2007

POLICE REPORT (NP299)

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Date/Time Report Made 14/10/2019 02:48	Vide Report No.			Station Diary No 12
Name Of Informant SIM JUN EE, MERVIN	Address APT BLK 346 CHOA CHU KANG LOOP #08-75 SINGAPORE 680346			
ID Type / ID No. NRIC NO / \$9609311Z	Contact No. Home/Office		Mobile 96885432	
Nationality SINGAPORE CITIZEN	Email Address Date of Birth Race			
Occupation FINANCIAL ADVISOR	Sex Male	Age 23	Date of Birth 17/03/1996	Chinese
Institution/School Name	Language			
Date/Time Of Incident 14/10/2019 00:10 - 14/10/2019 00:15	Location Of Incident Johor Bahru CIQ near to Petronas MALAYSIA			

Brief details.

On 14/10/2019, at 0011hrs, I was on the left lane of two lane road travelling from Malaysia Johor Bahru Jalan Berlian towards Malaysia Johor Bahru Checkpoint and there was traffic congestion ahead. Out of sudden, I felt an impact from the rear of my car (SLF9568X). The car (SKQ7313G) had collided onto the rear center portion of my car. The driver and I then stopped and alighted to make a check on the damages. The rear center portion of my car was slightly damaged and no one was injured. I have an incar camera (facing the front and back view) installed in my car. I am lodging this report for insurance

Signature Of Officer Recording The Report. J / Insp MUHAMMAD KHALDUN BIN SARIF	Signature Of Informant
Signature Of Interpreter: Not applicable gradure	Date/Time 14/10/2019 02:48
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 GOH MING LI Contact No.: 63167666	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191014/2007

claim purposes. During the time of accident, I had two passengers in my car. Prior to the accident, while I was overtaking the car (SKQ7313G), I noticed the driver was dozing off.

Particulars of driver (SKQ7313G) as follows, Andrea Chua Kah Hwee

I/C: S7318258A

HP: 97669509/98535062

Authentication Stamp

Signature Of Officer Recording The Report:

J / Insp MUHAMMAD KHALDUN BIN SARIF

Signature Of Interpreter:
Not applicable:

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch/C

Sgt 2 GOH MING LI
Contact No.: 63167666

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