

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	17/09/2020 10:28
Date Of Accident	16/09/2020 14:00
Exact Location Of Accident	BKE TWDS DAIRY FARM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8812G
Insured/Policyholder	
Name Of Registered Owner	AWIN RESOURCE INTERNATIONAL PTE LTD
Co Reg No	2XXXXX621R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87218787
Alternative Phone No	OFFICE-87218787

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.4 MOONROOF CVT
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	REPORTING ONLY
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	5090896875-03
Cover Note Number	

Driver

Name of Driver	SIM CHOON MENG
NRIC No	SXXXX105J
Date Of Birth	19/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1993
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84987157
Fax Number	
Contact Number	OFFICE-84987157
Email Address	NOEMAIL

Address	BLK 206D COMPASSVALE LANE 08-119
Postcode	544206
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200924/2118.

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	SJL3736J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO SENG TECK
NRIC/Passport Number	SXXXX845F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

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. 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 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.



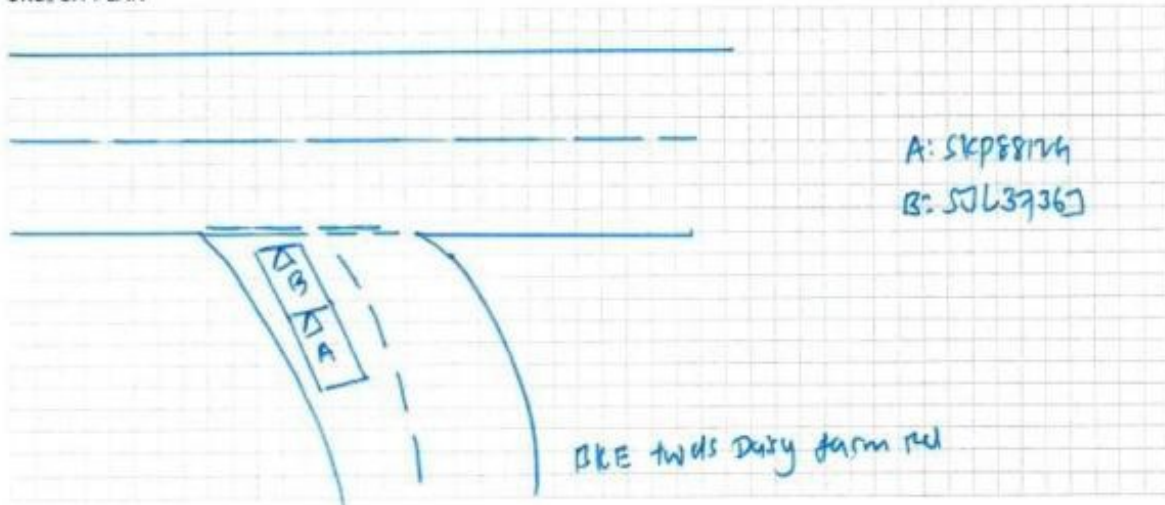
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting from the slip rd of BKE twds Dairy farm rd. Vehicle B was stationary stopped in front of my vehicle. I follow suit. ~~Vehicle~~ vehicle B started to moved off. I moved off as well. suddenly vehicle B jammed brake. I couldn't brake my vehicle in time and my vehicle front portion impact with vehicle B rear portion. After this accident happened the driver opened his rear bonnet, and plug something from the rear of his bumper. I wish to state that his rear portion bumper was no damaged.

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.:

201108214

2

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/2118

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200924/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 19:39	Vide Report No.:	Station Diary No.: 103
--	------------------	---------------------------

Informant's Particulars

Name of Informant: SIM CHOON MENG			Address: APT BLK 206D COMPASSVALE LANE #08-119 SINGAPORE 544206		
ID Type / ID No.: NRIC NO / S7310105J			Contact No.: Home/Office: Mobile: 84987157		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 19/03/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/09/2020 14:00	Type of Location: Give way
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL3736J	Car	TOYOTA	PREMIO 1.5F A	Grey	No Damage	0
SKP8812G	Car	TOYOTA	ALPHARD 2.4 MOONROO F CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/2118

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200924/2118

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP8812G		5090896875-03	27/06/2020	26/06/2021

Brief Details.

On the 16/09/2020 at about 1400hrs, I was driving my company vehicle bearing the registration number SKP8812G along BKE. I then make an exit at Dairy Farm Road. While I was at the said give way exit, there was a vehicle bearing SJL3736J was the front vehicle. The vehicle stop as it was a vehicle. Subsequently, the vehicle move off. I also made a moved off. Suddenly, the vehicle made an emergency break. I also made a emergency break whereby only slightly touch the rear bumper of the front car.

Both myself and the other driver took a photo of the scene. Thereafter due to our safety, we drove to a nearby carpark to access the damage again. I then noticed that the owner of the vehicle open rear boot of the vehicle and pulled out a plastic piece that was attached at the rear end. Thereafter, the owner of the vehicle claims that the vehicle was damaged.

I wish to state that there was a camera installed in my vehicle. However, the footages has already been overwrite. I also wish to state that my there was no damages from his vehicle. I further wish to state that none of us was injured during at that point of time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200924/2118

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200924/2118

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:
F /
Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD
YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/09/2020 19:39

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

SN-085

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MNA120080680 Vehicle Registration No: SKP8812G
Name (as shown in NRIC) : SIM CHOON MENG NRIC/FIN/Passport No : SXXXX105J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 206D COMPASSVALE LANE #08-119 Singapore (544208)
Contact (Tel) : 62202222 Mobile No. : 84987157
Email Address : NO EMAIL
Date of Accident : 16 SEP 2020 Time of Accident : 2PM
Place of Accident : BKE TOWARDS DAIRY FARM ROAD
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

On 22 Sep 2020, I received a traffic police letter informing me to make a police report on this accident, which I did on 24 Sep 2020.

I did not make a police report earlier because there was no physical injury to anybody and no physical damage to public property.

That's all.

Policyholder / Driver's Signature
Date: 2 October 2020



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