

Date of Accident : 24.12.2019 Accident Time: 14.30 (24-HR-Format)
Accident Place : Boon Lay Way Towards Toh Tuck Avenue
Vehicle No. (Car Plate No.) : SJN 3956E Make/Model: Honda Stream
Insurance Company : NTUC Policy No: 5108009173
Owner or Company Name /IC No. : Ho Weng Yew (S15328722)
Owner or Company Contact No. : - Owner's Hp 9009 3461 Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 15.04.1962 DRIVER'S License Pass Date 28.03.1980
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: None
DRIVER'S Address : Blk 484 Jurong West Avenue 1 # 10-83 (S) 640484
DRIVER'S Contact No./ Alt No. : 1) - 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : -
Weather & Road Surface : ~~CLEAR & DRY~~ \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: GW 2966X
Vehicle Make/Model:
Name Driver:
IC No. Driver/Contact:

Vehicle No:
Vehicle Make/Model:
Name Driver:
IC No. Driver/Contact:

* NEW - Passenger's name & gender:

[Signature]

SKETCH PLAN

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. 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.:

A: SJN 3956E
B: GW 2966X

Toh Tuck Avenue

Boon Lay Way

Boon Lay Way

B

A

B

B: GW 2966X

* Refer the attached Police Report T/20191225/2041.

I/We declare the foregoing particulars are true in every respect.

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



**SINGAPORE
POLICE FORCE**



T/20191225/2041

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20191225/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2019 13:09		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: HO WENG YEW			Address: APT BLK 484 JURONG WEST AVENUE 1 #10-83 SINGAPORE 640484		
ID Type / ID No.: NRIC NO / S1532872Z			Contact No.: Home/Office: Mobile: 90093461		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 15/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BOON LAY WAY TOH TUCK AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW2966X	Lorry					0
SJN3956E	Car	HONDA	STREAM 1.8L SUNROOF ALLOY	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20191225/2041

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Report No. T/20191225/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN3956E	NTUC Income Insurance Co-Operative Limited	5108009173	07/03/2019	06/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VETHIYAPPAN ANANTHAN	ID No.	G8546067L
Related Vehicle	GW2966X (Lorry)	Contact No.	97786243
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
Driver			
Name	HO WENG YEW	ID No.	S1532872Z
Related Vehicle	SJN3956E (Car)	Contact No.	90093461
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/12/2019	Date Discharge	25/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 24/12/2019 at about 1430hrs, while I was driving my car bearing SJN3956E along Boon Lay Way heading towards Toh Tuck Ave, an accident happened. As I was driving straight, out of a sudden I felt an impact coming from the left side of my car. I then discovered the a lorry bearing GW2966X had hit onto my car. After the accident, both parties alighted from our vehicles to exchange particulars and took photo of the damages. After the accident, I felt pain on my lower back and neck. I then went to Mount Alvernia Hospital where I was given 5 days of medical leave from 25/12/2019 to 29/12/2019. No traffic police nor ambulance at scene. No government property damaged. I have an in-car camera in my car.



**SINGAPORE
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T/20191225/2041

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Report No. T/20191225/2041

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:

J /

Sgt 2 SUHAILI BINTE HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

25/12/2019 13:09

Classification Of Case:

Authentication Stamp

NP168

Signature :

Singapore Police Force

SN 126