### 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	29/01/2020 17:43
	Date Of Accident	04/01/2020 15:00
	Exact Location Of Accident	OPEN SPACE CARPARK OF BLK 542 BEDOK NORTH ST 3
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
-	Vehicle Registration Number	SBB1288X
	Insured/Policyholder	
	Name Of Registered Owner	YEO KWEE CHOON
	NRIC No	SXXXX775Z
	Email Address	YEOKC.HENRY@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-93634353
1	Alternative Phone No	OTHERS-93634353
	Vehicle Particulars	
	Manufacturer	MERCEDES-BENZ
	Model	C180
	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE VISIT FRIEND HOUSE
	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	5102384337-01
	Cover Note Number	
	Driver	
	Name of Driver	YEO KWEE CHOON
	NDIC No.	CVVVV77F7

NRIC No SXXXX775Z

Date Of Birth 05/01/1957

Occupation INDOOR

Date Of Driving Pass 10/11/1976

Driving Experience 43 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93634353

Fax Number

Contact Number OTHERS-93634353

EMail Address YEOKC.HENRY@GMAIL.COM

Address BLK 59 TELOK BLANGAH HEIGHTS

#05-09

Postcode 100059

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 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

2 NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

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 JURONG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 158 YUNG LOH ROAD, POSTCODE: 610158, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2659999 - **FAX NO**: 62664987

Was notice of intended Prosecution given? NO

If Yes, against whom?

L 110. 1000-2039999 - 1

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20200113/2195

### 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 SKZ6853Z

Vehicle Make/Model/Colour HONDA VEZEL

**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:
  - (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: na/T/- Oriver's Signature
(If driver is not the po

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne Name:

NRIC/FIN No.:

GARRIS SAntenPlanForm\_V2

# **Accident Sketch Plan**

VVL WVE	of owner that my car (SBB 1288 X)
list the	vehicle at time of venering.
	30
	(510
	In louision
	No.
SCRIBE CIRCUMSTANCES OF T	THE ACCIDENT
on 4/1/2020	I dreve into open space comparte
beside block	542, Bedek North Street 3.
1 made a	3 - point turn and was not and
	I list third porty our.
4	
( Deane refe	y to police report for ful detail.
Pouch RA	PORT.
	20113/294
(120)	Not is present
CLARATION	
SP 42000 (FE ST 740 T/S)	s are true in every respect.
CLARATION  e declare the foregoing particulars	s are true in every respect.  NA  MA  MA  MA  MA  MA  MA  MA  MA  MA

## POLICE REPORT





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

1 of 3 Report No. T/20200113/2195

Tel No: 1800-2659999

REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 13/01/2020 22:23			Vide Report No.:	Station Diary No.: 65		
Informa	nt's Partic	ulars		CONTRACTOR OF LOTHINGS THE CO.		
	f Informant: VEE CHOO		Address: APT BLK 59 TELOK BLANGAH HEIGHTS #05-09 SINGAPORE 100059			
	/ ID No.: 0 / S12277	75Z	Contact No.: Home/Office:	Mobile: 93634353		
National SINGAP	ity: ORE CITIZ	EN .	Email:			
Sex: Age: Date of Birth: Male 62 13/05/1957			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name			
Occupat BUILDIN	ion: IG MANAG	ER	Driving Licence Information: Class: 2B,3 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/01/2020 15:00	Type of Location Car Park	
Open space o	TH STREET 3 car park of B/542 Bedo	ok North Street 3 Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: Traf		Traffic Control:		Traffic Volume:	
	ion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBB1288X	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Black	No Damage	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SBB1288X	NTUC Income Insurance Co-Operative Limited	5102384337-01	17/07/2019	16/07/2020	

### POLICE REPORT



T/20200113/2166

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

2 of 3 Report No. T/20200113/2195

Tel No: 1800-2659999

CONTINUATION OF REPORT

Any Pedestrian	nvolved: No		(SOLUTION)			
No. of Pedestria Driver	ns Injured: NIL	100000000000000000000000000000000000000	Use of Pe	edestria	n Cros	sing: NA
Name	YEO KWEE CHOC	AI		1	23/6	型の対象は対象に対象
	+CO KWEE CHOON			ID No	0,	S1227775Z
Related Vehicle	le NIL					
THE SPECIAL PROPERTY.				Conta	act No.	93634353
Hospital/Clinic	NIL			-		
				Class Drivin Licen	ng ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		T 0 1 0		y Date	
No of Doug areas and the		NIL	Date Disc Degree of	harge	NIL	

### Brief Details.

On the 13/01/2020 at about 1830hrs, I have received some documents to my unit. The said documents containing some insurance report, a note with the driver's contact number, a police traffic report, which mentioning that my vehicle was involved in a traffic accident on the 04/01/2020. The location reported was at, B/542 Bedok North Street 3. Reference to the police report number, T/20200104/2132.

After checking the said police report, I then slowly recalled that on the 04/01/2020 at about 1500-1600hrs, I have delivered some item to the said location. However, I wish to state that I am unable to recall if there is any collation took place during the instance, and no one has approach me at the point of time.

A check was made to my vehicle after receiving the said police report however, no damage was found. There is in-car camera installed in my vehicle but I am not sure whether any video footage taken during the said incident.

### **POLICE REPORT**





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

3 of 3 Report No. T/20200113/2195

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 3 PERRY P NG WEE PHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2020 22:23
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG-SIEU-LUI	Classification Of Case:
Contact No.: 65476151	SN 124
Authentication Stamp	
Singapore Police Force	













