

# 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 ..... 22/12/2020 12:32 (SGT)  
Date of Accident ..... 18/12/2020 13:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UNKNOWN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN6517X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TUAN ARIFFEEN BONGSO  
NRIC No ..... SXXXX903H  
Email Address ..... obgbongs@nus.edu.sg  
Mobile Phone No ..... (Phone) +65-90048740  
Alternative Phone No ..... +65-90048740

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5091345484-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TUAN ARIFFEEN BONGSO  
NRIC No ..... SXXXX903H  
Date Of Birth ..... 01/06/1946  
Occupation ..... Indoor

Date Of Driving Pass .....	28/02/1989
Driving experience .....	31 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90048740
Alt. Phone Number .....	+65-90048740
Email Address .....	obgbongs@nus.edu.sg
Address .....	139 GREENWOOD AVENUE
Address complement .....	-
Postcode .....	287058
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 .....	No Collision
Weather Conditions .....	UNKNOWN
Road Surface .....	UNKNOWN

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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

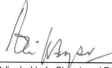
Vehicle Registration Number .....	SHC5727R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-


Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

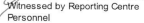
SKETCH PLAN

IMPORTANT NOTICE

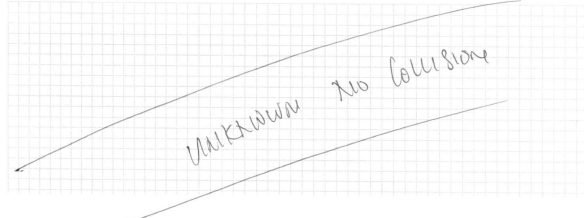
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 22 Dec 2014 : 11:35 am  
 Policyholder's Signature / Date & Time

 22/12/2014  
 Driver's Signature (If driver is not the policyholder) / Date & Time

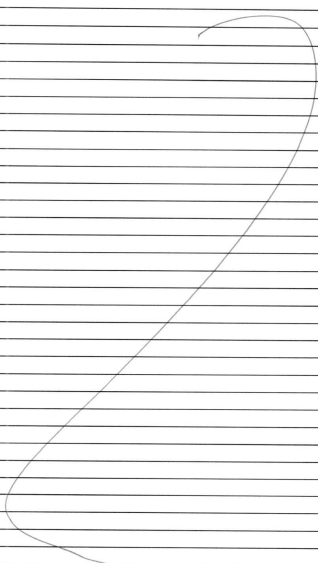
  
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I HAVE NOT HAD ANY COLLISION UNTIL I RECEIVED  
A LETTER DATED 21/12/2020 FROM NQUC



Declaration

We declare the foregoing particulars are true in every respect.

Dr. H. A. A. 22 Dec 2020 11:35 am 22/12/2020




















































**SINGAPORE  
POLICE FORCE**


Traffic Police  
10 Ubi Avenue 3  
Singapore 408055  
Tel: +65 6547 0000  
www.police.gov.sg

Date: 09 NOV 2020

Our Ref: S2568903H

TUAN ARIFFEEN BONGSO  
139 GREENWOOD AVENUE  
SINGAPORE 287058

00312



Dear Sir / Madam

**RECEIPT OF MEDICAL EXAMINATION REPORT**

Thank you for submitting your medical report on 09 Nov 2020.

2 As you have been certified medically fit to drive, you may continue to drive until your next medical examination. We will notify you of the need to attend your next medical examination when you are approaching your next age limit under the law.

3 If you are a foreigner, you may continue to drive until your driving licence expires or until your next medical examination, whichever is earlier.

4 Should you at any time be diagnosed to be unfit to drive by a medical practitioner, you are required to return your driving licence to the Traffic Police.

Yours faithfully

**HEAD TESTING AND LICENSING BRANCH**  
TRAFFIC POLICE

This is computer generated and does not require a signature.

NPS34M  
A FORCE FOR THE NATION



Our Ref: MT/CA/TP/001/1114400-001/JW/VU

21 Dec 2020

TUAN ARIFFEEN BONGSO  
139 GREENWOOD AVENUE  
SINGAPORE 287058

Dear Policyholder

**CLAIM NUMBER: MT/1114400-001**  
**ACCIDENT INVOLVING SLN6517X / SHC5728R on 18 Dec 2020**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Goh Peng Hong  
Manager  
Motor Insurance

6789 5000

**NTUC Income Insurance Co-operative Limited**  
Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6336 1522 • Email: [enquiry@income.com.sg](mailto:enquiry@income.com.sg) • Website: [www.income.com.sg](http://www.income.com.sg)  
an NTUC Social Enterprise