

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	21/01/2020 18:05
Date Of Accident	21/01/2020 11:45
Exact Location Of Accident	ORCHARD RD INFRONT OF ISTANA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9096H
Insured/Policyholder	
Name Of Registered Owner	KOH YAM SENG BENSON
NRIC No	SXXXX384Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92327981
Alternative Phone No	OTHERS-92327981

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115186345
Cover Note Number	

Driver

Name of Driver	KOH YAM SENG BENSON
NRIC No	SXXXX384Z
Date Of Birth	18/12/1978
Occupation	INDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92327981
Fax Number	
Contact Number	OTHERS-92327981
Email Address	NOEMAIL

Address	BLK 634 #07-52 YISHUN STREET 61
Postcode	760634
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	CHAIN 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	3
Was any body injured in the Accident?	NO
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200121/2082;

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	SJX384Y
Vehicle Make/Model/Colour	HYUNDAI / AVANTE 1.6 AUTO ABS AIRBAG 2WD 4DR
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV4013D
Vehicle Make/Model/Colour	JAGUAR / XE 2.0 I4
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

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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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415935
Tel: 67416697 Fax: 67492305
Email: vac@vicom.com.sg

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

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report No : T / 20200121 / 2082 -

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Submitted: 2004-07-26; Accepted: 2005-01-26

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

Date & Time:

IDAC KAKI BUKIT (VAL)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
E-mail: vackb@vicom.com.sg

Reporting Centre Personnel's Signature _____

Name: _____
NRIC/FIN No.: _____

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200121/2082

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20200121/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 14:16	Video Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: KOH YAM SENG, BENSON	Address: APT BLK 634 YISHUN STREET 61 #07-52 SINGAPORE 760634
ID Type / ID No.: NRIC NO / S7839384Z	Contact No.: Home/Office: Mobile: 92327981
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 41 Date of Birth: 18/12/1978	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Self Employed	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2020 11:45	Type of Location:
Location: Along Road 1 ORCHARD ROAD In front of ISTANA				
Weather:	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL9096H	Car	NISSAN	TEANA 2.0L CVT ABS D/AIRBAG 2WD	White	Slightly Damaged	0
SJX384Y	Car				Slightly Damaged	1
SLV4013D	Car				Slightly Damaged	0

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200121/2082

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Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200121/2082

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL9096H	NTUC Income Insurance Co-Operative Limited	5115186345	28/12/2019	27/12/2020

Brief Details.

On 21/01/2020 at about 1145hrs, I was driving along Orchard Road on my vehicle, SJL9096H in front of the ISTANA and came a stop after the junction of Buyong Road as there were a jam along the said road, I would like to state that the vehicle behind mine was a white vehicle bearing plate number SJX384Y also came to a stop.

Out of a sudden, I felt an Impact from the rear and alighted from my vehicle and spotted a blue vehicle bearing plate number, SLV4013D that had hit on the white vehicle causing the said vehicle to hit on the the rear of my vehicle. I would like to state that the rear portion of my vehicle was damaged by the impact.

We had exchange out particulars and will proceed to carry out our individual report making.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200121/2082

3 of 3

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200121/2082

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:

G /
Staff Sgt KANG BAO LONG, JAMIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2020 14:16

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP166



**SINGAPORE
POLICE FORCE**

SIGNATURE