

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	03/11/2020 16:00
Date Of Accident	02/11/2020 00:15
Exact Location Of Accident	PIONEER CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2979U
Insured/Policyholder	
Name Of Registered Owner	SHO YEE HENG
NRIC No	SXXXX009B
Email Address	SHOYEEHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97881267
Alternative Phone No	OFFICE-97881267

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	5118208080
Cover Note Number	

Driver

Name of Driver	SHO YEE HENG
NRIC No	SXXXX009B
Date Of Birth	10/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/01/1991
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97881267
Fax Number	
Contact Number	OFFICE-97881267
Email Address	SHOYEEHENG@GMAIL.COM

Address	BLK 412 TAMPINES ST 41 #12-271
Postcode	520412
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 - ROUNDABOUT
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2533E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA

Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHO YEE HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE2979U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 412 TAMPINES ST 41 #12-271
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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: 6/21/20
1:50 hrs

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 031120
1550 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

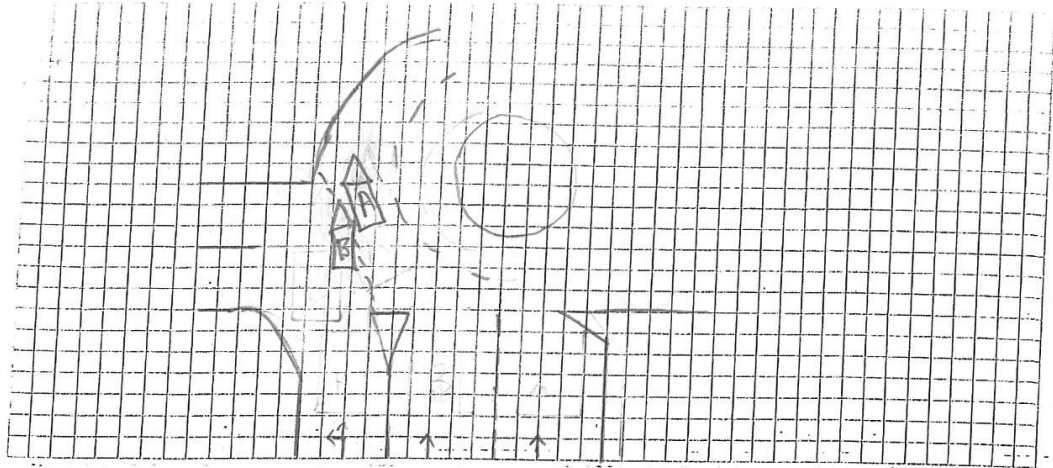


Individual Statement Pg. 1

SKETCH PLAN

Vehicle A:
SUE2979V

Vehicle B:
SHC2533E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

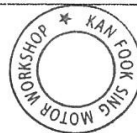
Policyholder's Signature

Date & Time: 03/11/20
1550 hrs.

200887 SketchPlanForm V23

Driver's Signature

(If driver is not the policyholder)
Date & Time: 03/11/20
1550 hrs



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201102/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20201102/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2020 03:56	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: SHO YEE HENG			Address: APT BLK 412 TAMPINES STREET 41 #12-271 SINGAPORE 520412		
ID Type / ID No.: NRIC NO / S6925009B			Contact No.: Home/Office: Mobile: 97881267		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 10/08/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			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: 02/11/2020 00:10	Type of Location: Roundabout
Location: PIONEER CIRCUS				
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 Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2533E	Car				Slightly Damaged	0
SLE2979U	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201102/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20201102/2009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE2979U	NTUC Income Insurance Co-Operative Limited	5118208080	21/07/2020	14/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHO YEE HENG		ID No. S6925009B
Related Vehicle	SLE2979U (Car)		Contact No. 97881267
Hospital/Clinic	Intemedical 24hrs Clinic		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/11/2020		Date Discharge 02/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 02/11/2020 at about 0010hrs, I was driving my car bearing registration number SLE2979U on the right most lane along Pioneer Road turning into Pioneer Circus Roundabout.

I then checked for traffic and when the traffic was clear, I then proceed to turn into the roundabout. When I wanted to exit the roundabout, I signaled left however before I even exit the roundabout, one taxi bearing registration number SHC2533E collided onto the left portion of my vehicle.

Due to the collision, the left portion of my vehicle was dented and there were scratches from the rear to the front portion of the car. My left side mirror was also bent forward due to the impact.

There was no injuries earlier on hence we proceed to exchange particulars and drove off.

Traffic police also attended to the case however no further follow up was carried out.

Subsequently, I then felt unwell and felt pain on my neck and my back. I then visited Intemedical 24Hr Clinic and was given a 4 days MC.

I also have an in car built camera that could be used to aid the investigation.

I am lodging this report for police investigation and insurance claim.

**SINGAPORE
POLICE FORCE**

T/20201102/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20201102/2009

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 MUHAMMAD AZRI AMIRUL BIN SAZARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/11/2020 03:56

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



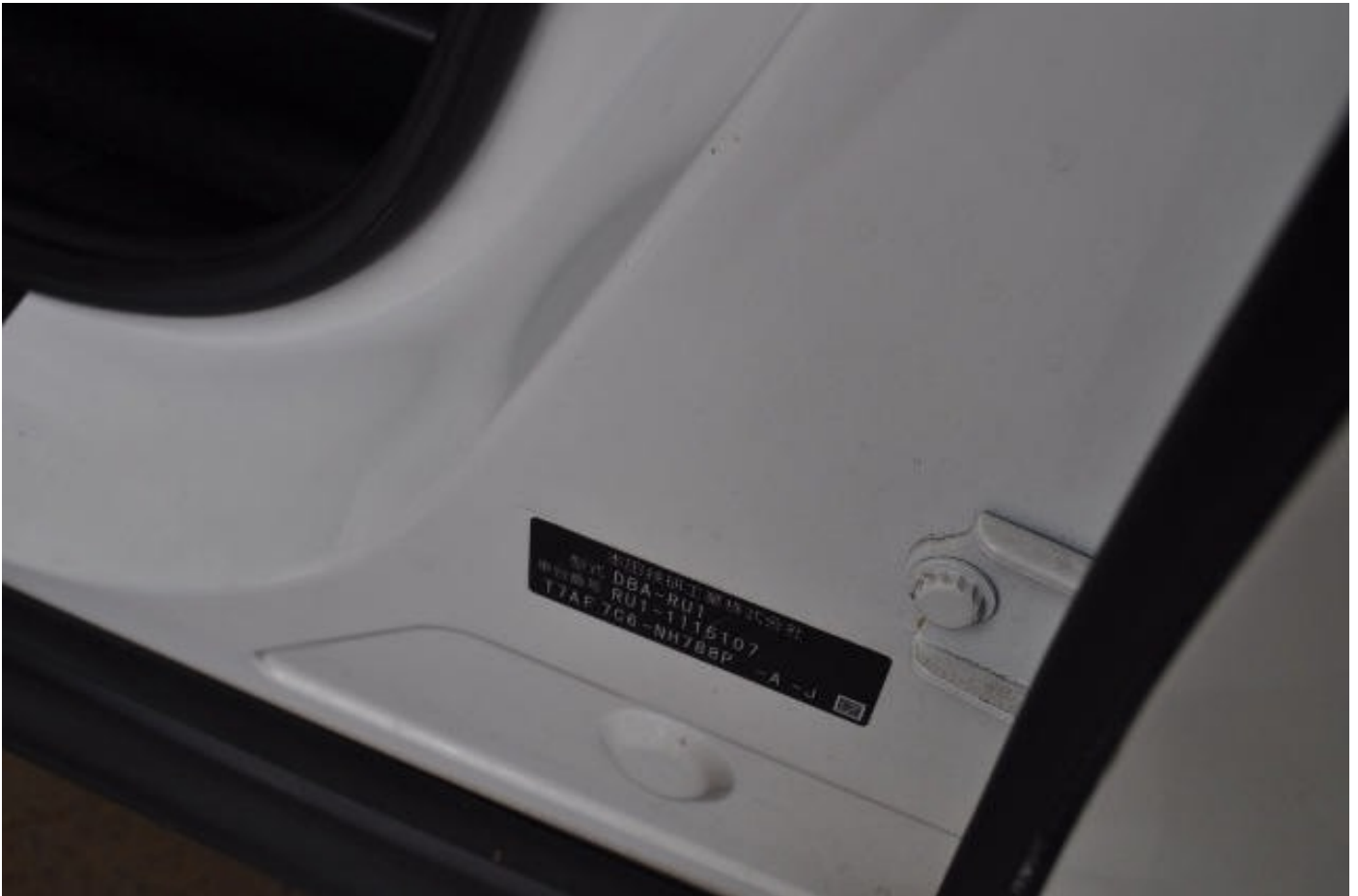
Accident Photo



Accident Photo



Accident Photo



Accident Photo

