

## 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             | 02/09/2020 14:19             |
| Date Of Accident           | 31/08/2020 21:15             |
| Exact Location Of Accident | SIMS AVE TWDS GEYLANG LOR 11 |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLR3832J        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | TW AUTOMOBILE   |
| Co Reg No                   | 5XXXX500X       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-89999999 |

### Vehicle Particulars

|  |                              |
|--|------------------------------|
| Manufacturer   | TOYOTA                       |
| Model  | ESTIMA AERAS PREMIUM 2.4 CVT |
| 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 HIRE                 |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5114368352                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | EE YEW MING, JOEL    |
| NRIC No              | SXXXX163A            |
| Date Of Birth        | 15/11/1989           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 12/07/2010           |
| Driving Experience   | 10 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-86858787 |
| Fax Number           |                      |
| Contact Number       | OFFICE-86858787      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 324 WOODLANDS STREET 32<br>#01-169 |
| Postcode  | 730324                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                          |
| Vehicle Registration Number of Driver's Own Vehicle | -                                      |
|   | -                                      |
|   | -                                      |
| Insurance Company of Driver's Own Vehicle           | -                                      |
|   | -                                      |
|   | -                                      |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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)   | 2  |
| Passenger 1   | NAME: : PHAN THI KIEU LOAN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | SEMBAWANG NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499                                   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - L/20200901/2056.

#### 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 | SGJ1025L    |
| 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 EE YEW MING, JOEL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLR3832J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PHAN THI KIEU LOAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLR3832J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN


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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.

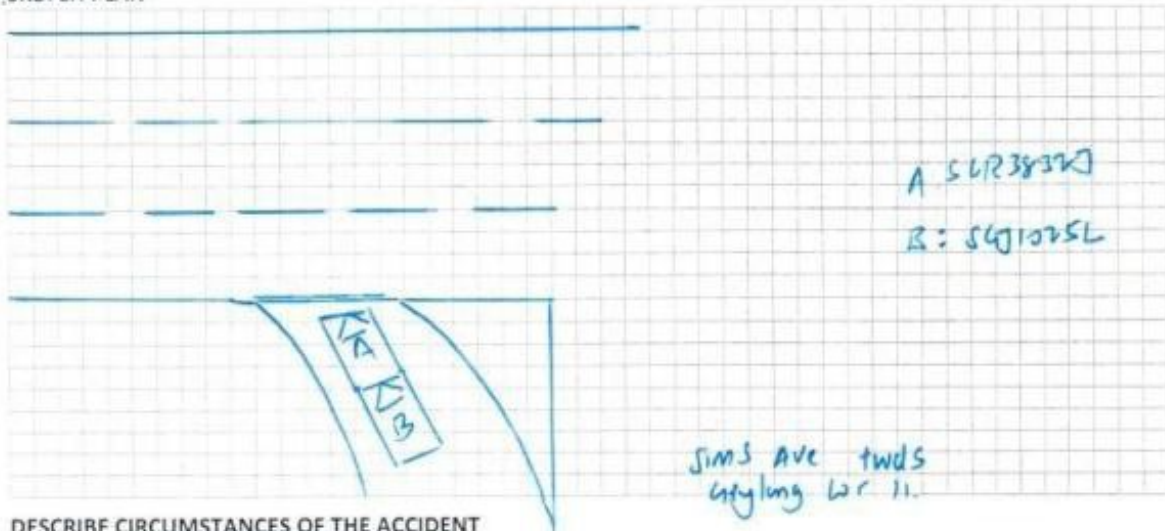
**TW AUTOMOBILE**  
CO. REGN. NO: 53333500X  
9 TAGORE LANE  
#02-01  
SINGAPORE 787482  
POLICY SIGNATURE  
TELE: 6459 5535 FAX: 6459 8009

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 4/2220601/2256.

## DECLARATION

I/we declare that the particulars are true in every respect.

**TW AUTOMOBILE**  
CO. REGN. NO. 0893500X  
9 TAGORE LANE  
9@TAGORE #02-01  
SINGAPORE 787482  
TEL: 6450 5535 Fax: 6450 8009

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.:

SHARC SketchPlanForm\_V3

# Police Report



**SINGAPORE  
POLICE FORCE**



L/20200901/2056

1 of 2

## POLICE REPORT (NP299)

Report No. L/20200901/2056

Police Station Of Origin  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE 757633  
Tel No: 1800-5549999

|  |   |                         |
|--|---|-------------------------|
| Date/Time Report Made<br>01/09/2020 15:13                    | Vide Report No.   | Station Diary No.<br>28 |
| Name Of Informant<br>EE YEW MING, JOEL                       | Address<br>APT BLK 324 WOODLANDS STREET 32 #01-169<br>SINGAPORE 730324        |                         |
| ID Type / ID No.<br>NRIC NO / S8940163A                      | Contact No.<br>Home/Office<br>Mobile<br>86858787                              |                         |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address   |                         |
| Occupation<br>INSURANCE AGENT                                | Sex<br>Male   | Age<br>30               |
| Institution/School Name                                      | Date of Birth<br>15/11/1989   | Race<br>Chinese         |
| Date/Time Of Incident<br>31/08/2020 21:15 - 31/08/2020 21:30 | Location Of Incident<br>SIMS AVENUE SINGAPORE<br>Going towards Geylang Lor 11 |                         |

### Brief details.

On 31/08/2020 at about 2115hrs, I was driving my rental car, black coloured Toyota Estima, bearing the registration number SLR3832J along KPE and I exited the expressway to Sims Avenue going towards Gelyang Lorong 11. As I was waiting to merge into Sims Avenue, a grey coloured Toyota Altis bearing the registration number SGJ1025L collided with the rear of my car.

My car's rear bumper and boot was damaged due to the accident. The below mentioned person is my

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>L / Sgt 3 DINESH S/O CHAN  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>01/09/2020 15:13 |
| Officer In-Charge Of Case:<br>L / Woodlands Police Divisional Investigation Branch /<br>Insp KOMI YEO JUNLI<br>Contact No.: 63647559 | Classification Of Case:        |

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



L/20200901/2056

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200901/2056

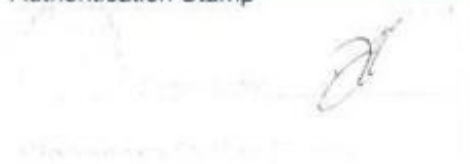
wife and she was also in the car with me when the accident happened. We both felt the impact and had back strains at that point of time. We did not require any immediate medical attention. As such, I took photos of the damages and exchanged particulars with the driver of the said vehicle (Soh Pang Hwee, S1738678F, ctt: 98689777). We both decided to do a insurance claim and left the scene. I was able to drive my vehicle back and I had also informed my car rental company (TW Automobile) about the matter. I was advised to lodge a police report regarding the incident for insurance claim purpose.

I wish to state that I have also seen a doctor on 01/09/2020 together with my wife and both of us were given 2 days MC due back strain.

| Subjects Involved |                    |            |  |
|-------------------|--------------------|------------|--|
| Others            |                    |            |  |
| Person Name       | Phan Thi Kieu Loan |            |  |
| ID Type           | NRIC NO            | ID No      | S9380443J  |
| Gender            | Female             | Age        | 27   |
| Nationality       | SINGAPORE CITIZEN  | Race       | Kinh   |
| Language          | English            | Occupation | ADMIN EXECUTIVE  |
| Address Type      | Apt Blk            | Address    | APT BLK 324 Woodlands Street<br>32 #01-169 SINGAPORE<br>730324 |
| Mobile No         | 98009787           |            |  |

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>L / Sgt 3 DINESH S/O CHAN  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>01/09/2020 15:13 |
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Authentication Stamp



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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