SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/01/2020 15:25
Date Of Accident	24/12/2019 15:10
Exact Location Of Accident	HOUGANG STREET 21 OPEN CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK5595M
Insured/Policyholder	
Name Of Registered Owner	WEE HWEE JOON
NRIC No	SXXXX747D
Email Address	GWEEZ747@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91288158
Alternative Phone No	OTHERS-91288158
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101631579-01
Cover Note Number	
Driver	
Name of Driver	WEE HWEE JOON
NRIC No	SXXXX747D

03/09/1961

15/04/1992

27 YEARS AND 8 MONTHS

(LOCAL) +65-91288158

GWEEZ747@GMAIL.COM

OTHERS-91288158

INDOOR

MALE

Address 21 KOVAN ROAD

#16-16

2

NO

NO

1

NO

Postcode 548192

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

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

Was any body injured in the Accident?

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.

soliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200105/2069

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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 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:
 - 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: 09/01/20

Driver's Signature

(If driver is not the policyholder)

N. A

Date & Time:

NRIC/FIN No.:

Page 3 of 16

DIALIT SUBMITTING THE AT

Accident Sketch Plan

KETCH PLAN		20
10.5011		2
Hougary St 21	 B	Suage -
A-87K5	595M /-	The state of the s
B-UNKNOW CAR	Carpurk	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	1
REFAIL W	police Report 1	20200105/2069 7
		/
		/
	/	
ECLARATION We declare the foregoing particul	ars are true in every respect.	m alabaso
olicyhpider's Signature ate & Time69 / 01 / 2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3 Report No. T/20200105/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2020 15:45		Made:	Vide Report No.:	Station Diary No. 24		
Informa	nt's Partici	ulars				
	f Informant: NEE JOON		Address: 21 KOVAN ROAD #16-16 SINGAPORE 548192			
ID Type / ID No.: NRIC NO / \$1499747D			Contact No.: Home/Office:	Mobile: 91288158		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 58	Date of Birth: 03/09/1961	Type of Informant:			
Race; Chinese			Language:	Institution / School Name:		
Occupation: DIRECTOR			Driving Licence Information: Class: 3	Date of Expiry:		

General Information of the Accider Type of Injury		Drink Drive:	- Date/Time of	Type of Location	
Accident:	Othore		Accident: 24/12/2019 15:10	Open car park	
Location: Along Road 1 HOUGANG S Open car parl Weather:	TREET 21	Road Surface:		Part Carrell Table	
Clear Dry				Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collision: Unsure				Anyona conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFK5595M	Car	HONDA	ODYSSEY 2.4 A	Purple		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFK5595M	NTUC Income Insurance Co-Operative Limited	5101631579-01	02/07/2019	01/07/2020	

POLICE REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1,#01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 of 3 Report No. T/20200105/2069

CONTINUATION OF REPORT

Details of Perso	n Involved	H-73 157				
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of F	edestriar	Cross	ing: NA
Driver	And the Personal Property of the Personal Prop	WEST				mg: two
Name	WEE HWEE JOON			ID No).;.	S1499747D
Related Vehicle	SFK5595M (Car)			Conta	ct No.	91288158
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date		Date Di	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury NIL		

Brief Details.

On 05/01/2020, I discovered that I received an letter from traffic police ref number TP/IP/79841/2019 informing me that I was involved in a traffic accident along Hougang Street 21.

On 24/12/2019 at about 1510hrs, I was driving my car vehicle number SFK5595M along Hougang Street 21 at the open car park.

I was at driving near the junction of the Car park exit and Hougang Street 21 when I noticed this yellow coloured car(unknown vehicle number) coming out from my right and came very near to my car and as such I made an emergency brake to avoid colliding into to it. In my knowledge, there was not collision then between me and the said yellow coloured car. I then proceeded on to exit the said car park towards Upper Serangoon Road.

I am unable to confirm if there is any damages done on my car due to the said incident as there is already existing damages on it due to wear and tear and the car is shared between me and my son.

I have an In car CCTV installed on both front and rear of my car, however I will need to go back to the workshop to see if I can retrieve the CCTV footages on that day.

POLICE REPORT





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

3 of 3 Report No. T/20200105 2069

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: F / Sgt 2 KOH PEI QI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2020 15:45
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	





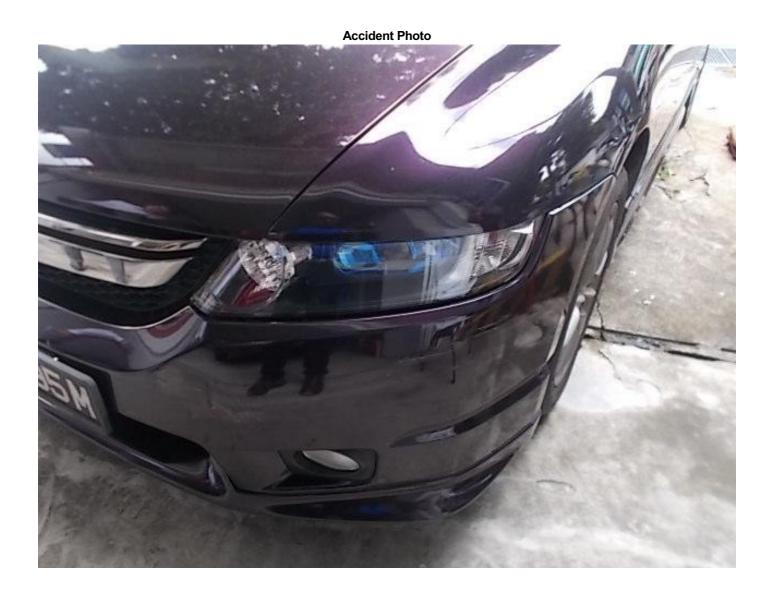
Accident Photo











Accident Photo



Accident Photo

