

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	17/12/2019 19:20
Date Of Accident	23/02/2019 20:05
Exact Location Of Accident	SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5103S
Insured/Policyholder	
Name Of Registered Owner	SOH AH SOON
NRIC No	S0123126Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96529371
Alternative Phone No	OFFICE-96529371

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106670398
Cover Note Number	

Driver

Name of Driver	SOH AH SOON
NRIC No	S0123126Z
Date Of Birth	12/04/1948
Occupation	INDOOR
Date Of Driving Pass	03/10/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96529371
Fax Number	
Contact Number	OFFICE-96529371
EEmail Address	NOEMAIL

Address	3 NERAM ROAD
Postcode	807715
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 PEDESTRIAN
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/20190223/2156.

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

Veh A: SJM 5103 S
Veh B: NIL

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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. 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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature
Date & Time:
17.12.2019
11.30 am

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**



T/20190223/2156

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

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Report No. T/20190223/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 22:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SOH AH SOON		Address: 3 NERAM ROAD SELETAR HILLS ESTATE SINGAPORE 807715	
ID Type / ID No.: NRIC NO / S0123126Z		Contact No.:	Mobile: 96529371
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 12/04/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RETIRED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 23/02/2019 20:05	Type of Location:
Location: Along Road 1 SERANGOON AVENUE 2 HEADING TOWARDS NEXT MALL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5103S	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Grey	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5103S	NTUC Income Insurance Co-Operative Limited	5106670398	07/01/2019	06/01/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190223/2156

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

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Report No. T/20190223/2156

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH AH SOON	ID No.	S0123126Z
Related Vehicle	SJM5103S (Car)	Contact No.	96529371
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
Pedestrian			
Name	Unknown Pedestrian	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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.

AS STATED TIME, DATE AND LOCATION, I WAS TRAVELLING AT THE SAID LOCATION HEADING TOWARDS THE NEXT MALL, I WAS TURNING ON THE SLIP ROAD. WHEN I WAS CHECKING AT THE REAR MIRROR AND MY IN-CAR CAMERA, OUT OF A SUDDEN, I HEARD A BANG SOUND COMING FROM MY FRONT SIDE OF MY CAR. I WAS SHOCKED. I STOPPED MY CAR AND SAW A PEDASTIAN FALL DOWN ON THE ROAD. A PASSERBY CALLED AMBULANCE AND POLICE FOR HELP.

Police Report



SINGAPORE
POLICE FORCE

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



T/20190223/2156

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Report No. T/20190223/2156

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 / AHMAD JALALUDDIN BIN AHMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2019 22:15
Officer In Charge Of Case: TP / AEIT / Sr-Staff Sgt STEPHANIE CHEUNG TSZ YING Contact No.: 90020518 <i>IC - Narasimha</i>	Classification Of Case: 
Authentication Stamp NP168 <i>hp- 6547 6236</i>	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

