

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 | 05/10/2020 13:53 |
| Date Of Accident | 04/10/2020 19:00 |
| Exact Location Of Accident | 8 JLN KUBOR REST BUGIS HOTEL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFW2375M |
| Insured/Policyholder | |
| Name Of Registered Owner | NG SWEE ENG |
| NRIC No | SXXXX542J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97682713 |
| Alternative Phone No | OFFICE-97682713 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | NISSAN |
| Model | SYLPHY |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 | 5117729553 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG HON MUN (WU HANWEN) |
| NRIC No | SXXXX961I |
| Date Of Birth | 07/06/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/06/2009 |
| Driving Experience | 11 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87232418 |
| Fax Number | |
| Contact Number | |
| Email Address | LANCE.WENHAN@GMAIL.COM |

| | |
|---|----------------------------|
| Address | BLK 349 UBI AVE 1 #08-1045 |
| Postcode | 400349 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) | 4 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : LEE YERN LEE GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CENTRAL POLICE DIVISIONAL HQ (A DIVISION) |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2240000 - FAX NO: 62200877 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT A/20201004/7038

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 | SHA4396G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |

| | |
|-------------------------------------|---------------|
| Vehicle Category | TAXI |
| Name of Driver | PEH CHENG BEE |
| NRIC/Passport Number | SXXXX143I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | LEE YERN LEE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SFW2375M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | PASSENGER 1 |
| Approximate Age | |
| Injuries Sustain | UNKNOWN |
| Injured person in which vehicle? | SFW2375M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | PASSENGER 2 |
| Approximate Age | |
| Injuries Sustain | UNKNOWN |
| Injured person in which vehicle? | SFW2375M |
| 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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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:

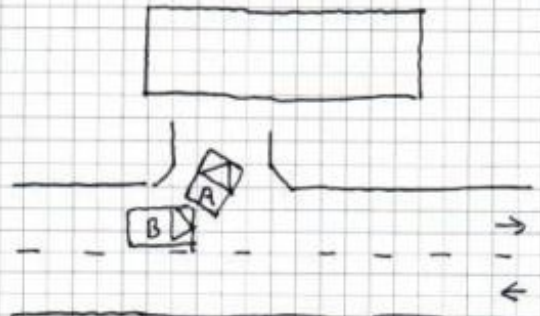


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

8 Jln Kubor (rest hotel bugis)



A = SFW 2375M
B = SHA 4396G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20201004/7038

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POLICE REPORT (NP299)

Report No. A/20201004/7038

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

| | | |
|--|--|---------------------|
| Date/Time Report Made 04/10/2020 22:47 | Vide Report No. | Station Diary No. |
| Name Of Informant NG HON MUN | Address 349 UBI AVENUE 1 #08-1045 SINGAPORE 400349 | |
| ID Type / ID No. NRIC NO / S8718961I | Contact No. Home/Office: | Mobile: 87232418 |
| Nationality SINGAPORE CITIZEN | Email Address LANCE.WENHAN@GMAIL.COM | |
| Occupation Social worker (general) | Sex Male | Age 33 |
| Institution/School Name | Date of Birth 07/06/1987 | Race Chinese |
| Date/Time Of Incident 04/10/2020 19:00 - 04/10/2020 20:35 | Location Of Incident 8 JALAN KUBOR REST BUGIS HOTEL SINGAPORE 199207 | |

Brief details.

I affirm that I am the Driver of vehicle SFW2375M. I am making this report to follow-up with A/20201004/0127. I am currently working as a Personal Care Officer at Jenaris Home (Pelangi Village) and have been at this position for more than a year.

The vehicle I was driving was involved in a RTA with ComfortDelGro Taxi SHA4396G.

At about 7pm, I was reversing out of the driveway to REST HOTEL BUGIS when the above-mentioned

| | |
|--|--|
| 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: 04/10/2020 22:47 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20201004/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201004/7038

taxi collided with my vehicle. I had turned the wrong way into the Hotel as I was going to make a U-turn around it's driveway but realized it was too cramped for me to do so. As I was reversing out, I looked over my left shoulder and over to the left rear passenger door to look for oncoming traffic but did not see any. There was another vehicle that had parked by the roadside 1-3m away that blocked my view from my current position. As I reversed my way out, I checked my right rearview mirror to ensure that there were no other traffic to my right before switching my view to the left rear portion of the vehicle. I then orientated my attention to the left side of my vehicle as I understood the possibility of vehicles approaching my position and reversed out. I did not see the Taxi hitting my rear bumper and only felt the impact of the accident against my vehicle.

I did not see or remember the speed I was reversing at. I had 3 passengers at the time of the accident. Upon alighting my vehicle, I approached the taxi driver for his particulars but he refused. Instead, he claimed that my insurance company is able to "get his details from the system". Despite multiple (3-5 times) requests for him to share his particulars, he refused and instead asked that I engage SPF to get his particulars instead. As such, I called the 999 hotline at 7.27pm and was advised by a separate responding officer that she would assist by engaging him over the phone. However, the taxi driver refused to acknowledge her identity and insisted that police arrive on scene. As such, I made a second 999 call at 7.30pm to request for police assistance. To my understanding, the taxi driver also made another 999 call at around the same timing as well.

At about 7.40pm, SCDF arrived to assess my friend, Ms Lee Yern Lee. Earlier, she had feedback to me that she felt some pain at her upper back and numbness on her right ear. However, she refused conveyance to hospital and left to seek private treatment. I also advised my 2 other friends to seek

| | |
|--|--|
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| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20201004/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201004/7038

medical treatment if necessary.

At about 8pm, T130095 SGT ASYRAF from TP arrived to assist in the accident. I acknowledge that one 8GB Micro SD card was seized from my vehicle pending review of relevant footage from IO Ken.

I affirm the above-mentioned to be true to the best of my abilities.

| | |
|--|--|
| 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: 04/10/2020 22:47 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

