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.

By the loagement of this report to the insurers, you nereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/10/2020 09:20
Date Of Accident	13/09/2020 02:00
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ9474L
Insured/Policyholder	
Name Of Registered Owner	KEE CHUN ENG, ALSON (JI JUNRONG)
NRIC No	SXXXX945I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93881144
Alternative Phone No	OFFICE-93881144
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115955493
Oncom Nata Namahan	

Cover Note Number

Driver

Name of Driver TAN JIAN HONG, MARCUS

NRIC No SXXXX021D

Date Of Birth 08/08/1994

Occupation INDOOR

Date Of Driving Pass 19/06/2015

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83881806

Fax Number

Contact Number OFFICE-83881806

EMail Address NOEMAIL

BLK 478 SEMBAWANG DRIVE Address

#13-383

Postcode 750478

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHERILYN TEE XIAN PING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201006/7008.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please raport correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollovholder and/or the Authorised Driver.
- 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.
- 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to replie 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 personal information of all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured 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 enquires by me:
 - (iv) administering my dailors (including the mailing of correspondence, statements, involves, 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 kersonal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agreed finctioning 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 freed, 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 Signatur Name: NRIC/FIN No.:

many, they billion out of

Accident Sketch Plan

SKETCH PLAN	
	A 860 94346
41115	
HILL	
THE	
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT
	ising straight along the towards the art
of Sudden,	1 1014 control of my velscle and Akidoleol.
	n the first lane.
CLARATION	
	culars are true in every respect.
Haon	
tyholder's Signature e & Time:	Oriver's Signature (If driver is not the policyholder) Neporting Centre Personnel's Signature

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20201006/7008

REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: /10/2020 12:04		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	STATE OF STREET STATE OF STREET	STATE OF THE PARTY	
	Informant: N HONG, M		Address: 478 SEMBAWANG DRIVE #	13-383 SINGAPORE 750478	
	/ ID No.: D / S94280;	21D	Contact No.: Home/Office: Mobile: 83881806		
National SINGAP	ity: ORE CITIZ	EN	Email: marcustls.25@gmail.com		
Sex: Male	Age: 26	Date of Birth: 08/08/1994	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales and marketing manager		g manager	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Government Proper	ty Drink Drive: No	Date/Time of Accident: 13/09/2020 02:00	Type of Location: Flyover
Location: KRANJI EXP	RESSWAY			
Weather:		Road Surface:		Road Speed Limit:
Drizzling		Wet		90 Km/h
The second second		Wet Traffic Control: Not Controlled		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKQ9474L	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201006/7008

CONTINUATION OF REPORT

Passenger	HE STATE STATE	GARGE IN	THE RESIDENCE OF		1000 M	SALE DENSE AND S
Name	SHERILYN TEE			ID No).	NIL
Related Vehicle	SKQ9474L (Car)			Conta	act No.	82181224
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days gran	o, of Days granted Medical Leave NIL			of	f NIL	
Driver		100	CAST PURE TO LO	YOU GE	-	STATE OF THE PARTY
Name	TAN JIAN HONG, MARCUS			ID No).	S9428021D
Related Vehicle	SKQ9474L (Car)			Conta	act No.	83881806
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	-100	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

i was driving straight along KJE towards BKE, out of sudden , i lost control of my vehicle and skidded and i landed on the first lane

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201006/7008

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	e to	provide	sketch

Authentication Stamp

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: 06/10/2020 12:04
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:





















































