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 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.

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 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 19/12/2020 14:59 (SGT) Date of Accident 18/12/2020 15:15 (SGT) Exact Location of Accident Lentor Ave, Singapore Additional Location Information twds cte Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU3017D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TOH BENG HONG NRIC No. SXXXX996D

Email Address beng86 peace@hotmail.com Mobile Phone No (Phone) +65-81865520

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant

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?

Vehicle Category

Private hire

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115418860 Cover Note Number

DRIVER

Name of Driver TOH BENG HONG NRIC No SXXXX996D Date Of Birth 12/04/1986 Occupation Outdoor

Date Of Driving Pass 15/12/2011 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-81865520 Alt. Phone Number Email Address beng86_peace@hotmail.com Address **BLK 795 YISHUN RING ROAD** Address complement #05-3406 Postcode 760795 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 Collision - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201219/7007. 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**

SJT7714D

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 Address	TOH BENG HONG
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJU3017D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
- 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:
 - 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)

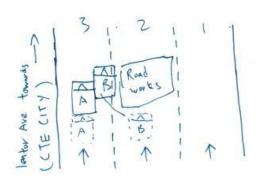
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



Ven A: SJU3017D Ven B: SJT7714D

Refer to Polla	Report	T/20201219/700	7
			/
			/
		/	
/	/		
		1	

DECLARATION

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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

T/20201219/7007

1 of 3

Report No. T/20201219/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 11:37		Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars			
	Informant: NG HONG		Address: 795 YISHUN RING RO	OAD #05-3406 SINGAPORE 760795	
ID Type / ID No.:		Contact No.:			
NRIC NO / S8610996D		Home/Office: Mobile: 81865520			
National	ity:	'EN	Email:		
SINGAP	ORE CITIZ		BENG86_PEACE@HOTMAIL.COM		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male		12/04/1986	Driver		
Race:		Language: Institution / School Na			
Chinese		English			
Occupation: Grab Driver		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 15:15	Type of Location: Straight Road
Location: LENTOR AVE	ENUE			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 70 Km/h
		10.750		

Details of V	ehicle Invo	lved	BELLES STATE			hetrers
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJT7714D	Car					0
SJU3017D	Car	TOYOTA	VIOS E AUTO	Black		0

Details of V	ehicle Insurance	THE COURT OF STREET	MEANINE SERVICE	BERNEST NOTE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police

2 of 3 Report No. T/20201219/7007

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU3017D	NTUC Income Insurance Co-Operative Limited	5115418860	07/01/2020	25/05/2021

Details of Perso	n Involved			AMERICAN STREET		
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL Use				f Pedestrian Crossing: NA		
Driver	规则的"创现"的是1000000000000000000000000000000000000	THE STATE OF		STONE STREET	Marian Company	
Name	TOH BENG HONG			ID No.	S8610996D	
Related Vehicle	SJU3017D (Car)			Contact No	b. 81865520	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	19/12/2020		Date	19/	12/2020	
No. of Days granted Medical Leave 03			Degree of	Slig	ht	

Brief Details.

On the stated time and date, i was driving my vehicle (SJU3017D) on lentor ave towards (CTE CITY) on lane 3 on 3 lanes. Suddenly i felt an impact from my right vehicle side i move forward as there are road work on lane 2 to prevent congestion after the incident i alighted my vehicle and realised Vehicle bearing carplate (SJT7714D) had collided onto my right vehicle side after shifting out from lane 2 without checking blind spot and recklessly . after the incident i felt pain at my neck , back and right shoulder i received 3 days MC and i also wish to state that there was a grab passenger inside my vehicle while this accident occur.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201219/7007

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 19/12/2020 11:37
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

Authentication Stamp

NP168

