

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	09/05/2020 12:36
Date Of Accident	08/05/2020 16:25
Exact Location Of Accident	BLK 13 YORK HILL ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6421X
Insured/Policyholder	
Name Of Registered Owner	HO JIT TIAN
NRIC No	S1795030D
Email Address	WEALTHMAKER999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87550484
Alternative Phone No	OFFICE-87550484

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116588825
Cover Note Number	

Driver

Name of Driver	HO JIT TIAN
NRIC No	S1795030D
Date Of Birth	18/04/1967
Occupation	INDOOR
Date Of Driving Pass	09/05/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87550484
Fax Number	
Contact Number	OFFICE-87550484
Email Address	WEALTHMAKER999@GMAIL.COM

Address	APT BLK 62B STRATHMORE AVE #17-50
Postcode	143062
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	COLLISION - HEAD ON 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
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)	2
Passenger 1	NAME: : FOO SIANG PIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SH6800B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

No. Of Passenger (Including Driver)

Postcode 143062

Postcode

Sketch Plan

SKETCH PLAN

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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:

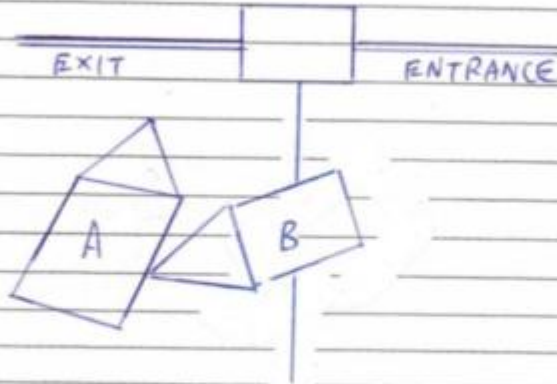

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

A - SLV6421X
B - SH6800B



YORK HILL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT A/20200508/7024

My vehicle SLV6421X was hit twice on the right side. Once on my front right tyre resulting in alignment and structural issue. And once on the front right door resulting in door damage and lower structural damage.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



POLICE REPORT (NP299)

Report No. A/20200508/7024

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 08/05/2020 18:23	Vide Report No.	Station Diary No.
Name Of Informant HO JIT TIAN	Address APT BLK 62B STRATHMORE AVE #17-50 SINGAPORE 143062	
ID Type / ID No. NRIC NO / S1795030D	Contact No. Home/Office:	Mobile: 87550484
Nationality SINGAPORE CITIZEN	Email Address wealthmaker999@gmail.com	
Occupation Self Employed	Sex Male	Age 53
Institution/School Name	Date of Birth 18/04/1967	Race Chinese
Date/Time Of Incident 08/05/2020 16:25 - 08/05/2020 16:40	Location Of Incident 13 YORK HILL SINGAPORE 162013	

Brief details.

At around 1625pm as I was driving my vehicle SLV6421X and driving towards the exit gantry of the carpark of blk 13 york hill, a taxi SH6800B entered the carpark, did a right turn and collided head on to the right side of my vehicle. We exchanged contact with the intention to do accident report for insurance claim. My passenger and I felt pain after the collision, proceeded to seek medical help and was awarded 4 days mc each.

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2020 18:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200508/7024

Victim			
Person Name	HO JIT TIAN		
ID Type	NRIC NO	ID No	S1795030D
Gender	Male	Age	53
Race	Chinese	Language	English
Occupation	Self Employed	Address Type	
Address	APT BLK 62B STRATHMORE AVE #17-50 SINGAPORE 143062		Mobile No 87550484
Is Informant A Victim?	Yes		
Person Name	foo siang pin		
ID Type	NRIC NO	ID No	S0226767E
Gender	Male	Age	69
Race	Chinese	Language	English
Occupation	contractor self-employed	Relation To Informant	friend
Person Name	HO JIT TIAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2020 18:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

