

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 ability.
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 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	03/01/2017 15:07
Date Of Accident	31/12/2016 21:30
Exact Location Of Accident	CROSS JUNCTION HOUGANG AVE 4/ AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3476G
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Insured/Policyholder

Name Of Registered Owner	FOO JONG PENG
NRIC No	S0128000G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228372
Alternative Phone No	Others-85228372

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5064317929-02
Cover Note Number	

Driver

Name of Driver	FOO JONG PENG
NRIC No	S0128000G
Date Of Birth	10/09/1952
Occupation	Indoor
Date Of Driving Pass	04/05/1970
Driving Experience	46 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-85228372
Fax Number	
Contact Number	Others-85228372
EEmail Address	NOEMAIL

Address	BLK 180 LOMPANG ROAD #13-05
Postcode	670180
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- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
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

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Tampines N.p.c
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER 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	FW8277Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA3809S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	BEN HO
NRIC/Passport Number	
Contact Number	93633797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	NA
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FW8277Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLAN

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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 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.

[Signature]

Policyholder's Signature / Date & Time

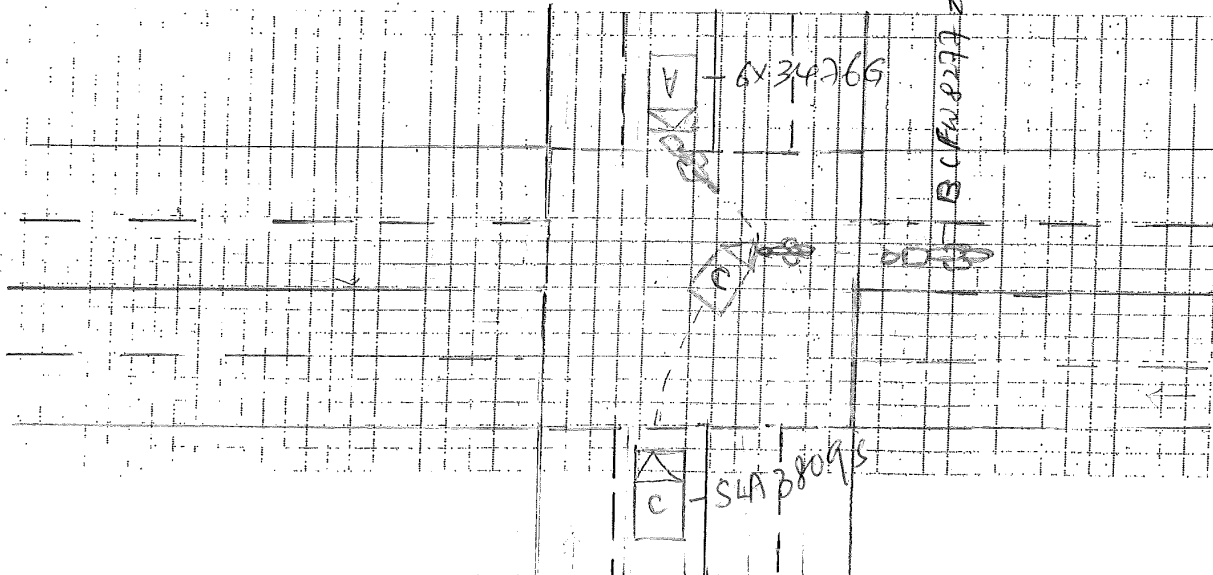
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
7/20170101/2031

Declaration

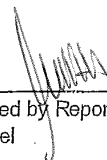
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

SKETCH PLAN

A) GX 34766

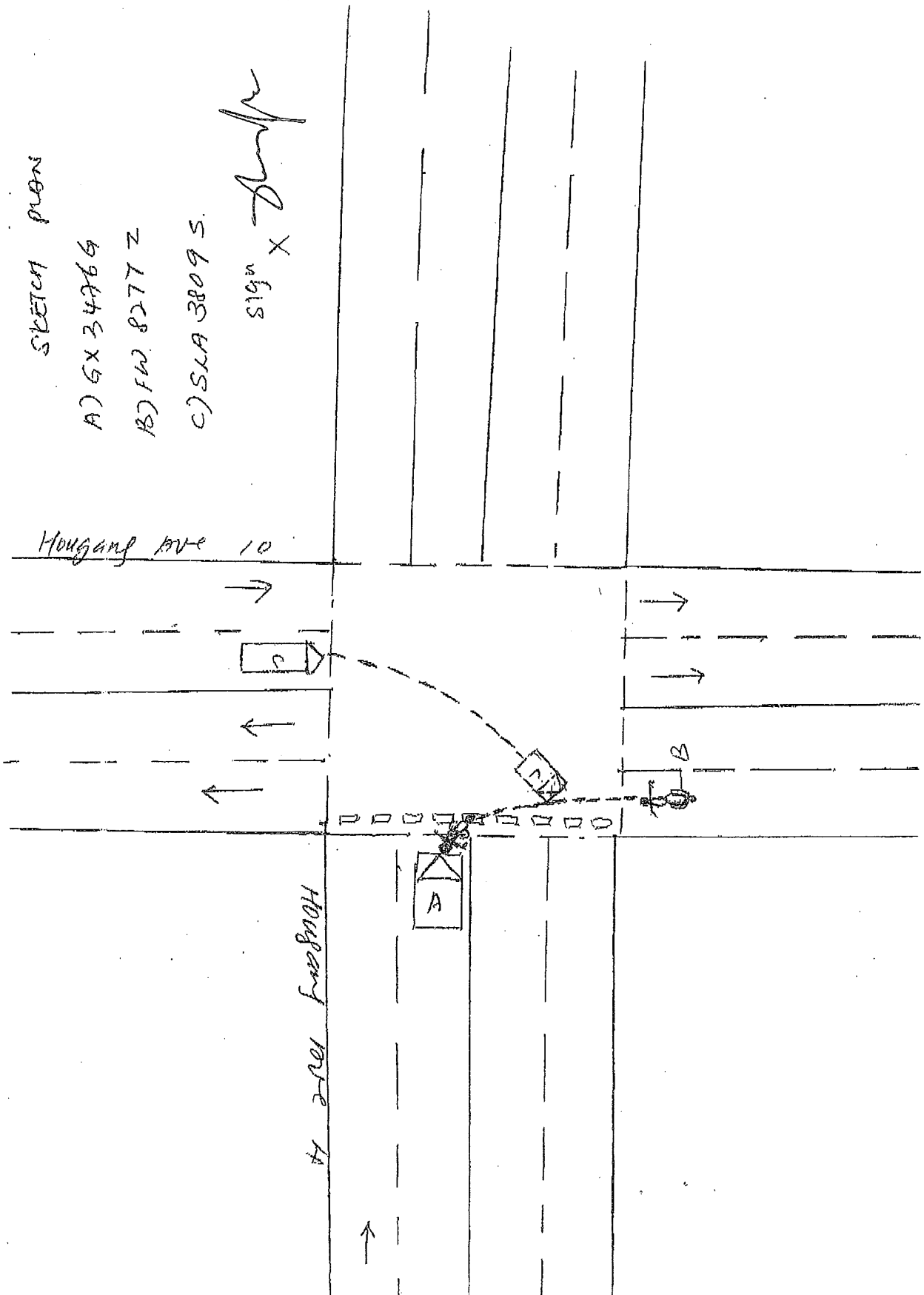
B) FW 8277 Z

C) SLA 3809 S

sign X *[signature]*

Hougang Ave 10

Hougang Ave 4



T-066 P0001/0001 -452

64557754

04-01-'17 18:30 FROM-

Common Statement Pg.1



**SINGAPORE
POLICE FORCE**



T/20170101/2031

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

1 of 3

Report No. T/20170101/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2017 10:24		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: FOO JONG PENG			Address: APT BLK 180 LOMPANG ROAD #13-05 SINGAPORE 670180		
ID Type / ID No.: NRIC NO / S0128000G			Contact No.: Home/Office: Mobile: 85228372		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 10/09/1952	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:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2016 21:30	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 4 HOUGANG AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No- Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FM8277Z	Motorcycle					1
GX3476G	Van	PEUGEOT	PARTNER1.9DM	Black		1
SLA3809S	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20170101/2031

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

2 of 3

Report No. T/20170101/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GX3476G	NTUC Income Insurance Co-Operative Limited	5064317929-02	06/04/2016	05/04/2017

Brief Details.

On the mentioned date and time, I was on Hougang Avenue 4 travelling straight. My vehicle was in a stop position as the traffic light was red. Suddenly, I felt an impact from the front portion of my vehicle as an accident occurred in front of my vehicle in which the motorcyclist fell and the motorcycle then skidded and hit onto my vehicle. The motorcycle was involved in an accident with another car. I then went to assist the involved parties in the accident until Ambulance and Traffic Police came. The Ambulance officials were seen carrying injured parties into the ambulance and convey them to the nearest hospital itself. The car was seen to be turning right while the motorcycle was heading straight at that point of time prior to the accident.



SINGAPORE
POLICE FORCE



T/20170101/2031

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

3 of 3

Report No. T/20170101/2031

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 IBRAHIM BIN CHEMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SALEHA BINTE MOHAMED SANI

Contact No.: 65476258

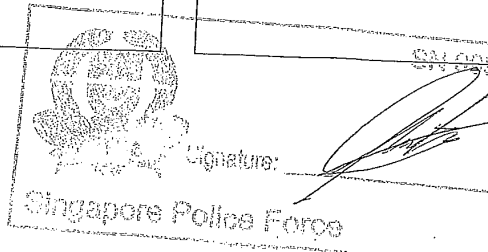
Signature Of Informant:

Date/Time:

01/01/2017 10:24

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg.1

U4-01-17 09:42 FROM-

6455/754

T-063 P0001/0001 F-444

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MS1117000578 Vehicle Registration No: GX 3476G
Name(as shown in NRIC): FOO JONG PENG
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: S0128000G
Address: BLK 180, LOMPANG ROAD #13-05
Contact (Tel): _____ (H/P): 85228372
(Email): _____
Date of Accident: 31/12/16 Time of Accident: 21:30pm
Place of Accident: CROSS JUNCTION HOUGANG AVE 4/AVE 1
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

KINDLY FIND ATTACHED
SKETCH PLAN



Signature of Vehicle Owner/Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : +65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm