

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	18/04/2022 18:02 (SGT)
Date of Accident	17/04/2022 03:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PRINSEP ST CAR PARK LOT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9433K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO GEOK HUA
NRIC No	S7031860A
Email Address	MOGUWORH@GMAIL.COM
Mobile Phone No	(Phone) +65-92226894
Alternative Phone No	(Home) +65-92226894

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119069452-01
Cover Note Number	-

DRIVER

Name of Driver	VERNON KOH CHI
NRIC No	S9427287D

Date Of Birth	31/07/1994
Occupation	Indoor
Date Of Driving Pass	17/01/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92226894
Alt. Phone Number	-
Email Address	MOGUWORH@GMAIL.COM
Address	BLK 607 WOODLANDS RING RD #03-261
Address complement	-
Postcode	730607
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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	LIM EN HUI RACHEL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SGY6627M
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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	LIM EN HUI RACHEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU9433K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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)**
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.

<p style="text-align: center;"><i>Un</i></p> <p>_____ Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>SAHARA</i></p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

Prinsep Street Car Park lot 8

YILIN

Vehicle A - JMU9433K
Vehicle B - J6Y6629M


Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (SMU 9433K) was parked at the stated location on car park lot 8. Out of sudden, vehicle B (SGY6627M) moving out from the car park lot and made an u-turn then collided onto the front right portion of my vehicle causing damages.


Declaration

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

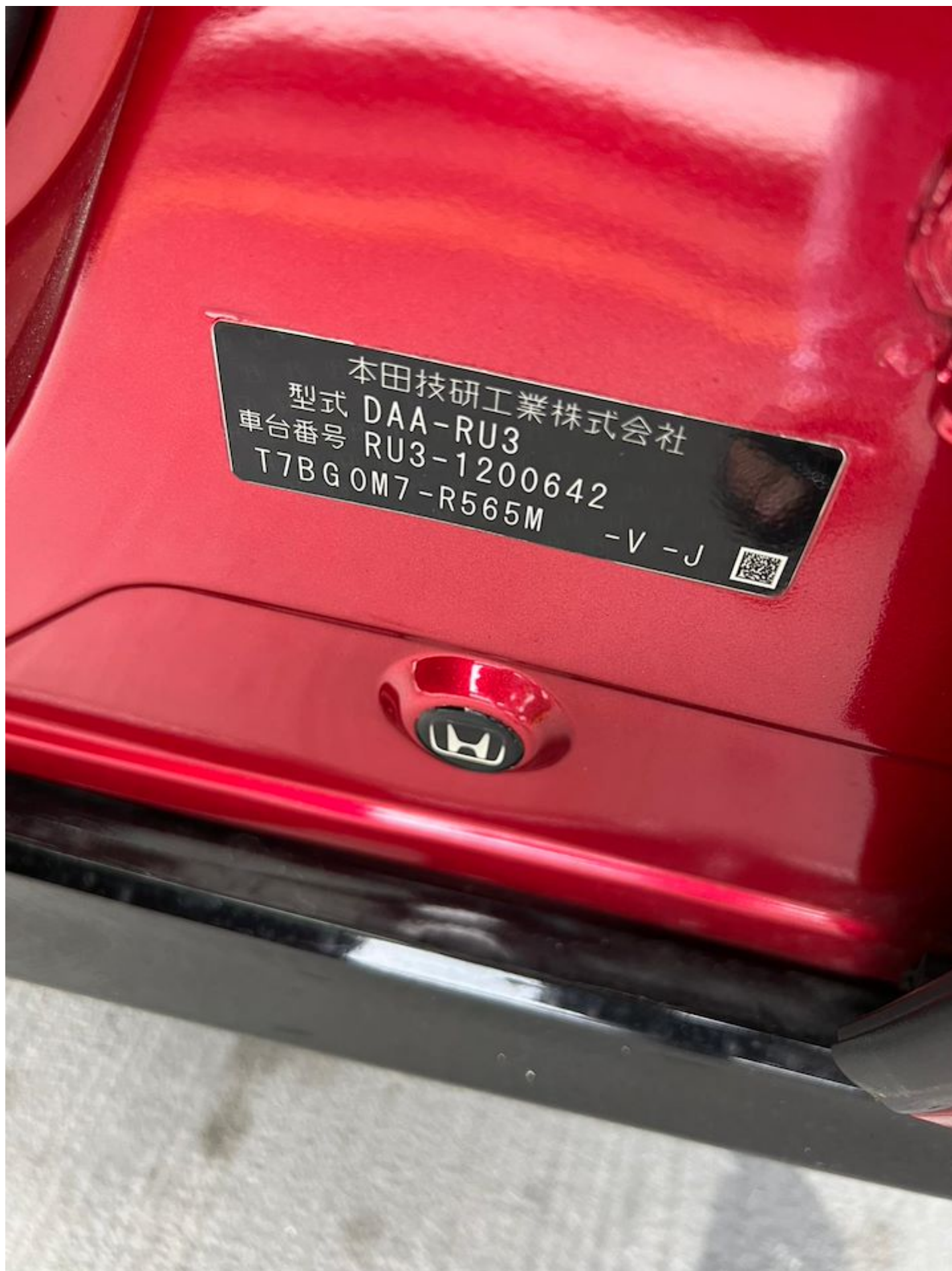
Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



A/20220418/7034

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POLICE REPORT (NP299)

Report No. A/20220418/7034

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No: 1800-2240000

Date/Time Report Made 18/04/2022 17:03	Vide Report No.	Station Diary No.
Name Of Informant VERNON KOH CHI	Address 607 WOODLANDS RING ROAD #03-261 SINGAPORE 730607	
ID Type / ID No. NRIC NO / S9427287D	Contact No. Home/Office:	Mobile: 92226894
Nationality SINGAPORE CITIZEN	Email Address moguworh@gmail.com	
Occupation Delivery Driver	Sex Male	Age 27
Institution/School Name	Date of Birth 31/07/1994	Race Chinese
Date/Time Of Incident 17/04/2022 03:05	Location Of Incident PRINSEP STREET	

Brief details.

On the stated date and time, I had parked my vehicle SMU9433K at Lot 8 of the open space carpark along Prinsep Street.

My girlfriend, Lim En Hui Rachel, was sitting at the front passenger seat when I had alighted the vehicle to go somewhere nearby.

As I was walking back to my vehicle, I noticed SGY6627M making an illegal U turn along Prinsep Street

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: 18/04/2022 17:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220418/7034

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220418/7034

just in front of my vehicle before speeding off.

I reached my vehicle to be informed by Rachel that SGY6627M had crashed into the front portion of my stationary vehicle.

Rachel also complained that she had knocked her right knee against the inside of the vehicle due to the impact of the collision.

The following morning, she also woke up with soreness and aches over her lower back area.

The pain did not go away and she decided to go to her family doctor at Sin Ming Clinic on 18/04/22 for treatment and was given 4 days MC for injuries caused by the accident.

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Signature Of Interpreter: Not applicable	Date/Time: 18/04/2022 17:03
Officer In-Charge Of Case:	Classification Of Case: