

## 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	22/06/2020 16:33
Date Of Accident	20/06/2020 19:40
Exact Location Of Accident	JUNC SCOTTS RD & ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3809T
Insured/Policyholder	
Name Of Registered Owner	NEO BOON SENG
NRIC No	SXXXX596E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97213817
Alternative Phone No	OFFICE-97213817

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107625637-01
Cover Note Number	

### Driver

Name of Driver	NEO BOON SENG
NRIC No	SXXXX596E
Date Of Birth	05/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97213817
Fax Number	
Contact Number	OFFICE-97213817
Email Address	NOEMAIL

Address BLK 316B PUNGGOL WAY  
#02-717  
Postcode 822316  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
Weather Conditions RAINING  
Road Surface WET

#### 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) 3  
Passenger 1  
NAME: : -  
GENDER: : MALE  
Passenger 2  
NAME: : -  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200621/7010.

#### 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:

Vehicle Registration Number SKV839/G  
Vehicle Make/Model/Colour  
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 INJURED PERSON III**

Name	NEO BOON SENG
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SMH3809T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:



Driver's signature  
(If driver is not policy holder)  
Date / time:



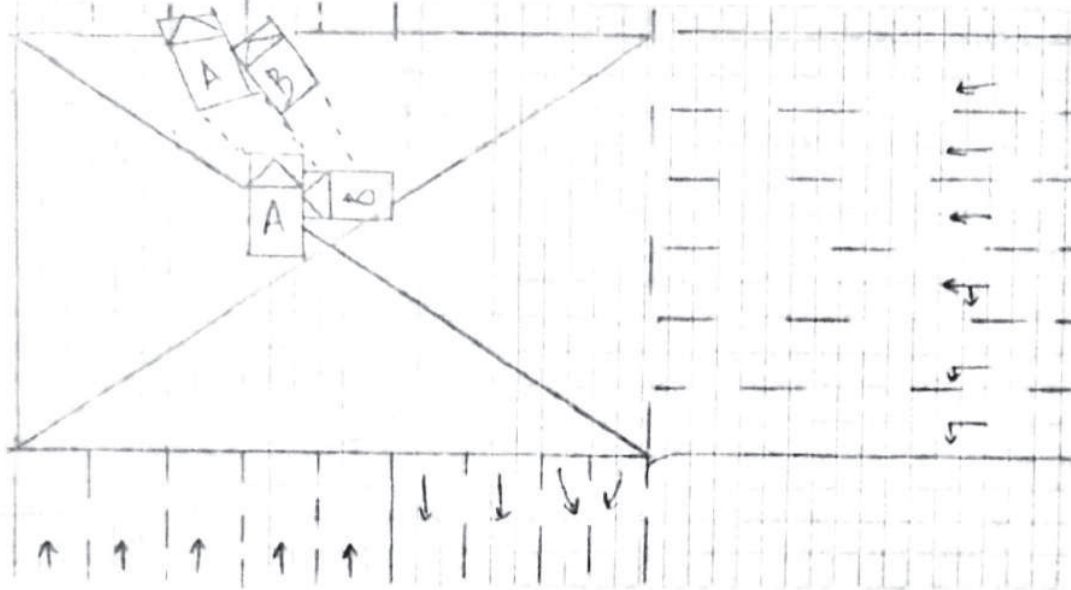
reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan

## SKETCH PLAN

Veh A:  
SMH3809T

Veh B:  
SKV8397G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

## DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(If driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

# Police Report



SINGAPORE  
POLICE FORCE



T/20200621/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No: T/20200621/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2020 16:34		Vide Report No.: E/20200620/0151		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NEO BOON SENG		Address: APT BLK 316B PUNGGOL WAY #02-717 SINGAPORE 822316			
ID Type / ID No.: NRIC NO / S1548596E		Contact No.: Home/Office: Mobile: 97213817			
Nationality: SINGAPORE CITIZEN		Email: derrickboonseng@gmail.com			
Sex: Male	Age: 58	Date of Birth: 05/06/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 3		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2020 19:40	Type of Location: X-Junction
Location: PATERSON ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKV8397G	Car			Silver	Seriously Damaged	4
SMH3809T	Car	TOYOTA	COROLLA ALTIIS 1.6 AUTO	Black	Seriously Damaged	2

## Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMH3809T	NTUC Income Insurance Co-Operative Limited	5107625637-01	07/04/2020	06/04/2021

Police Report



SINGAPORE  
POLICE FORCE



172020062117010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 65470000

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Report No. 172020062117010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	NEO BOON SENG	ID No	51648596E
Related Vehicle	SMH3809T (Car)	Contact No	97213817
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	05	Degree of Injury	Slight

Brief Details

On 20 June 2020 at about 1940hrs I was driving my vehicle SMH3809T along Scotts road towards Kim Seng road. Upon approaching the junction of Scotts road and orchard road, the traffic light was in my favour (green light). I proceed to travel straight. Suddenly I felt an impact coming from the side of my vehicle. I got down my vehicle and realised that a vehicle SKV6397G have collided onto my vehicle.

I sustained injuries from the above mentioned accident and was given 5 days of MC.

Police Report



SINGAPORE  
POLICE FORCE



T/20200621/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No. 65470000

3 of 3

Report No. T/20200621/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 21/06/2020 16:34
Officer In Charge Of Case: TP / TPB / THABAGESH JEYATHESH Contact No. 65476232	Classification Of Case:
Authentication Stamp NP168	