

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	25/11/2020 17:54
Date Of Accident	24/11/2020 16:40
Exact Location Of Accident	BKE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5337G
Insured/Policyholder	
Name Of Registered Owner	EDDIE SEAH
Co Reg No	5XXXX269E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97802952
Alternative Phone No	OFFICE-97802952

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092168758-03
Cover Note Number	

Driver

Name of Driver	SEAH ENG SENG
NRIC No	SXXXX814G
Date Of Birth	30/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1991
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97802952
Fax Number	
Contact Number	OFFICE-97802952
Email Address	NOEMAIL

Address	BLK 429B BEDOK NORTH ROAD #10-411
Postcode	462429
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 - 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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201124/7033.

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	SKD629K
Vehicle Make/Model/Colour	TOYOTA COROLLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF INJURED PERSON 1	
Name	SEAH ENG SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5337G
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.

EDDIE SEAH
Co Reg No: 53358269E

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

Vehicle A SJW 53376
Vehicle B SKD 629K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Retire To Police Rep

DECLARATION

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

EDDIE SEAH
Co Reg No: 53358268E

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**



T/20201124/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201124/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2020 20:26	Vide Report No.: J/20201124/0096	Station Diary No.:
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Informant's Particulars

Name of Informant: SEAH ENG SENG			Address: 429B BEDOK NORTH ROAD #10-411 SINGAPORE 462429		
ID Type / ID No.: NRIC NO / S1737814G			Contact No.: Home/Office: Mobile: 97802952		
Nationality: SINGAPORE CITIZEN			Email: seahes1966@gmail.com		
Sex: Male	Age: 54	Date of Birth: 30/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry: 09/09/1991		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2020 16:40	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJW5337G	Car	HONDA	jazz	Blue	Seriously Damaged	1
SKD629K	Car	TOYOTA		Silver	Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201124/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201124/7033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH ENG SENG	ID No.	S1737814G
Related Vehicle	SJW5337G (Car)	Contact No.	97802952
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 09/09/1991
Date	24/11/2020	Date	24/11/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time,

i vehicle plate number SJW 5337 G was travelling along bke towards woodland on the lane 4 suddenly i felt a huge impact on my rear portion of my vehicle that cause my vehicle to make a 360 degree spin to the first lane, after that i went down and check vehicle plate number SKD 629 K collided onto my rear portion of my vehicle.

we exchange particular on the accident scene and traffic police attend, after the traffic police release us i arrange my tow car and send it to my workshop.

i went to our family physician clinic & surgery to consult doctor cause i felt pain on my neck, head and back, and given 5 days mc

I wish to state that there is a grab passenger on my vehicle during the accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201124/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201124/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
24/11/2020 20:26

Classification Of Case:

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



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