

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 12/04/2021 16:33 (SGT)
Date of Accident 10/04/2021 18:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information KIM SENG ROAD TURNING RIGHT TWD HAVELOCK ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK522Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO JUNNING (FU JUNNING)
NRIC No SXXXX709I
Email Address derrickbk@yahoo.com
Mobile Phone No (Phone) +65-83210503
Alternative Phone No +65-83210503

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A180
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5100425479-02
Cover Note Number -

DRIVER

Name of Driver NGOR BOK KOON
NRIC No SXXXX136D

Date Of Birth	14/11/1981
Occupation	Indoor
Date Of Driving Pass	28/10/2003
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83210503
Alt. Phone Number	-
Email Address	derrickbk@yahoo.com
Address	BLK 28 ALEXANDRA VIEW #28-09
Address complement	-
Postcode	158744
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Clear
Road Surface	Dry

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER 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	FBB967B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CALVIN LEOW
Contact Number	(Phone) +65-82989179
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



Signature 12/4/21 3.50pm

Policyholder's Signature / Date & Time

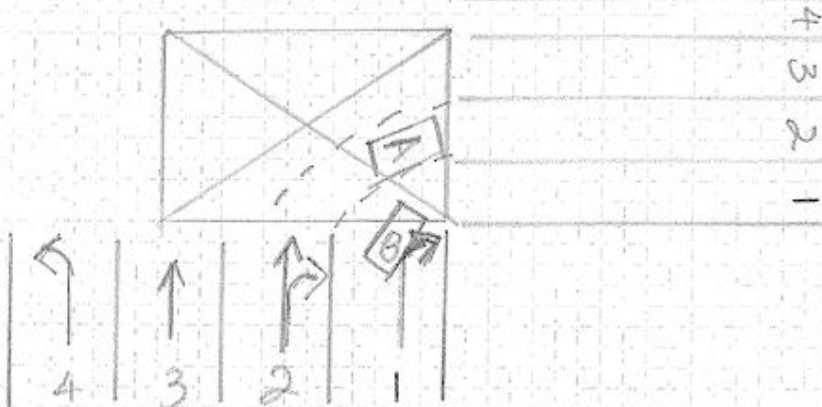
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Havelock Road

Kim Seng Road



Car A: SMK522Z
Car B: FBB967B

Describe Circumstances of the Accident

I was driving along Kim Seng Road and on the 2nd lane (go straight and right turn) to turn right into the 2nd lane of Havelock Road.

While turning into the 2nd lane ^{of} ~~at~~ (Havelock Road) a motorcycle, FBB 967B ^(CAR) on my right (1st lane) knocked onto the rear right side of my car.

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

[Handwritten Signature] 12/4/21













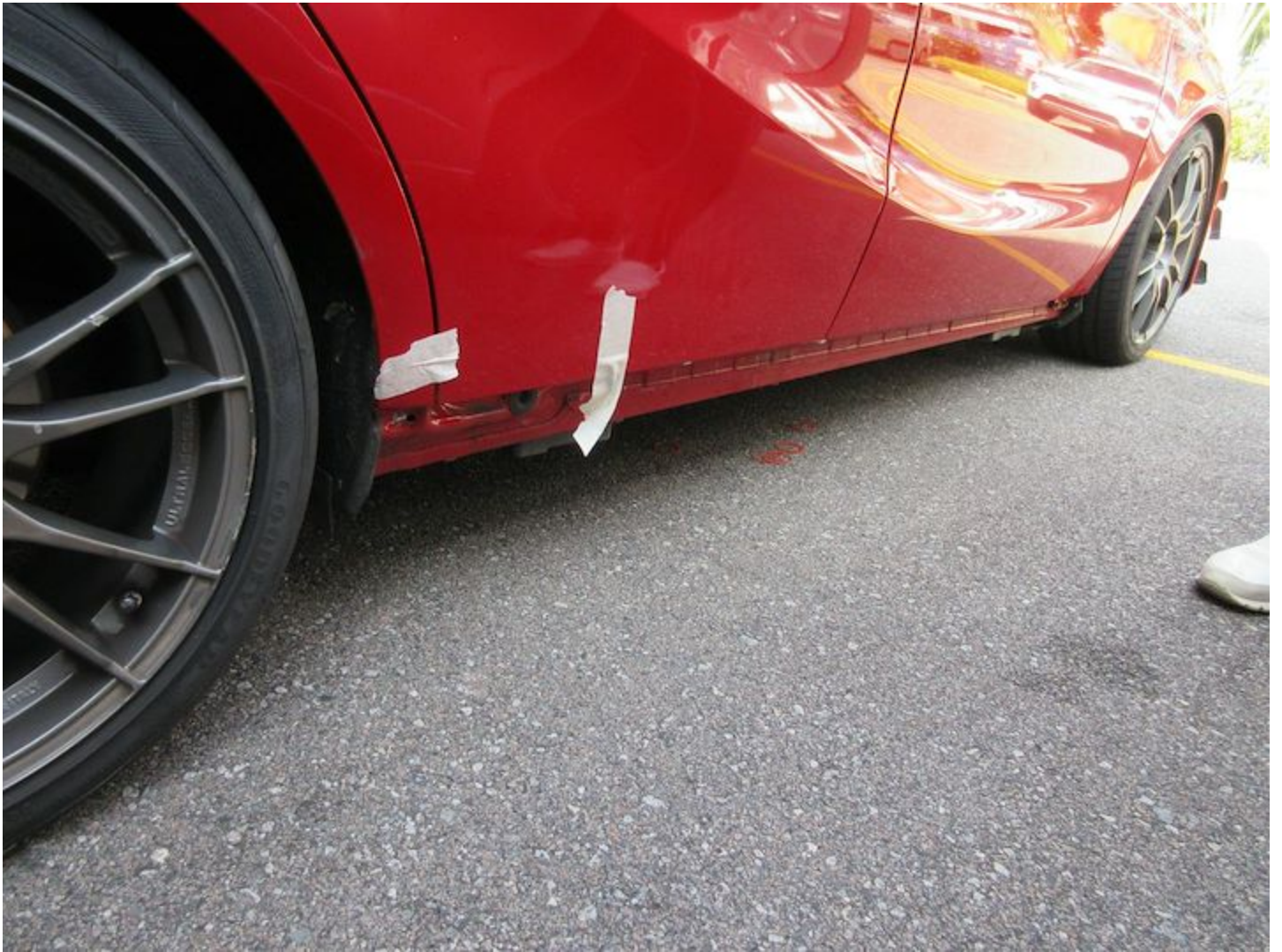














SINGAPORE
POLICE FORCE



T/20210411/2020

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20210411/2020

CONTINUATION OF REPORT

Brief Details.

On 10/04/2021 at about 1845hrs, I am driving my vehicle (SMK522Z) along Kim Seng Road towards Havelock Road. While make a right turn towards Havelock Road a motor vehicle bearing the registration plate number (FBB967B) suddenly collided onto the right side of my vehicle. My vehicle sustained a dent at the rear right side. I wish to state that ambulance came and police attended to me, however at the point of time no one was injured and no one was being conveyed.



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3 of 3



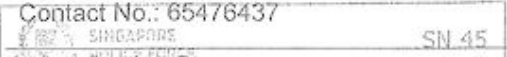

Report No. T/20210411/2020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 MELVIN LOH JUN HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2021 09:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	


**SINGAPORE
POLICE FORCE**


T/20210411/2020

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20210411/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2021 09:49		Vide Report No.: A/20210410/0100		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: NGOR BOK KOON			Address: 28 ALEXANDRA VIEW #28-09 SINGAPORE 158744		
ID Type / ID No.: NRIC NO / S8138136D			Contact No.: Home/Office: Mobile: 83210503		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 14/11/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANK OFFICER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2021 18:45	Type of Location: Bend
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBB967B	Motorcycle				Slightly Damaged	0
SMK522Z	Car				Slightly Damaged	2