

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 12/10/2021 12:00 (SGT)
Date of Accident 09/10/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SCOTTS ROAD BEFORE NEWTON CIRCUS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EZ888J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SAFE2TRAVEL PTE LTD
Company Reg No 200003048E
Email Address FUNGSTEVE@HOTMAIL.COM
Mobile Phone No (Phone) +65-81687396
Alternative Phone No +65-81687396

VEHICLE PARTICULARS

Manufacturer Audi
Model A8
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 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114693010-01
Cover Note Number -

DRIVER

Name of Driver FUNG CHUNG YUEN STEVE
NRIC No S2741242D

Date Of Birth	21/03/1965
Occupation	Indoor
Date Of Driving Pass	31/05/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81687396
Alt. Phone Number	-
Email Address	THIAMHENGHUAT@GMAIL.COM
Address	335 BUKIT TIMAH ROAD #17-02
Address complement	-
Postcode	259718
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	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/20211009/7014

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INFORM DRIVER TO EMAIL VIDEO TO INCOME
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU1292B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	MATTHEWS RIAN RONALD ROBERT
Passport No/FIN	G3186141T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FUNG CHUNG YUEN STEVE
Gender	Male
Phone No	(Phone) +65-81687396
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	56
Injuries Sustained	NECK PAIN, BACK PAIN AND FEELING DIZZINESS
Injured person in which vehicle?	EZ888J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (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 purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 12/10/2021
1200HRS

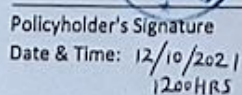
Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/2021
1200HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138

A hand-drawn diagram on grid paper illustrating a road layout. At the top, a rectangular building is shown with an 'X' inside. An arrow points from the text 'Point of IMPACT' to the bottom center of the building. Below the building, a road runs horizontally. Two vehicles, labeled 'A' and 'B', are positioned on this road. Vehicle 'A' is on the left, and vehicle 'B' is on the right. Two large arrows point upwards from the bottom towards vehicles 'A' and 'B'. To the left of the road, there is a curved road labeled 'SCOTTS ROAD BEFORE NEWTON CIRCUS'. To the right of the road, the text 'A-EZ888J' and 'B-SKU1292B' is written.

REFER TO POLICE REPORT: T/20211009/7014

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



Date & Time: 12/10/2021
1200HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138



































**SINGAPORE
POLICE FORCE**



T/20211009/7014

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

1 of 3

Report No. T/20211009/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2021 14:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FUNG CHUNG YUEN STEVE	Address: 335 BUKIT TIMAH ROAD #17-02 SINGAPORE 259718		
ID Type / ID No.: NRIC NO / S2741242D	Contact No.: Home/Office: Mobile: 81687396		
Nationality: SINGAPORE CITIZEN	Email: FUNGSTEVE@HOTMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 21/03/1965	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: CEO	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2021 13:00	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
EZ888J	Car					0
SKU1292B	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211009/7014

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

2 of 3

Report No. T/20211009/7014

CONTINUATION OF REPORT

Driver			
Name	FUNG CHUNG YUEN STEVE	ID No.	S2741242D
Related Vehicle	EZ888J (Car)	Contact No.	81687396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/10/2021	Date	09/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE A (EZ 888 J) WAS STATIONARY ON THE STATED VENUE INTENDING TO TURN RIGHT. SUDDENLY I FELT A HUGE IMPACT ON THE RIGHT FRONT PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SKU 1292 B) WHO HAVE COLLIDED ONTO ONTO MY VEHICLE WHILE CUTTING INTO MY LANE . I WOULD WISH TO STATE THAT THE LANE THAT VEHICLE B WAS IN CAN ONLY GO STRAIGHT.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT A LOCAL GP CLINIC AS I FELT PAIN IN MY NECK, BACK AND FELT DIZZINESS.
I WAS GIVEN 3 DAYS MC .



**SINGAPORE
POLICE FORCE**



T/20211009/7014

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

3 of 3

Report No. T/20211009/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/10/2021 14:39

Classification Of Case: