

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	28/05/2020 16:32
Date Of Accident	27/05/2020 10:40
Exact Location Of Accident	HAIG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7521C
Insured/Policyholder	
Name Of Registered Owner	NATIONAL ENVIRONMENT AGENCY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82282279
Alternative Phone No	OFFICE-67404150

Vehicle Particulars

Manufacturer	HYUNDAI
Model	STAREX
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-20094870MFCV/15
Cover Note Number	

Driver

Name of Driver	SEAH KIAN BENG
NRIC No	SXXXX866I
Date Of Birth	28/12/1948
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1968
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82283379
Fax Number	
Contact Number	
EEmail Address	SEAH_KIAN_BENG@NEA.GOV.SG

Address	BLK 126A EDGEDALE PLAINS #05-340
Postcode	821126
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	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	2
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

PLS REFER TO THE POLICE REPORT: T/20200527/2058

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	SJT1276R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALBERT LEE WEI CHONG (ALBERT LI WEIZHANG)
NRIC/Passport Number	SXXXX139D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.
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)**

(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.

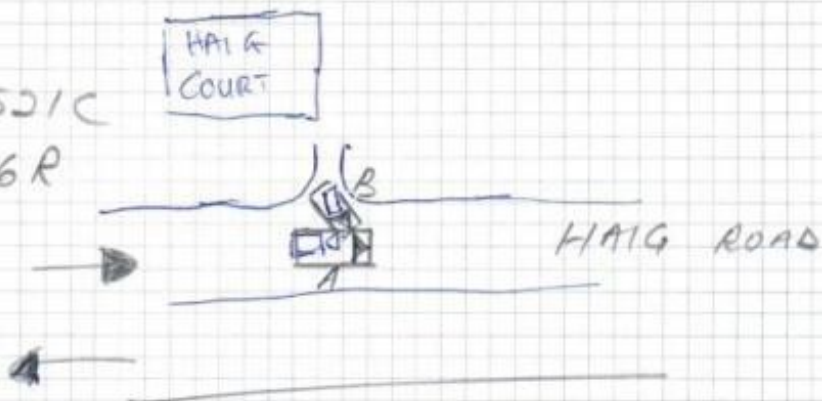
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

SKETCH PLAN

B-SJT/276R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s ref to the police report: T/20200527/2058

DECLARATION

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

with East Regional Office
National Environment Agency
70 Tannery Lane, Singapore 347810
Policyholder's Signature
no: 67474811 / Fax no: 67473853
Date & Time:

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

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

Individual Statement

On 27.05.2020 at about 10.40am, I was driving NEA vehicle (GBC 7521 C) along Haig Road towards Dunman Road. A car (No.SJT 1276 R) which came out from a condominium (Haig Court), then crashed onto the left side of my vehicle causing damage to the left sliding door of the vehicle. No one was injured in the accident.

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370064
Tel No: 1800-7448999



T90200521275A

2 of 3

Report No: T/202005270258

CONTINUATION OF REPORT

Driver		ID No.	
Name	SEAH KIAN BENG		500788981
Related Vehicle	GBC7521C (Van)	Contact No.	67454150
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	
Name	Albert Lee Wei Chong		S7926139D
Related Vehicle	SJT1276R (Car)	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

Brief Details.

On the 27/05/2020 at about 1040hrs, I was driving the NEA vehicle (GBC7521C) along Haig Road towards Dunman Road. A car (SJT1276R) which came out from Haig Court condominium gentry was turning left. However, he did not checked and turned out his vehicle, which then crashed onto the left side of my vehicle. The left sliding door of my vehicle was dented while there was some scratches on the front of his vehicle and his vehicle number plate have dropped. No one was injured during the accident. We then exchange our particulars and left.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

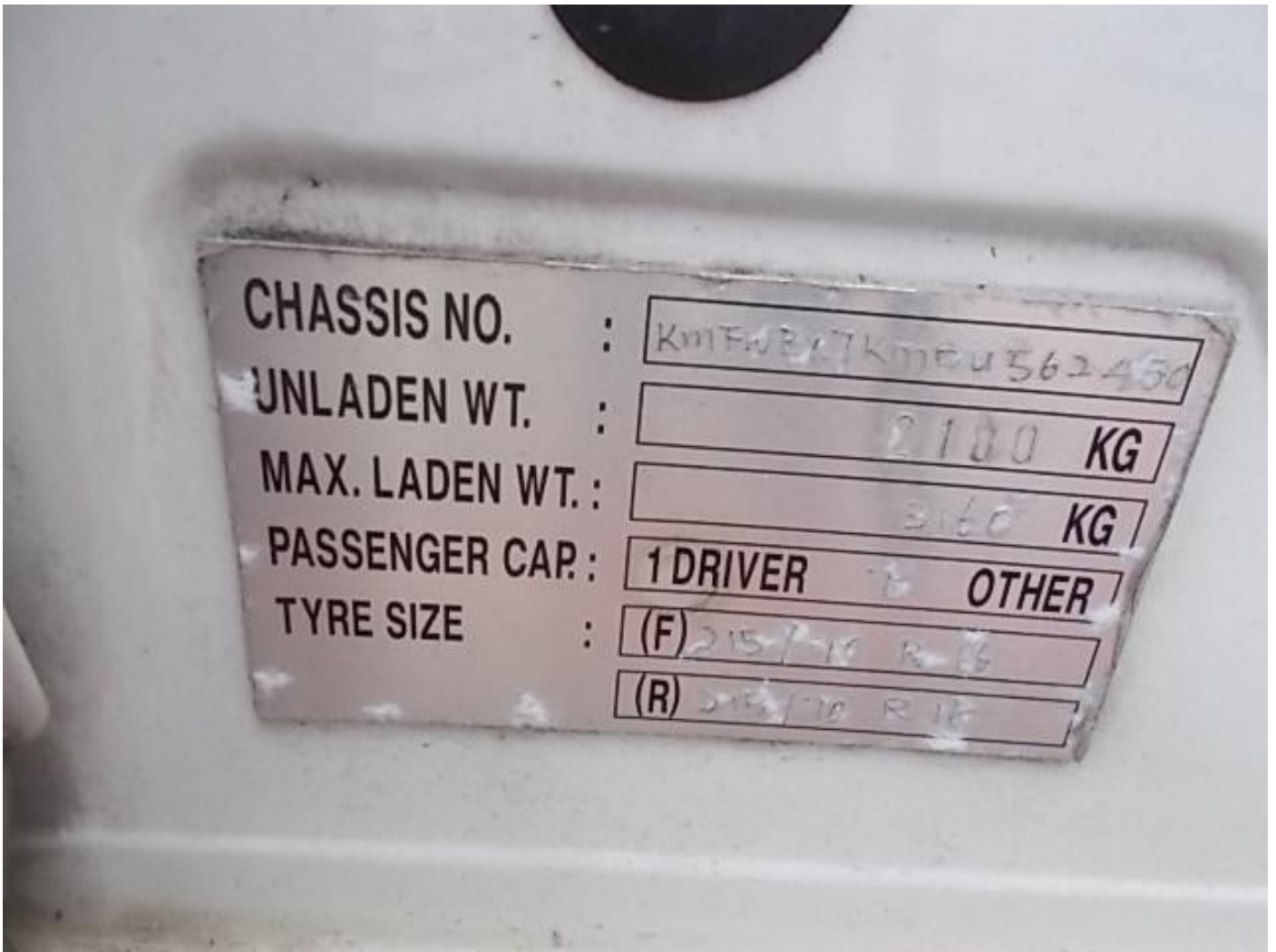


Accident Photo



Accident Photo






Accident Photo




Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1 of 1
A Report No. T000000000000

Place & Status of Origin
Mainland China
34 First Road #01-12/14 SINGAPORE
470004
Tel No. 3500 740000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 27/05/2020 10:15	Vide Report No.	Station Query No. 16
---	-----------------	-------------------------

Informant's Particulars

Name of Informant SEAH KUAN HENG	Address APT BLK 125A TOGEDALE PLAINS #05-043 SINGAPORE 521128
ID Type / ID No. NRIC NO / 900789501	Contact No. Home/Office: 67404150 Mobile:
Nationality SINGAPORE CITIZEN	Email seah_kuan_heng@nec.gov.sg
Sex: Male Age: 71 Date of Birth: 28/12/1948	Type of Informant Driver
Race: Chinese	Language: English Institution / School Name:
Occupation NEA OFFICER	Driving License Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident 27/05/2020 10:40	Type of Location Straight Road
Location: Along Road 1 Traveling Toward Road 2 HANG ROAD DUNMAN ROAD Hang Road towards Dunman Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No


Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7521C	Van	HYUNDAI		White	Slightly Damaged	0
5JT1876R	Car	TOYOTA		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA

Police Report

 **SINGAPORE POLICE FORCE**

Police Station: CP 100
Classification: Road Traffic Accident
On 7th Floor, 100-110, Singapore
370004
Korner, 100-110, Singapore

CONTINUATION OF REPORT

Report No. 2005051615

Section 1
Informant is not present in person within 100m

REPORTING 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 65434565 stating the report number as reference.

Signature Of Officer Recording The Report SP1 TAN JIN TENG	Signature Of Informant 27/05/20
Signature Of Interpreter Not applicable	Date/Time 27/05/2020 16:15
Officer In Charge Of Case SP1 GILF Staff Sgt WONG SIEU LEE Contact No. 85475151	Case Number Of Case
Authentication Stamp SP1	