

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	05/09/2020 17:00
Date Of Accident	04/09/2020 21:15
Exact Location Of Accident	MACPHERSON RD TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS858X
Insured/Policyholder	
Name Of Registered Owner	POON LEE HENG
NRIC No	SXXXX873D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91056638
Alternative Phone No	OFFICE-91056638

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5109963890-01
Cover Note Number	

Driver

Name of Driver	POON LEE HENG
NRIC No	SXXXX873D
Date Of Birth	31/01/1962
Occupation	INDOOR
Date Of Driving Pass	27/03/1985
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056638
Fax Number	
Contact Number	OFFICE-91056638
Email Address	NOEMAIL

Address	32 HAPPY AVE NORTH
Postcode	369776
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 - 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)	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
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/20200904/7033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN994J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJC814J

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 POON LEE HENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFS858X

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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- 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:

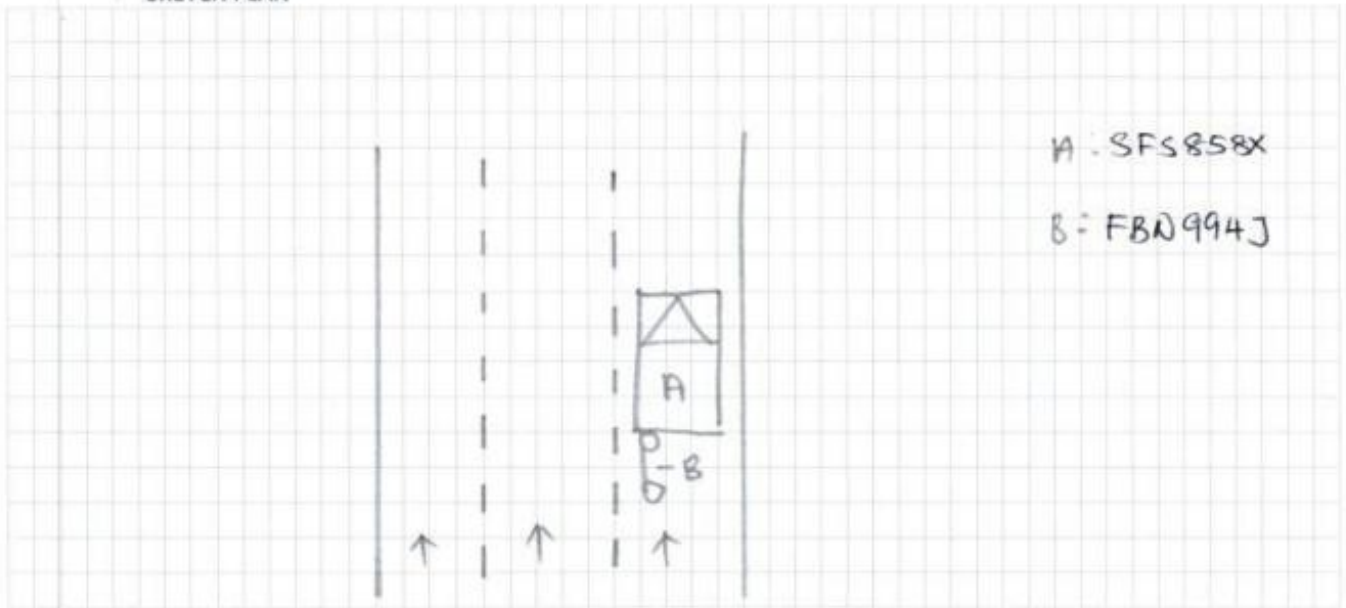
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



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/20200904/7033

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

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Report No. T/20200904/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 23:31		Vide Report No.: E/20200904/0145		Station Diary No.:	
Informant's Particulars					
Name of Informant: POON LEE HENG			Address: 32 HAPPY AVENUE NORTH SINGAPORE 369776		
ID Type / ID No.: NRIC NO / S1535873D			Contact No.: Home/Office: Mobile: 91056638		
Nationality: SINGAPORE CITIZEN			Email: thomaspoon.iphone@gmail.com		
Sex: Male	Age: 58	Date of Birth: 31/01/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chemical Engineering			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: 04/09/2020 21:15	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
FBN994J	Motorcycle					0
SFS858X	Car	TOYOTA	HARRIER 2.0 PREMIUM AT AIRBAG 2WD	White		0
SJC814J	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/7033

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

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Report No. T/20200904/7033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS858X	NTUC Income Insurance Co-Operative Limited	5109963890-01	25/08/2020	24/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RAYMOND WONG JOO HUAT		ID No.	S9401153A
Related Vehicle	FBN994J (Motorcycle)		Contact No.	92339382
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	POON LEE HENG		ID No.	S1535873D
Related Vehicle	SFS858X (Car)		Contact No.	91056638
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

I was driving my car (SFS858X) along MacPherson Road towards Airport Road before Aljunied Road on lane 1. Out of a sudden I felt an impact at my left portion of my car. I come to a stop and check, I saw the motorbike (FBN994J) has collided onto the left portion of my car. There was also a car (SJC814J) travelling on the reverse side of the road on my lane. I did slow down to avoid the on coming car. The motorbike rider maybe got shocked and cannot react in time resulting slamming onto the left portion of my car. I was injured and granted with 3days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/7033

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

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Report No. T/20200904/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP166

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/09/2020 23:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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