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.

 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 22/02/2021 15:39 (SGT) Date of Accident 20/02/2021 17:20 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS CITY BEFORE BRADDELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SMP9869M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BOEY NGAI LOONG NICHOLAS FRANCIS** NRIC No. SXXXX479A Email Address YILONG3639@GMAIL.COM Mobile Phone No (Phone) +65-93645993 Alternative Phone No +65-93645993

VEHICLE PARTICULARS

Manufacturer

Model X-trail 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 Policy Number 5114098551-01 Cover Note Number

DRIVER

Name of Driver **BOEY NGAI LOONG NICHOLAS FRANCIS** NRIC No SXXXX479A Date Of Birth 29/08/1968 Occupation Outdoor

Date Of Driving Pass 10/12/1987 Driving experience 33 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93645993 Alt. Phone Number +65-93645993 Email Address YILONG3639@GMAIL.COM Address BLK 985A BUANGKOK CRESCENT #18-04 Address complement Postcode 531985 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 - Head to Rear Weather Conditions Clear Road Surface Dry 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 YONG YUEN CHONG Gender Male PASSENGER 2 YOONG NGHEE KEOW Gender Female **DETAILS OF POLICE ACTION**

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

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/20210220/7021

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Manufacturer - Vehicle Model - 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) -	Vehicle Registration Number	SKZ8282H
Vehicle Variant - Vehicle Colour - Vehicle Category Private car Name of Driver - Contact Number - Address - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Vehicle Manufacturer	-
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 -	Vehicle Model	-
Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Variant	-
Name of Driver - Contact Number - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Vehicle Colour	-
Contact Number - Address Address complement Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Vehicle Category	Private car
Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Contact Number	-
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address complement	-
Nature Of Damage - Details of property damaged in accident -	Postcode	-
Details of property damaged in accident -	Insurance Company Name	-
	Nature Of Damage	-
No. Of Passenger (Including Driver)	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	BOEY NGAI LOONG NICHOLAS FRANCIS
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMP9869M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 values of an university in this accident (all insurer(s) who have insured values(s) ancived 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.

Policyholder's Signature / Date & Time

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

Sketch Plan

Witnessed by Reporting Centre Personnel

> A. SIMF 9869M 2. SKZ 8222 H

ribe Circumstances	of the Accident		
-			
1			
	Refer to Pol	ice Report	
		1	

Declaration

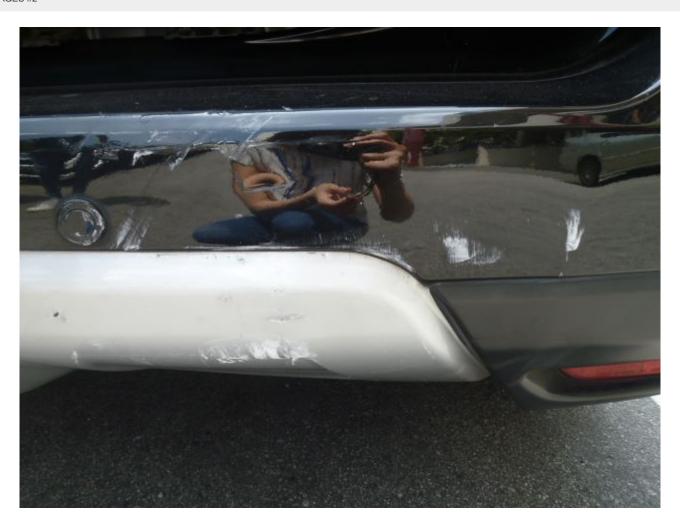
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





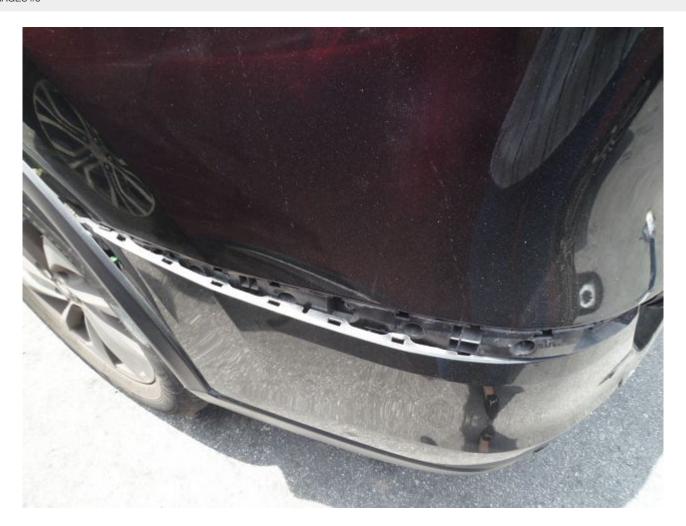


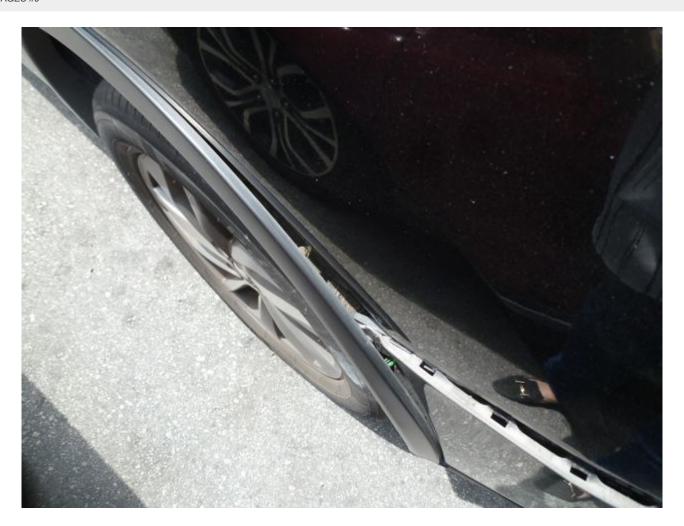






















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210220/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2021 20:09		lade:	Vide Report No.:	Station Diary No.:	
Informar	nt's Particu	ulars			
Name of Informant: BOEY NGAI LOONG NICHOLAS FRANCIS		G NICHOLAS	Address: 985A BUANGKOK CRESCENT #18-04 SINGAPORE 531985		
ID Type / ID No.: NRIC NO / S6828479A		79A	Contact No.: Home/Office:	Mobile: 93645993	
Nationality: SINGAPORE CITIZEN		EN	Email: YILONG3639@GMAIL.COM		
Sex: Age: Date of Birth: Male 52 29/08/1968		Date of Birth: 29/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2021 17:20	Type of Location Straight Road
Location: CENTRAL EX	KPRESSWAY			
Weather: Clear		Road Surface: Dry	f	Road Speed Limit:
		Total State of the		Road Speed Limit: Traffic Volume: Moderate

Details of V	enicle invo	ivea		Discoulation of the last of th		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKZ8282H	Car				Seriously Damaged	0
SMP9869M	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	Black	Seriously Damaged	2





2 of 3 Report No. T/20210220/7021

Police Station Of Origin: Traffic Police 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	
SMP9869M	NTUC Income Insurance Co-Operative Limited	5114098551-01	01/12/2020	30/11/2021	

Details of Perso	The state of the s	IN SHIP		ENERGISCO		
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Ped	Use of Pedestrian Crossing: NA		
Driver	NAME OF THE OWNER, WHEN			STREET, OF		
Name	BOEY NGAI LOONG NICHOLAS FRANCIS		ID No.	S6828479A		
Related Vehicle	SMP9869M (Car)			Contact N	lo. 93645993	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date		NI	L		
No. of Days granted Medical Leave 05		05	Degree of	Se	erious	

Brief Details.

On 20/02/2021 at about 1720 hours. I was travelling on cte towards city before exit braddell Road on lane

Suddenly I felt an huge impact on the rear of my vehicle. When I got down to check I then realise vehicle(SKZ8282H) has collided onto my vehicle.

I sustained injuries from the accident mentioned above and was given 5 days MC.





T/20210220/7021

3 of 3 Report No. T/20210220/7021

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

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: 20/02/2021 20:09
Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

NP168

Authentication Stamp

