#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2020 13:34
Date Of Accident	22/10/2020 12:25
Exact Location Of Accident	JUNC OF MARYMOUNT LANE AND UPP THOMSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF7111G
Insured/Policyholder	
Name Of Registered Owner	SEE YONG MIN EDMUND
NRIC No	SXXXX494C
Email Address	ETHAN2152012@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81230012
Alternative Phone No	OTHERS-81230012
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA / VEZEL HYBRID 1.5RS AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NO
Policy Number	5105852707-01 (CLASSIC)
Cover Note Number	
Driver	

Name of Driver SEE YONG MIN EDMUND

NRIC No SXXXX494C
Date Of Birth 26/05/1971
Occupation OUTDOOR
Date Of Driving Pass 23/03/1989

Driving Experience 31 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81230012

Fax Number

Contact Number OTHERS-81230012

EMail Address ETHAN2152012@GMAIL.COM

Address BLK 682A #12-83 WOODLANDS DR 62

Postcode 731682

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 - CHANGE/CROSS LANE

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LUO SHILONG (GRAB PASSENGER) 82829377

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST N.P.C

Police Station Address ROAD: 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

ILL NO. - I AA

### **Circumstances of Accident**

AS PER POLICE REPORT No.T/20201022/2072; (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: CANNOT BE UPLOADED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7311P

Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

2.2 OCT 2020

Driver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.69

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

SKETCH PLAN		
	~~~~	A. SMF7111
	8	H 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	1215	1 12 19
	7,716	f   W
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Hoper Thomson
I was on I	nacymount lane turnin	
Road on 22/		I was on the optional
lane. While	turning left and kee	gang to my land, I suddenly
1 1	it coming from my co	
7		Shidong, who was seated
1		ighting the vehicle, I discovered
/I		ci had turned and instead
		I to my lane inted despite
- 1	e markings. The taxi	1 - 1
	intry was reported by	/
4	0 /	/ / 0
		N.
ECLARATION		IDAC KAKI BUKIT (VAC)
We declare the forgeting particu	llars are true in every respect.	23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

2.2 BCT 2020





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Report No. T/20201022/2072

Tel No: 1800-7679999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2020 16:55		Made:	Vide Report No.:	Station Diary No.: 119	
Informa	nt's Partic	ulars			
	f Informant: NG MIN EI		Address: APT BLK 682A WOODLANI 731682	DS DRIVE 62 #12-83 SINGAPORE	
ID Type / ID No.: NRIC NO / S7118494C			Contact No.: Home/Office: Mobile: 81230012		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 26/05/1971	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/10/2020 12:30	Type of Location: X-Junction	
Location: MARYMOUN Weather:	T LANE	Road Surface:	* .	Road Speed Limit:	
Clear Dry				Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate	
One Way		The second section is a second section of the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section	dedon To	Anyone conveyed by	

Details of V	ehicle Invo	lved				0.5
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH7311P	Car				Slightly Damaged	0
SMF7111G	Car	HONDA	VEZEL HYBRID 1.5RS AUTO	Black	Slightly Damaged	1

Details of V	ehicle Insurance		7777X 775A	<b>南</b> 原 (1000000000000000000000000000000000000
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Report No. T/20201022/2072

Tel No: 1800-7679999 CONTINUATION OF REPORT

Details of A	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF7111G	NTUC Income Insurance Co-Operative Limited	5105852707-01	20/01/2020	19/01/2021

Details of Perso	n Involved					100 March 1998
Any Pedestrian II	nvolved: No					
No. of Pedestrian	s Injured: NIL	EXCHANGE AND A STREET	Use of Pe	edestriar	Cross	sing: NA
Driver						
Name	Unknown Driver			ID No		NIL
Related Vehicle	SH7311P (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree o			
Driver	7/3/4/2/2006/1906	807//18//89		000000	0.00	(3) 3 <b>0</b> (3)
Name	SEE YONG MIN EDMUND			ID No.		S7118494C
Related Vehicle	SMF7111G (Car)			Contact No.		81230012
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days grant	ed Medical Leave	NIL		Degree of Injury NIL		
Passenger	700000000	and the second		(60)		
Name	Luo Shilong			ID No.		NIL
Related Vehicle	SMF7111G (Car)			Contact No.		82829377
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	1	NIL	
			Degree of Injury NIL			





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 4 Report No. T/20201022/2072

CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date and time, I was driving along Marymount lane with 1 passenger and was on the optional lane. While turning left into Upper Thomson road and keeping to my lane, another vehicle, SH7311P had collided into the left side of my car since the other vehicle did not keep to the turning lane marking. My vehicle sustained damages on the left doors and the other vehicle sustained damages on the front bumper. Both me, my passenger and the other driver, whose particulars I did not take down, were not injured. This incident was not attended to by police and nobody was conveyed to the hospital by ambulance. No government property was damaged as well.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20201022/2072

CONTINUATION OF REPORT

### Sketch Plan

NP168

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: L / SC2 MOHAMMED RIDHWAN HOUSSENE	Signature Of Informant:
Signature Of Interpreter: Not applicable  Officer in Charge Of Case:	Date/Time: 22/10/2020 16:55
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

























#### **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: 5445500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MVA320092560 SMF7111G Vehicle Registration No: Name(as shown in NRIC) : SEE YONG MIN EDMUND NRIC/FIN/Passport No : S7118494C (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : BLK 682A #12-83 WOODLANDS DR 62 \_Singapore( 415934 ) Address Mobile No.: 81230012 Contact (Tel) **Email Address** \_Time of Accident : 12:30 22.10.2020 Date of Accident Place of Accident : BLK 682A #12-83 WOODLANDS DR 62 InsuranceCompany: NTUC (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: UPDATE: TO UPDATE ACCIDENT LOCATION AND ATTACHED POLICE REPORT IDAC KAKI BUKIT

Policyholder / Driver's Signature Date: 23.10..2020

Reporting Centre Personnel's Signature Name:SITI NRIC/FINNo.: Date:

23-.10.2020