

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	05/05/2022 20:23 (SGT)
Date of Accident	04/05/2022 20:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BISHAN STREET 11 BEFORE CTE ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ8601Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG AUTO PTE. LTD.
Company Reg No	201523407C
Email Address	ADMIN@SGAUTOPL.COM
Mobile Phone No	(Phone) +65-68484844
Alternative Phone No	+65-68484844

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125347350
Cover Note Number	-

DRIVER

Name of Driver	TAN WOO NEE
NRIC No	S1725293C

Date Of Birth	26/09/1965
Occupation	Indoor
Date Of Driving Pass	28/03/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92293306
Alt. Phone Number	-
Email Address	ADMIN@SGAUTOPL.COM
Address	BLK 230 CHOA CHU KANG CENTRAL #11-151
Address complement	-
Postcode	680230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SBN8226R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	56
Injuries Sustained	SHOULDERS AND BACK
Injured person in which vehicle?	SMZ8601Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- (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.

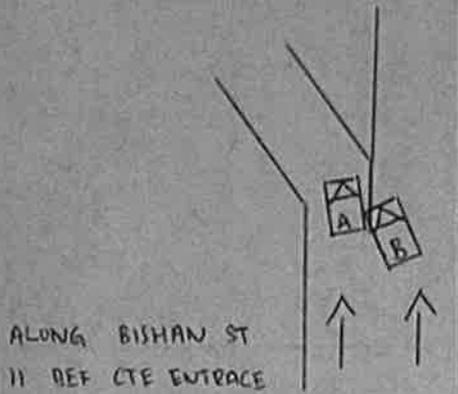
 Policyholder's Signature
 Date & Time:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time 5/5/2022

 Reporting Centre Personnel's Signature
 Name: MOHAMMAD
 NRIC/FIN No: S994845

SKETCH PLAN

A- SMZ8601Y
B- SBW8226R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS

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: 5/5/2022

Reporting Centra Personnel's Signature
Name: MOHAMMAD
NRIC/FIN No: S994045

















**SINGAPORE
POLICE FORCE**



J/20220505/7040

1 of 2

POLICE REPORT (NP299)

Report No. J/20220505/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 05/05/2022 15:18		Vide Report No.		Station Diary No.	
Name Of Informant TAN WOON NEE		Address 230 CHOA CHU KANG CENTRAL #11-151 SINGAPORE 680230			
ID Type / ID No. NRIC NO / S1725293C		Contact No. Home/Office:		Mobile: 92293306	
Nationality SINGAPORE CITIZEN		Email Address cckc23011151@gmail.com			
Occupation Private-hire car driver		Sex Male	Age 56	Date of Birth 26/09/1965	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 04/05/2022 20:05 - 05/05/2022 14:45		Location Of Incident 230 CHOA CHU KANG CENTRAL #11-151 SINGAPORE 680230			

Brief details.

On 4 May 2022 08.06PM my vehicle SMZ8601Y was hit by a vehicle SBN8226R on my right side while driving along Bishan St.11 toward (Bishan Lorong Chuan Serang) (CTE/SLE). I have a 5 day MC from 05 May 2022 to 09 May 2022, from Toh Yi Medical Clinic PTE LTD.

Subjects Involved
Victim

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: 05/05/2022 15:18
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220505/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220505/7040

Person Name	TAN WOO NEE		
ID Type	NRIC NO	ID No	S1725293C
Gender	Male	Age	56
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	230 CHOA CHU KANG CENTRAL #11-151 SINGAPORE 680230
Mobile No	92293306	Is Informant A Victim?	Yes
Person Name	TAN WOO NEE (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
05/05/2022 15:18

Classification Of Case:

