

## 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	11/07/2020 09:39
Date Of Accident	09/07/2020 16:10
Exact Location Of Accident	T-JUNCTION OF EUNOS AVENUE 6 /EUNOS ROAD 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1353A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOO BIN WEN
NRIC No	SXXXX022B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92352130
Alternative Phone No	OFFICE-92352130

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	5110306767
Cover Note Number	

### Driver

Name of Driver	KOO BIN WEN
NRIC No	SXXXX022B
Date Of Birth	12/07/1983
Occupation	INDOOR
Date Of Driving Pass	28/02/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92352130
Fax Number	
Contact Number	OFFICE-92352130
EEmail Address	NOEMAIL

Address	BLOCK 685 HOUGANG STREET 61 #03-164 SINGAPORE
Postcode	530685
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 - MAJOR/MINOR RD
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT AND ATTACHED STATEMENT

#### 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	SHD3364P
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
Vehicle Category	TAXI
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 1**

Name	KOO BIN WEN
Approximate Age	36
Injuries Sustain	REFER TO ATTACHED AND POLICE REPORT
Injured person in which vehicle?	SKR1353A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 685 HOUGANG STREET 61 #03-164 SINGAPORE
Postcode	530685

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

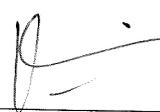
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

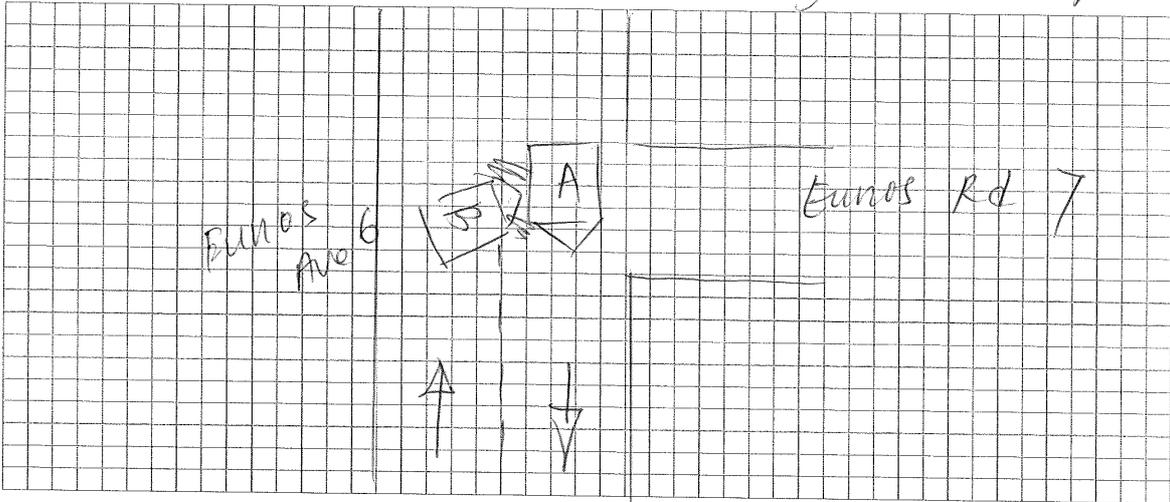
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

(A) SKR 1353 A

(B) SHD 3364 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No: T/20200710/2023

*(The rest of the form is crossed out with a diagonal line.)*

DECLARATION

I/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:

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



Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200710/2023

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200710/2023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR1353A	NTUC Income Insurance Co-Operative Limited	5110306767	19/06/2019	19/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JALANI BIN MOHAMED		ID No.	S0017198J
Related Vehicle	SHD3364P (Car)		Contact No.	NIL
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				
Name	KOO BIN WEN		ID No.	S8321022B
Related Vehicle	SKR1353A (Car)		Contact No.	92352130
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/07/2020		Date Discharge	10/07/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight

**Brief Details.**

On 09/07/2020 at about 1610hrs, I was travelling in my vehicle (SKR1353A) along Eunos Ave 6. While I was heading on a straight road, there was a blue taxi (SHD3364P) from the opposite direction suddenly turned right into Eunos Rd 7 and knocked onto the right side of my vehicle leaving a huge dent on it. Both the taxi driver and I then came down from our vehicle to take a few pictures and also exchanged particulars with one another. Subsequently, I left for home and only felt a slight pain on my neck area the following day, 10/07/2020. Hence, I decided to consult a doctor and was given 5 days of MC.

No ambulance or police assistance at that point.

I wish to add that there are installed cameras in my vehicle's front and rear side. I am lodging this report for insurance claim purpose.



**SINGAPORE  
POLICE FORCE**



T/20200710/2023

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200710/2023

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200710/2023

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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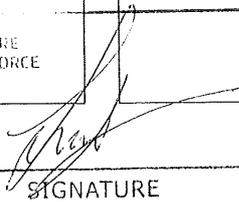
Report No. T/20200710/2023

**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: E / Sgt 2 LINUS OW JUN KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2020 13:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 070
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo

