# **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 03/01/2022 15:30 (SGT) Date of Accident 01/01/2022 10:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS TUAS Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SJM5373D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HENG WAH YONG NRIC No SXXXX877C Email Address BENSONHWY@GMAIL.COM Mobile Phone No (Phone) +65-92266646 Alternative Phone No (Home) +65-92266646

#### VEHICLE PARTICULARS

Manufacturer

Model Stream 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 1799

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5054667412 Cover Note Number

# DRIVER

Name of Driver HENG WAH YONG NRIC No SXXXX877C

Date Of Birth 15/02/1969 Occupation Outdoor Date Of Driving Pass 02/07/1997 Driving experience 24 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-92266646 Alt. Phone Number (Home) +65-92266646 Email Address BENSONHWY@GMAIL.COM Address BLK 661 YISHUN AVE 4 #07-427 Address complement Postcode 760661 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 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT NO. L/20220101/7011 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT6094E Vehicle Manufacturer Mazda

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Private car

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	<del>-</del>
Address	<del>-</del>
Address complement	·····
Postcode	
Insurance Company Name	<b>-</b>
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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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.

Policyholder's Signature / Date & Time 03 1 2022

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Twas

A: SJM 5373D

Exit 27

For towards Twas

B: SMT 6094 E

scribe Circ	umstance	s of the Acci	aem / -
As	per	police	Report No. L/ 2022 0101 / 7011.
	1		
	- 1		

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time | 03 | 1 | 2 2

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

Witnessed by Reporting Centre Personnel









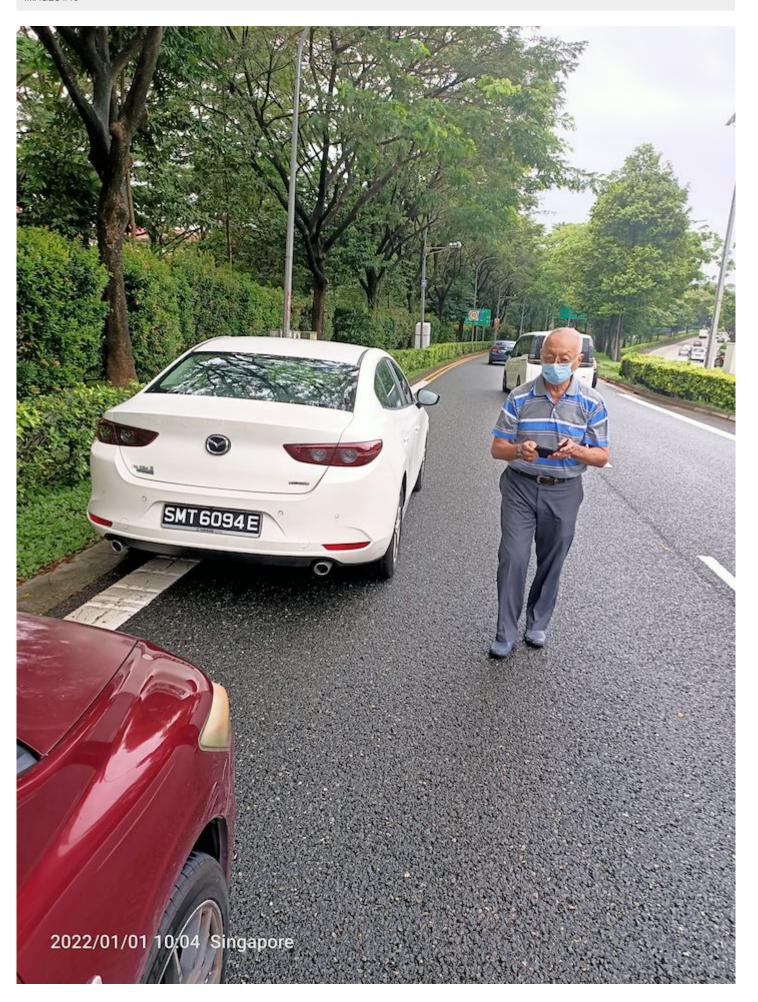


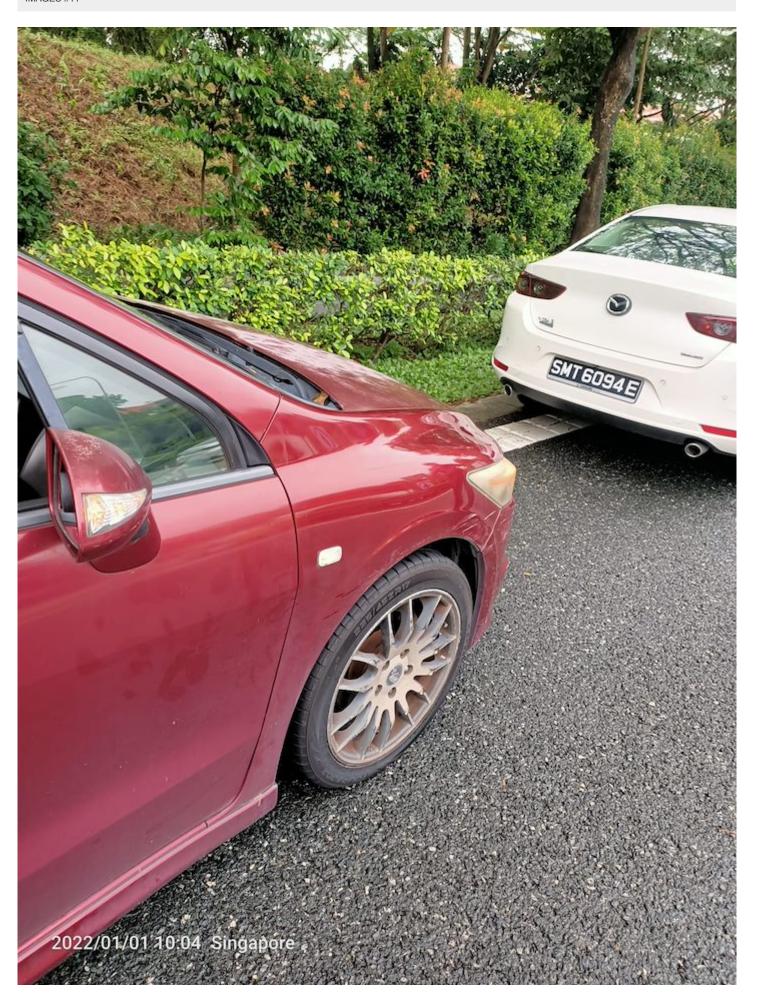
















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Report No. L/20220101/7011

## POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Report No.			Station Diary No.
01/01/2022 13:06				
Name Of Informant	Address			
HENG WAH YONG	661 YISHUN AVENUE 4 #07-427 SINGAPORE 760661			
ID Type / ID No. NRIC NO / S6904877C	Contact No. Home/Office: Mobile: 92266646			
Nationality SINGAPORE CITIZEN	Email Address BENSONHWY@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Sales person	Male	52	15/02/1969	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/01/2022 10:00 - 01/01/2022 12:20	Location Of Incident #07-427			
D : ( )				

Brief details.

My car was traveling along PIE towards Tuas and I wanted to make a turn on the left to exit 27 but as I was about to exit the PIE, I heard a loud bang on my right and saw a car from the straight lane on my right going towards Tuas suddenly went infront of me and took a last minute turn towards the the direction that I was heading. When the driver from that car took that turn, he struck my right front tire and the right side of my bumper with moderate damage. After that, me and the driver immedietly slowed down and stopped at the side of the road to check the damage. We stepped out to see what happand took some photos. I noticed the driver that hit my car was an old chinese man. I then proceeded to call the insurance company. For the whole 10 mins, the driver and I did not talk about what happended and

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: 01/01/2022 13:06		
Officer In-Charge Of Case:	Classification Of Case:		
This report is lodged at Yishun North NPC Kiosk 1			

Accident report SM0G22130004





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220101/7011

stayed quiet. After that for some reason, the driver went back into his car, drove a few feet away and then proceed to drove off without any notice.

license plate of the driver's car: SMT6094E

Car colour: White Car Type: Mazda 3

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IN AVENUE 4 #07- APORE 760661
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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: 01/01/2022 13:06		
Officer In-Charge Of Case:	Classification Of Case:		
This report is lodged at Yishun North NPC Kiosk 1			