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	20/04/2020 16:13
Date Of Accident	18/04/2020 16:30
Exact Location Of Accident	CROSS-JUNCTION OF TAMPINES AVE 8 / TAMPINES ST 85
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ8693C
Insured/Policyholder	
Name Of Registered Owner	TEEN SAI FAR
NRIC No	SXXXX596G
Email Address	ALANYEO23@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91091660
Alternative Phone No	OTHERS-96988667
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PICNIC
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113756858
Cover Note Number	
Driver	
Name of Duivan	VEO HONG LONG

Name of Driver
YEO HONG LONG
NRIC No
SXXXX626B
Date Of Birth
26/10/1985
Occupation
OUTDOOR
Date Of Driving Pass
17/10/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91091660

Fax Number

Contact Number OTHERS-96988667

EMail Address ALANYEO23@YAHOO.COM

BLK 869B TAMPINES AVENUE 8 Address

#15-522

Postcode 522869

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

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 TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200418/2042

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: WITH THE POLICE OFFICER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FT8318E Vehicle Make/Model/Colour **VESPA**

Details Of Properties

MOTORCYCLE Vehicle Category Name of Driver SEAH BAN GUAN

NRIC/Passport Number SXXXX688I

Contact Number 82826566

Address

Postcode

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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 Driver's Signature

(If driver is not the policyholder) Date & Time: 20 4 2

15 : 50 m

porting Centre Person

NRIC/FIN No.

Accident Sketch Plan

VETCU DI ATI	
ETCH PLAN	
	E 1.1.
	EILB ST 85
	A 367 9875 G
D) SGZ8693	SC 1 P
B) F1 8318E	TAMPINES AUE 8
DESCRIBE CIRCUMSTANCES	
REFERE TO POLICE	4 RAPORT 7 2020418/2042
DECLARATION /We declare the foregoing partic	culars are true in every respect.
	20/06/0000
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 25 4 2020 NRIC/FIN No.:
	12:20 pm



T/20200418/2042

1 of 3

Report No. T/20200418/2042

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Carrier Histories	F A TRAFFIC		Mide Depart No :	Station Diary No.:
	ne Report M 20 19:47	lade:	Vide Report No.:	76
Informa	nt's Particu	lars		
1. 1.00 1 1 1 1 1 1 1	Informant: NG LONG		Address: APT BLK 869B TAMPINES A 522869	VENUE 8 #15-522 SINGAPORE
	/ ID No.: D / S853662	26B	Contact No.: Home/Office:	Mobile: 96988667
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 26/10/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat Self emp			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 18/04/2020 16:35	Type of Location: X-Junction
TAMPINES A	VENUE 8			Alexander of the second
Weather: Clear	R	oad Surface: ry		Road Speed Limit:
Traffic Flow:	Tı	raffic Control:		Traffic Volume:
Type of Collis Between Mov	sion; ving Vehicles - Head To Side			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FT8318E	Motorcycle				Slightly Damaged	0
SGZ8693C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200418/2042

Driver			deline de Sancia			
Name	YEO HONG LONG			ID No	9	S8536626B
Related Vehicle	NIL			Conta	ct No.	96988667
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	nted Medical Leave NIL		Degree of	f Injury	Injury NIL	
Rider			THE STATE OF THE S		10	
Name	SEAH BAN GUAN			ID No		S0080688I
Related Vehicle	NIL		Contact No.		82826566	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	2-200	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 18/04/2020 at about 1635hrs, I was travelling along Tampines Ave 8 toward Tamp st 85. As I was making a right turn at a traffic junction, the rider bearing vehicle plate (FT8318E) collided head on to the side rear of my car.

After the collision, I stepped out of my vehicle (SGZ8693C) to check on the rider. I also noticed there were slight damages to both vehicles. We exchanged contact details and photos of our front and back of our IC right after

He has initially declined going to the hospital, but upon hearing that he is experiencing discomfort to a side of his arm, I called the police. An ambulance was also called.

I have video footage as evidence. I am lodging this report for record purposes.





Police Station Of Origin: Tampines N.P.C

3 of 3 Report No. T/20200418/2042

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 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 / Sgt 3-BRYAN LIM GHIM SONG	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2020 19:47
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	A College



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

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	Sag Symprom		
(Recipient	's Name, NRIC or Passpor		
	(Address / Police Station / N		
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m125864366	Mary House I		
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