

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	01/02/2020 16:27
Date Of Accident	29/01/2020 21:00
Exact Location Of Accident	BKE TWDS KJE (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3924J
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Insured/Policyholder

Name Of Registered Owner	SENG & KENG CONSTRUCTION PTE LTD
Co Reg No	1XXXXX740M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98501217
Alternative Phone No	OFFICE-98501217

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112470797
Cover Note Number	

Driver

Name of Driver	AUNG MYINT @U AUNG MYINT
NRIC No	SXXXX904G
Date Of Birth	25/11/1950
Occupation	INDOOR
Date Of Driving Pass	13/01/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98501217
Fax Number	
Contact Number	OFFICE-98501217
Email Address	NOEMAIL

Address	BLK 469A ADMIRALTY DRIVE #03-101
Postcode	751469
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
Road Surface	WET

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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200129/2148.

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:

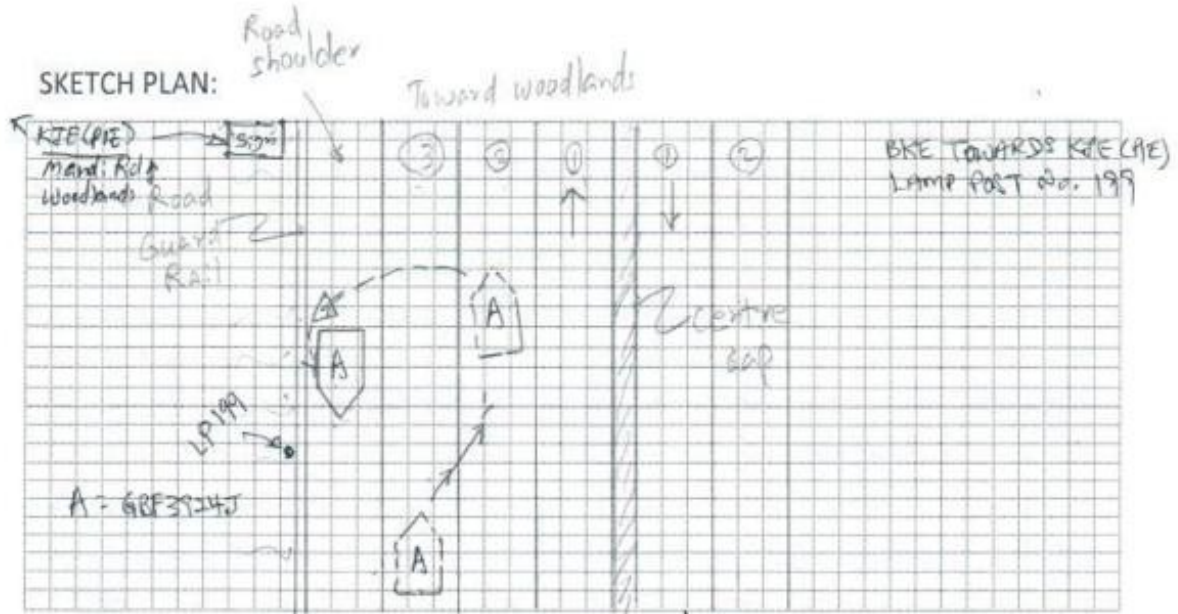


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT AS ATTACHED.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200129/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200129/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2020 23:29	Vide Report No.: L/20200129/0118	Station Diary No.: 96
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Informant's Particulars			
Name of Informant: AUNG MYINT		Address: APT BLK 469A ADMIRALTY DRIVE #03-101 SINGAPORE 751469	
ID Type / ID No.: NRIC NO / S2732904G		Contact No.: Home/Office: Mobile: 98501217	
Nationality: MYANMAR		Email:	
Sex: Male	Age: 69	Date of Birth: 25/11/1950	Type of Informant: Driver
Race: Burmese		Language: English	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 29/01/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY KRANJI EXPRESSWAY BKE travelling towards KJE (PIE). Lamp Post Number: 199				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3924J	PICK UP TRUCK	MITSUBISHI	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL		Seriously Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200129/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200129/2148

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF3924J		5112470797		

Brief Details.

On 29/1/2020 at about 2100 hrs, I was driving my vehicle bearing the plate no. of GBF3924J along BKE towards KJE (PIE) on the 3rd lane. It was raining and the road was slippery. I then filtered into the right (2nd) lane as I wanted to overtake the vehicle that was in front of me.

All of a sudden when I wanted to filter back into the 3rd lane, my vehicle skidded and hit the road shoulder that was near lamp post 199. The front of my vehicle (bumper, both mudguards and the frame of my no. plate) was seriously damaged. The road shoulder was slightly dented. My back is a bit painful and I am going to visit the doctor's tomorrow for a check.

At about 2115 hrs, a motorcyclist, Ahmad Sufiyan Assuri, bearing the plate no. of FBL7307H stopped by and assisted me. He told me that he is an associate rider from Orange Force and he helped me to call for police assistance. He then helped me to check my vehicle's insurance agency, and gave me an insurance certificate (policy no. 5112470797) after he confirmed that my vehicle's insurance agency was the same as his.

At about 2125 hrs, the traffic police officers came down to scene and asked me and the insurance rider what happen. The ambulance was also called to scene to check on me, but I was not conveyed via ambulance. The traffic police officers advised me to lodge a report at a nearby police station.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200129/2148

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20200129/2148

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:

L /

Sgt 2 LOE YAN TONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2020 23:29

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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