

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	10/12/2019 12:48
Date Of Accident	10/12/2019 08:50
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6461S
Insured/Policyholder	
Name Of Registered Owner	LEE YAH PENG (LI YAPING)
NRIC No	S7615833I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94887856
Alternative Phone No	OFFICE-94887856

Vehicle Particulars

Manufacturer	AUDI
Model	A4 2.0 TFSI QU S-TRONIC
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?	YES
If No, Please state action to be taken	
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	5112488628
Cover Note Number	

Driver

Name of Driver	NG CHEE HONG (HUANG ZHIHONG)
NRIC No	S7342699E
Date Of Birth	11/11/1973
Occupation	INDOOR
Date Of Driving Pass	12/03/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98235300
Fax Number	
Contact Number	OFFICE-98235300
Email Address	NOEMAIL

Address	BLK 18D HOLAND DRIVE #28-429
Postcode	275018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191210/2044.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident 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.

Policyholder's Signature
Date & Time:



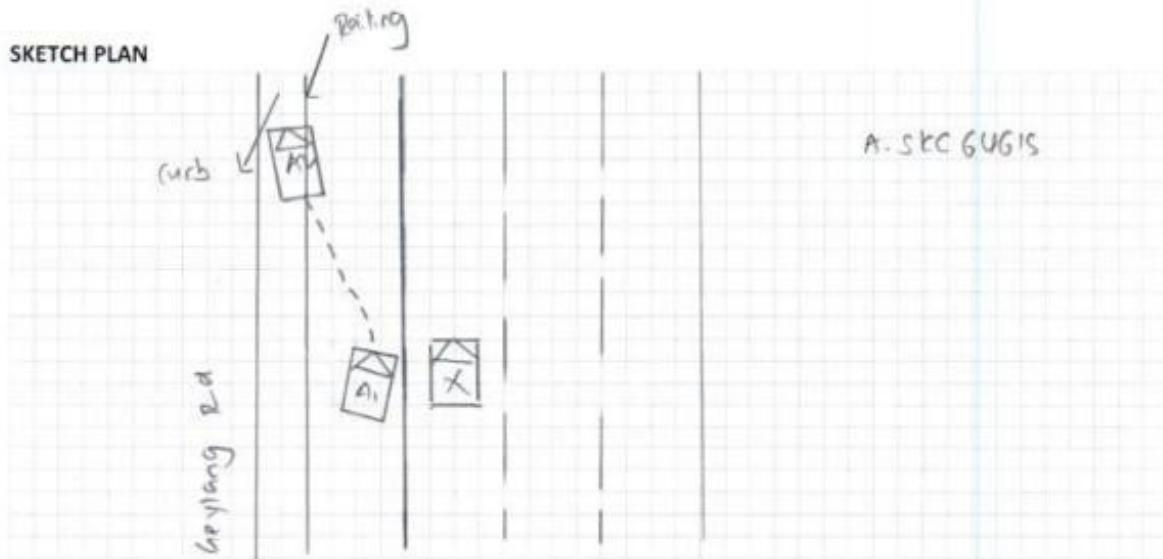
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019/112/2014.

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.:

03/08/2019 10:00 AM

Police Report



**SINGAPORE
POLICE FORCE**



T/20191210/2044

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

1 of 3

Report No. T/20191210/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 12:06	Vide Report No.: G/20191210/0083	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG CHEE HONG		Address: 77 LORONG 101 CHANGI SINGAPORE 426671	
ID Type / ID No.: NRIC NO / S7342699E		Contact No.: Home/Office: Mobile: 98235300	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 11/11/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Administration manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 10/12/2019 08:50	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC6461S	Car	AUDI	A4 2.0 TFSI QU S- TRONIC	Grey	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20191210/2044

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

2 of 3

Report No. T/20191210/2044

CONTINUATION OF REPORT

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

WAS EXITING ONAN RD INTO GEYLANG RD FROM THE SLIP RD ONTO THE 2/4 LANES DUE TO AN
INCOMING VEH, I
THEN SWERVE LEFT TO AVOID THE ONCOMING CAR AND
COULD NOT COUNTER STEER AND COLLIDED ONTO THE
SIDE RAILING AND L/P: D8.GOV'T PROPERTY DAMAGE: 7
PORTION GREEN SIDE RAILING, SCRATCHES ON L/P: D8. THATS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20191210/2044

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

3 of 3

Report No. T/20191210/2044

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:

TP /

NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2019 12:06

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

