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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	,
	ACCIDENT STATEMENT
Date Of Report	05/08/2020 15:41
Date Of Accident	04/08/2020 21:15
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBK3666C
Insured/Policyholder	
Name Of Registered Owner	VAN 42
Co Reg No	5XXXX229M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97466836
Alternative Phone No	OFFICE-97466836
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VIANO CDI2.2 EL
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MR003573
Cover Note Number	
Driver	
Name of Driver	NG YOONG SOON EDDIE
NRIC No	SXXXX240E

NRIC No SXXXX240E
Date Of Birth 03/03/1975
Occupation OUTDOOR
Date Of Driving Pass 13/10/2010

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97466836

Fax Number

Contact Number OFFICE-97466836

EMail Address NOEMAIL

BLK 506B SERANGOON NORTH AVENUE 4 Address

#14-428 552506

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** DRY

Road Surface

Other Information

ambulance?

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

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/20200804/7030.

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 SGK8978K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMQ3855L

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 1

Name NG YOONG SOON EDDIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBK3666C

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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- 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
- 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.
 - B. 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)
 - (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 mg:
 - (iv) administering my claims (including the malling 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"]
- 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
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:
 - (ii) 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.

should be activitied with him.

til driver is not he policyholder)

Date & Time

Reporting Centre Person s Signature

NICIC/FIM Ha -

Accident Sketch Plan

	SKETCH PLAN	and the contract of the contra
VENTUL A:		
VENTELE 8:		
SG 1 8978 K		c A
ventele C:		B B B B B B B B B B B B B B B B B B B
Smg38561		
	DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT
	The state of the s	THE ACCIDENT
	-	
	REF	POLICE
		POLICE
		REPORT
Ì		
	/	
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-	/	
	/	
	LARATION declare the foregoing particulars are t	rue in every respect.
The state of the s	7.201	121
OF HY POLE		Reporting Centre Parsonne Signature
Oyle	S. Tirage.	(iver is not the policyholder) Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200804/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2020 22:54		Made:	Vide Report No.:	Station Diary No.			
Informa	int's Partic	ulars	CHANGE WATER STATE	WHITE STREET			
Name of Informant: NG YOONG SOON EDDIE			Address: 506B SERANGOON NORTH AVENUE 4 #14-428 SINGAPORE 552506				
ID Type / ID No.: NRIC NO / S7505240E			Contact No.: Home/Office:	Mobile: 97466836			
Nationality: SINGAPORE CITIZEN		EN	Email: 7505240e@yahoo.com.sg				
Sex: Male	Age: 45	Date of Birth: 03/03/1975	Type of Informant: Driver				
Race: Chinese			Language: Institution / School				
Occupation: Other transport operations supervisors		rations	Driving Licence Information: Class:	Date of Expiry:			

General Infor	mation of the Acci	dent	THE REAL PROPERTY.		
Type of Accident:	Injury Others	Drink Date/Time of		Type of Location: T-Junction	
Location: ANG MO KIO Weather: Clear	AVENUE 5	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion; ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBK3666C	Van				Seriously Damaged	0
SGK8978K	Car				Seriously Damaged	0

Police Report



T/20200804/7030

Police Station Of Origin:

Traffic Police

Report No. T/20200804/7030

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No.	Tuno	Make	Model	Color	Conditio	No of
venicle ivo.	Type	Make	MODEL	COIDI	Conditio	140 01
SMQ3855L	Car				Seriously Damaged	0

Details of Perso	n Involved		STATE OF THE SAME	of the last	182	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Driver	THE SELECT SHE	5-37-050	DOMESTIC OF		NICK!	Party and the second
Name	NG YOONG SOON EDDIE		ID No.	2	S7505240E	
Related Vehicle	GBK3666C (Van)			Contac	ct No.	97466836
Hospital/Clinic	NIL			Class Driving Licence Expiry	1	Class: NIL Date of Expiry: NIL
Date	NIL	1100	Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree o	of	Serio	us

Brief Details.

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELLING ALONG ANG MO KIO AVE 5 BEFORE BUANGKOK GREEN ON THE MOST RIGHT LANE AS I WAS ABOUT TO TURN INTO YIO CHU KANG ROAD.

WHEN I WAS WAITING AT THE JUNCTION OF ANG MO KIO AVE 5, I WAS STATIONARY WAITING TO TURN RIGHT INTO YIO CHU KANG ROAD, A VEHICLE BEARING SGK 8978K (VEHICLE C) TRAVELLING ON THE SECOND LANE COLLIDED INTO THE SIDE OF MY VEHICLE BEARING GBK 3666 C (VEHICLE A) BEFORE COLLIDING INTO ANOTHER VEHICLE BEARING SMQ 3855 L (VEHICLE B) INFORNT OF (VEHICLE C).

I ALIGHTED FROM MY VEHICLE, AND WE EXCHANGED PARTICULARS . I THEN TOOK SOME PICTURES AND LEFT THE SCENE .

AFTER THE ACCIDENT, I FELT PAIN ON THE NECK AND BACK SO I WENT TO VISIT INTEMEDICAL 24 HOURS AT ANG MO KIO AND GOTTEN 5 DAYS MC.

VEHICLE A - GBK 3666 C VEHICLE B - SMQ 3855 L VEHICLE C - SGK 8978 K

Police Report



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865



3 of 3 Report No. T/20200804/7030

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketc

Tel No: 65470000

NP168

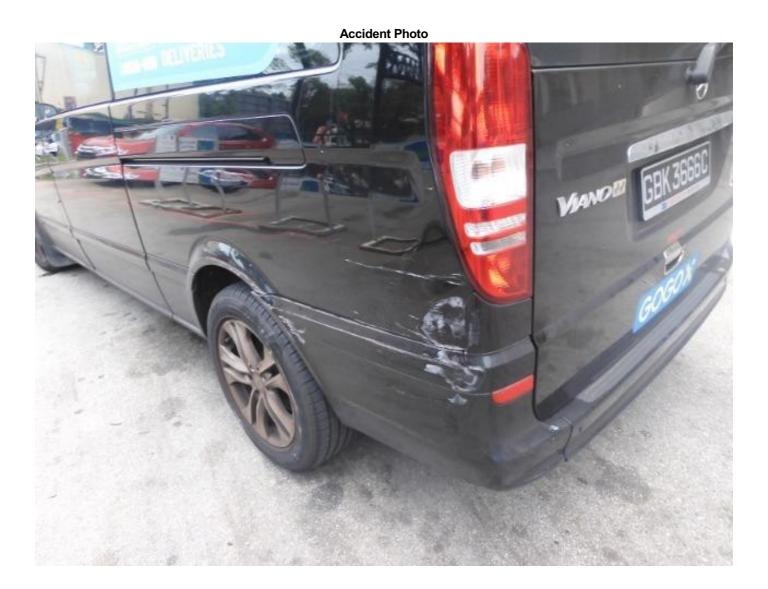
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2020 22:54
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	





Accident Photo











Accident Photo



Accident Photo

