

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	03/02/2020 16:21
Date Of Accident	01/02/2020 17:25
Exact Location Of Accident	12 BEDOK RESERVOIR VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5016Z
Insured/Policyholder	
Name Of Registered Owner	NEO WEI AN
NRIC No	SXXXX807G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90925740
Alternative Phone No	OFFICE-90925740

Vehicle Particulars

Manufacturer	HONDA
Model	FIT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115418691(CLASSIC)
Cover Note Number	

Driver

Name of Driver	NEO WEI AN
NRIC No	SXXXX807G
Date Of Birth	12/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90925740
Fax Number	
Contact Number	OFFICE-90925740
Email Address	NOEMAIL

Address	BLK 436A BT BATOK WEST AVE 5 #11-936
Postcode	
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	SIDE SWIPE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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 [OTHER]	HONG KAH NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20200203/2070

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	SJV4033U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KOK BENG
NRIC/Passport Number	SXXXX664C
Contact Number	81212887
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE1303U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMR5016Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



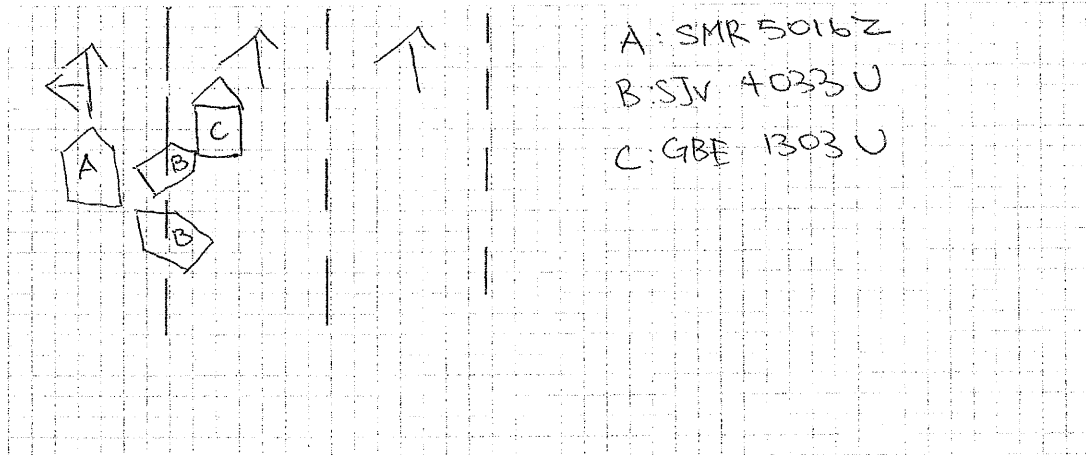
Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
5

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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:

(DAC BUKIT BATOK (VAC))

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200203/2070

1 of 4

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20200203/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 14:21	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: NEO WEI AN			Address: APT BLK 436A BUKIT BATOK WEST AVENUE 5 #11-936 SINGAPORE 651436	
ID Type / ID No.: NRIC NO / S9308807G			Contact No.: Home/Office:	Mobile: 90925740
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 12/03/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: AMAZON DELIVERY 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: 01/02/2020 17:50	Type of Location: AT THE FILTER LANE
Location: Along Road 1 BEDOK RESERVOIR VIEW NEAR TO 12 BEDOK RESERVOIR VIEW (CLEAR WATER CONDOMINIUM)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1303U	Van				Slightly Damaged	0
SJV4033U	Car				Slightly Damaged	0
SMR5016Z	Car	HONDA	FIT 1.3GF CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200203/2070

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20200203/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR5016Z	NTUC Income Insurance Co-Operative Limited	5115418691	10/01/2020	09/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	MALE CHINESE SUBJECT		ID No.	NIL
Related Vehicle	GBE1303U (Van)		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
Driver				
Name	ANG KOK BENG		ID No.	S7208664C
Related Vehicle	SJV4033U (Car)		Contact No.	81822887
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	NEO WEI AN		ID No.	S9308807G
Related Vehicle	SMR5016Z (Car)		Contact No.	90925740
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20200203/2070

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Police Station Of Origin:
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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20200203/2070

CONTINUATION OF REPORT

Brief Details.

On 01/02/2020 at about 1725hrs, I was driving my car (registration plate: SMR5016Z) along Bedok Reservoir View near to 12 Bedok Reservoir View (Clear Water Condominium). I was driving slowly on the left most lane, intending to make a left turn, when another car (registration plate: SJV4033U) from the right lane cut into my lane and hit onto my car right-side portion (from rear right passenger door to right fender area).

I immediately stopped to make a check and met up with the said driver. The driver admitted to his fault during one of the conversations. My car has an in-car camera installed.

I wish to add that during the collision, the said driver also hit onto a car (registration plate: GBE1303U) in front of his lane.

On 03/02/2020, I went to Frontier Medical Associates and was given 3 days MC from 03/02/2020 till 05/02/2020.

Accident Sketch Plan Pg. 1



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POLICE FORCE



T/20200203/2070

Police Station Of Origin:
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370 Bukit Batok Street 31 #01-201
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Report No. T/20200203/2070

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 MUHAMMAD MUJAHID BIN SAMSUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2020 14:21
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65474885 SAFEGUARDING EVERY DAY	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	