

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 Submission 15/12/2020 18:40 (SGT)
Date of Accident 14/12/2020 14:15 (SGT)
Exact Location of Accident Kheam Hock Rd, Kheam Hock Park, Singapore
Additional Location Information KHEAM HOCK RD & BUKIT TIMAH RD JUNC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6884D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN WEILI
NRIC No SXXXX736J
Email Address nevtby@gmail.com
Mobile Phone No (Phone) +65-98893876
Alternative Phone No +65-98893876

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110906801-01
Cover Note Number -

DRIVER

Name of Driver GAN WEILI
NRIC No SXXXX736J
Date Of Birth 26/05/1982
Occupation Outdoor

Date Of Driving Pass	11/07/2006
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98893876
Alt. Phone Number	+65-98893876
Email Address	nevtby@gmail.com
Address	BLK 323 SERANGOON AVENUE 3
Address complement	#10-232
Postcode	550323
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20201215/7011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD2632Z
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BOON KENG
NRIC No	SXXXXX890J

Contact Number	(Phone) +65-81112266
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN WEILI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WOKE UP IN THE MORNING AND FEELING NOT WELL
Injured person in which vehicle?	SMM6884D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

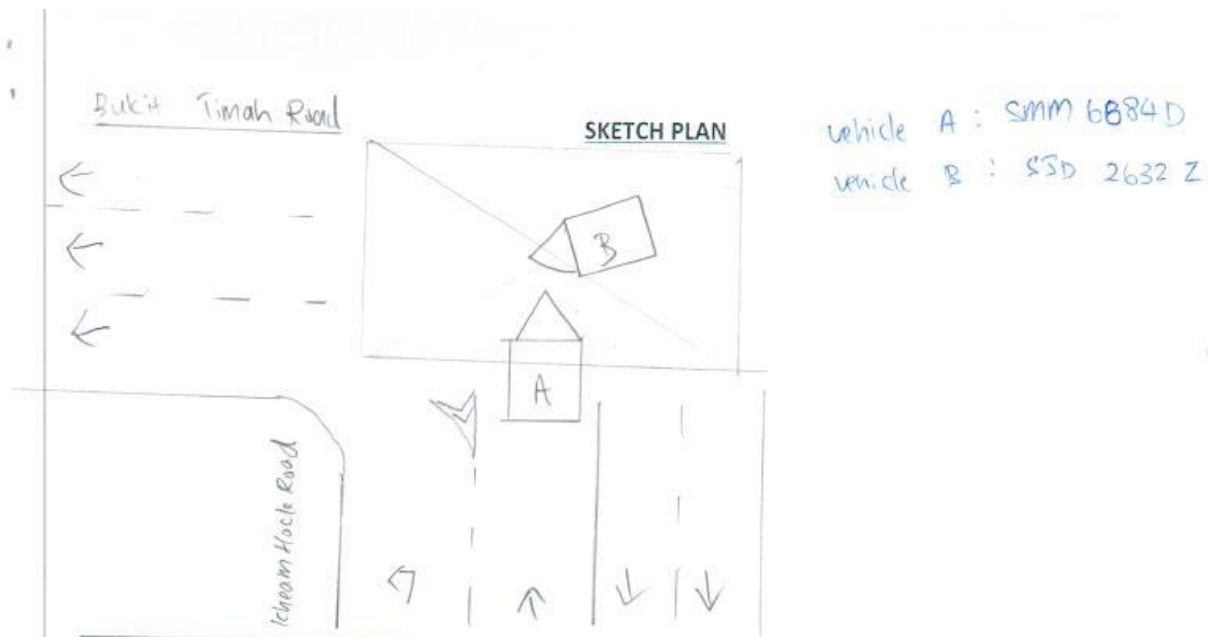
SKETCH PLAN**IMPORTANT NOTICE**

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as 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 interested parties.
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not policyholder)
 Date & Time:

 15/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ FIN No:



vehicle A : SMM 6884D
vehicle B : SSD 2632 Z

On December 2020 at 1415 hrs I was driving vehicle A (Smm 6884D) on Kream Hock Road approaching Bukit Timah Road Junction. I was going straight on the green light when Vehicle B (SSD 2632 Z) suddenly made a right turn ~~was~~ from the opposite lane and crashed into me.

This morning when I woke up I was not well and visited the clinic at Intemedical Kovan and was given 5 days MC (00-KV00000 51345)

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not policyholder)
Date & Time:

[Signature] 15/12/20

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



**SINGAPORE
POLICE FORCE**



E/20201215/7011

1 of 1

POLICE REPORT (NP299)

Report No. E/20201215/7011

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 15/12/2020 11:17	Vide Report No.	Station Diary No.
Name Of Informant GAN WEILI	Address 323 SERANGOON AVENUE 3 #10-232 SINGAPORE 550323	
ID Type / ID No. NRIC NO / S8215736J	Contact No. Home/Office: Mobile: 98893876	
Nationality SINGAPORE CITIZEN	Email Address WEEELI@GMAIL.COM	
Occupation Driver	Sex Male	Age 38
Institution/School Name	Date of Birth 26/05/1982	Race Chinese
Date/Time Of Incident 14/12/2020 14:15 - 14/12/2020 14:35	Location Of Incident BUKIT TIMAH ROAD	

Brief details.

On 14 December 2020 at 1415hrs I was driving vehicle SMM6884D on Kheam Hock Road approaching Bukit Timah Road junction. I was going straight ont the green light when vehicle SJD2632Z suddenly made a right turn from the opposite lane and crashed into me.

This morning when I woke up I was not well and visited the clinic at Intemedical Kovan and was given 5 days Mc (OD-KV0000051345)

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: 15/12/2020 11:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

























**SINGAPORE
POLICE FORCE**



E/20201215/7011

1 of 1

POLICE REPORT (NP299)

Report No. E/20201215/7011

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 15/12/2020 11:17	Vide Report No.	Station Diary No.
Name Of Informant GAN WEILI	Address 323 SERANGOON AVENUE 3 #10-232 SINGAPORE 550323	
ID Type / ID No. NRIC NO / S8215736J	Contact No. Home/Office: Mobile: 98893876	
Nationality SINGAPORE CITIZEN	Email Address WEEELI@GMAIL.COM	
Occupation Driver	Sex Male	Age 38
Institution/School Name	Date of Birth 26/05/1982	Race Chinese
Date/Time Of Incident 14/12/2020 14:15 - 14/12/2020 14:35	Location Of Incident BUKIT TIMAH ROAD	

Brief details.

On 14 December 2020 at 1415hrs I was driving vehicle SMM6884D on Kheam Hock Road approaching Bukit Timah Road junction. I was going straight ont the green light when vehicle SJD2632Z suddenly made a right turn from the opposite lane and crashed into me.

This morning when I woke up I was not well and visited the clinic at Intemedical Kovan and was given 5 days Mc (OD-KV0000051345)

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: 15/12/2020 11:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

