

# 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 ..... 10/06/2022 14:44 (SGT)  
Date of Accident ..... 09/06/2022 15:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOOPER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE3755S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CONCEICAO JOSEPH LEUIS  
NRIC No ..... SXXXX582A  
Email Address ..... CJLEUIS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97366904  
Alternative Phone No ..... +65-97366904

### 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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5125505389  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CONCEICAO JOSEPH LEUIS  
NRIC No ..... SXXXX582A

Date Of Birth .....	11/08/1964
Occupation .....	Indoor
Date Of Driving Pass .....	25/04/1990
Driving experience .....	32 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97366904
Alt. Phone Number .....	+65-97366904
Email Address .....	CJLEUIS@GMAIL.COM
Address .....	BLK 414 BUKIT BATOK WEST AVE 4
Address complement .....	#09-228
Postcode .....	650414
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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
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 .....	GBH7198B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	HE SIJIE
- .....	TXXXX177H

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

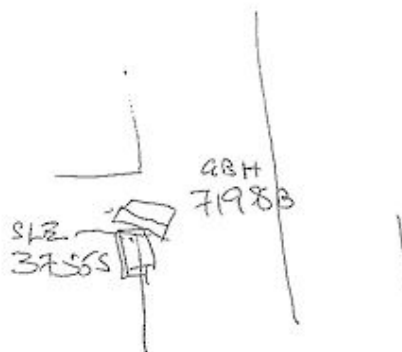
**SKETCH PLAN****IMPORTANT NOTICE**

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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.

Francisco  
Policyholder's Signature / Date &  
Time

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

[Signature]  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

## Declaration

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel





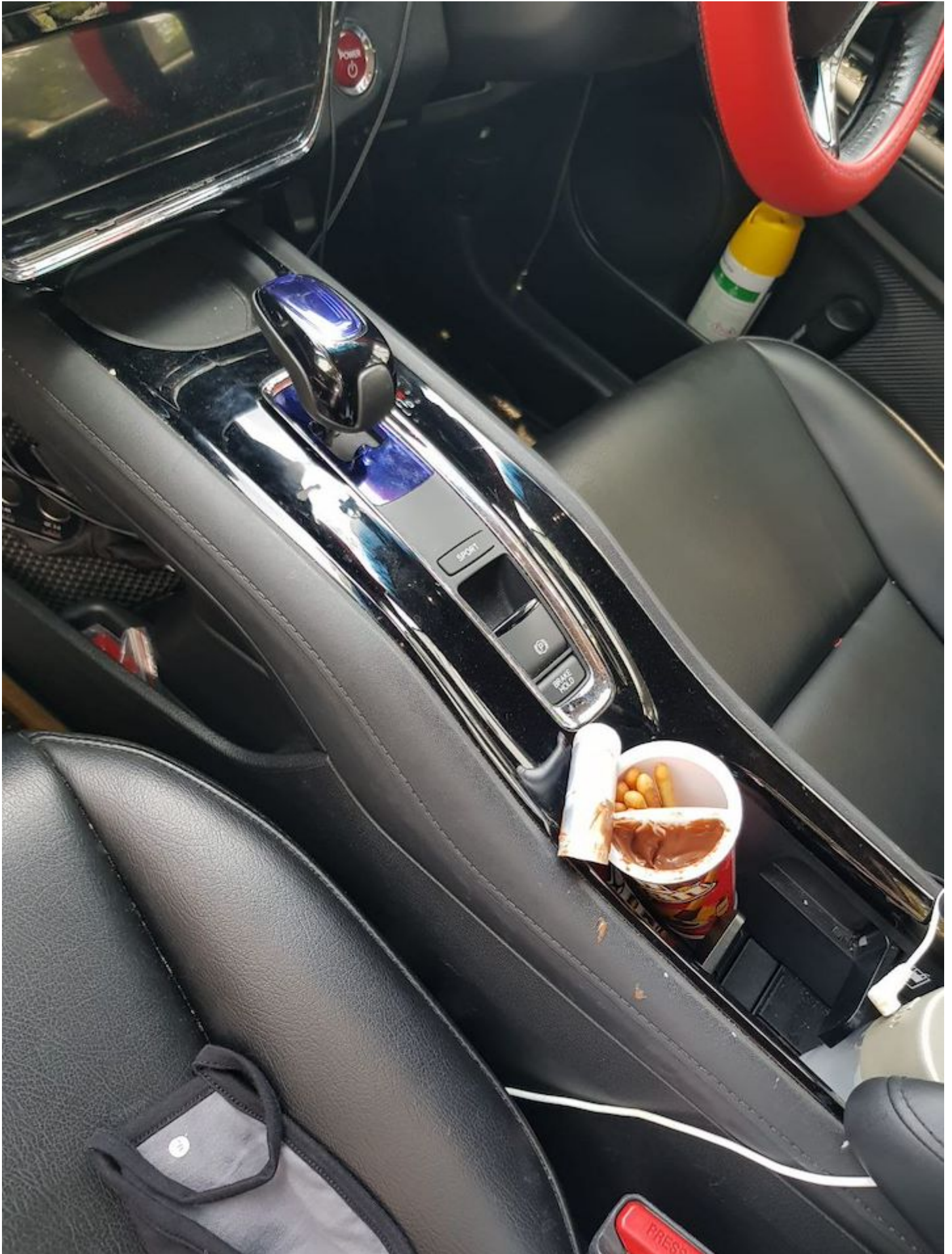






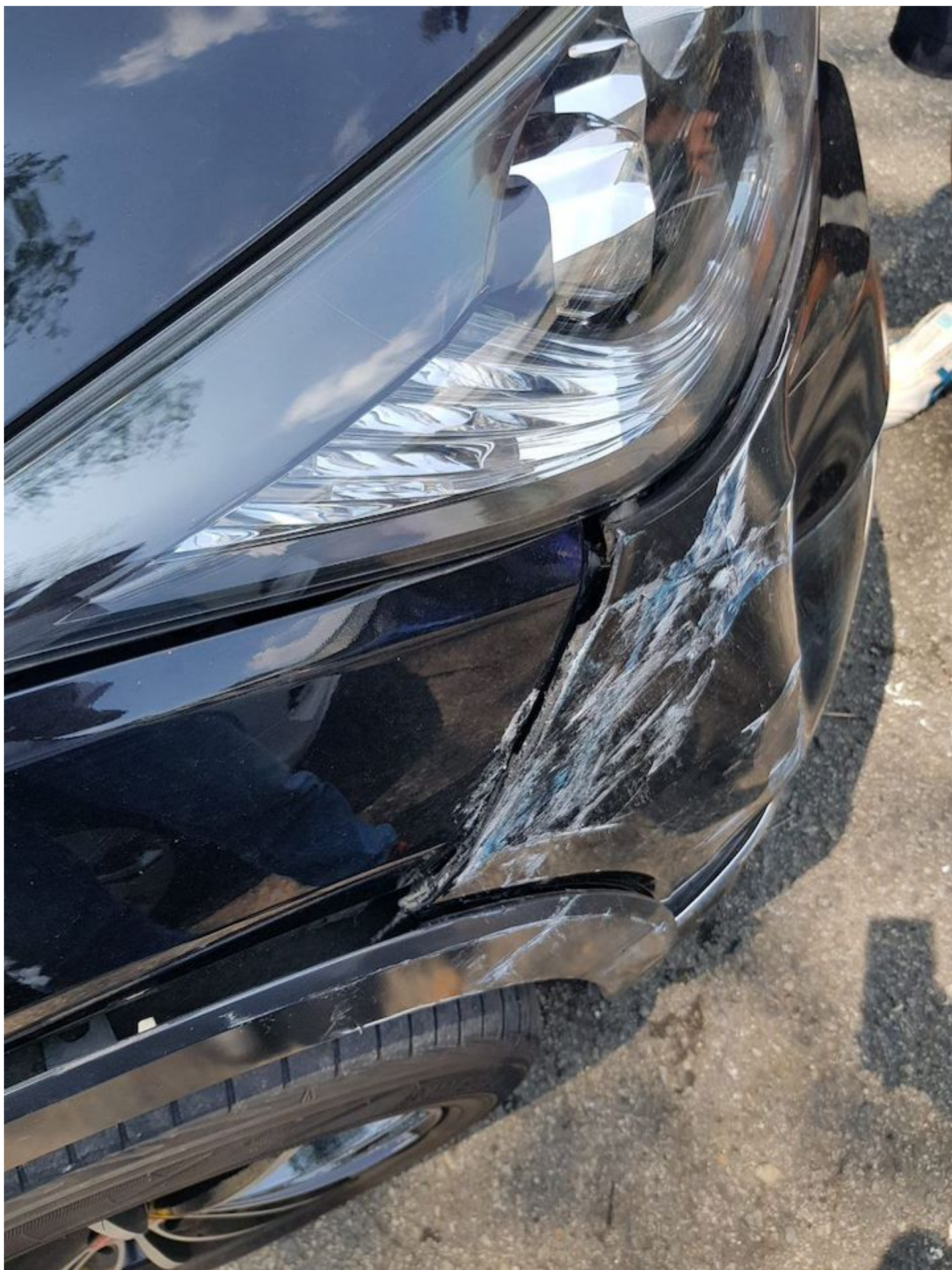




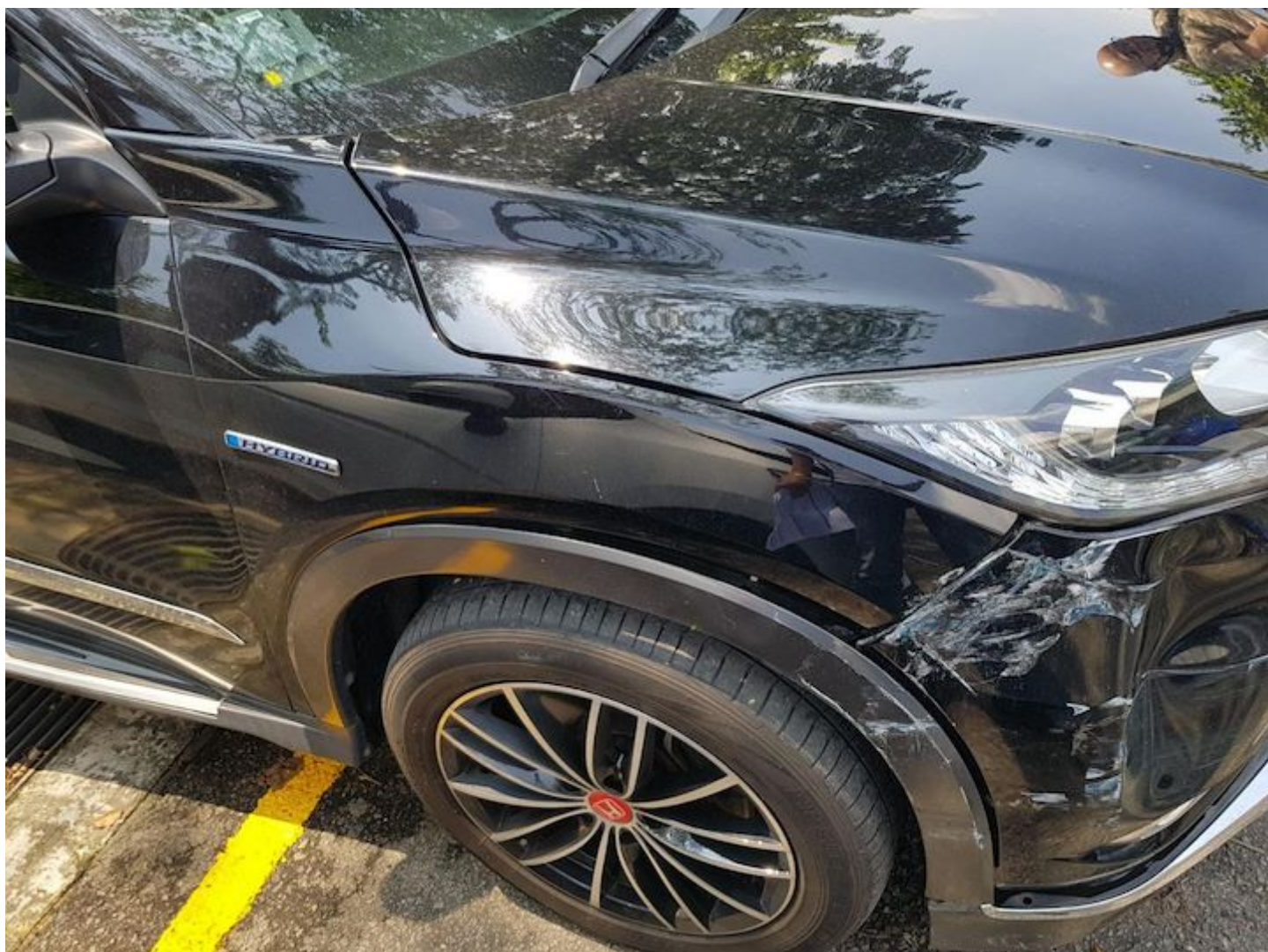


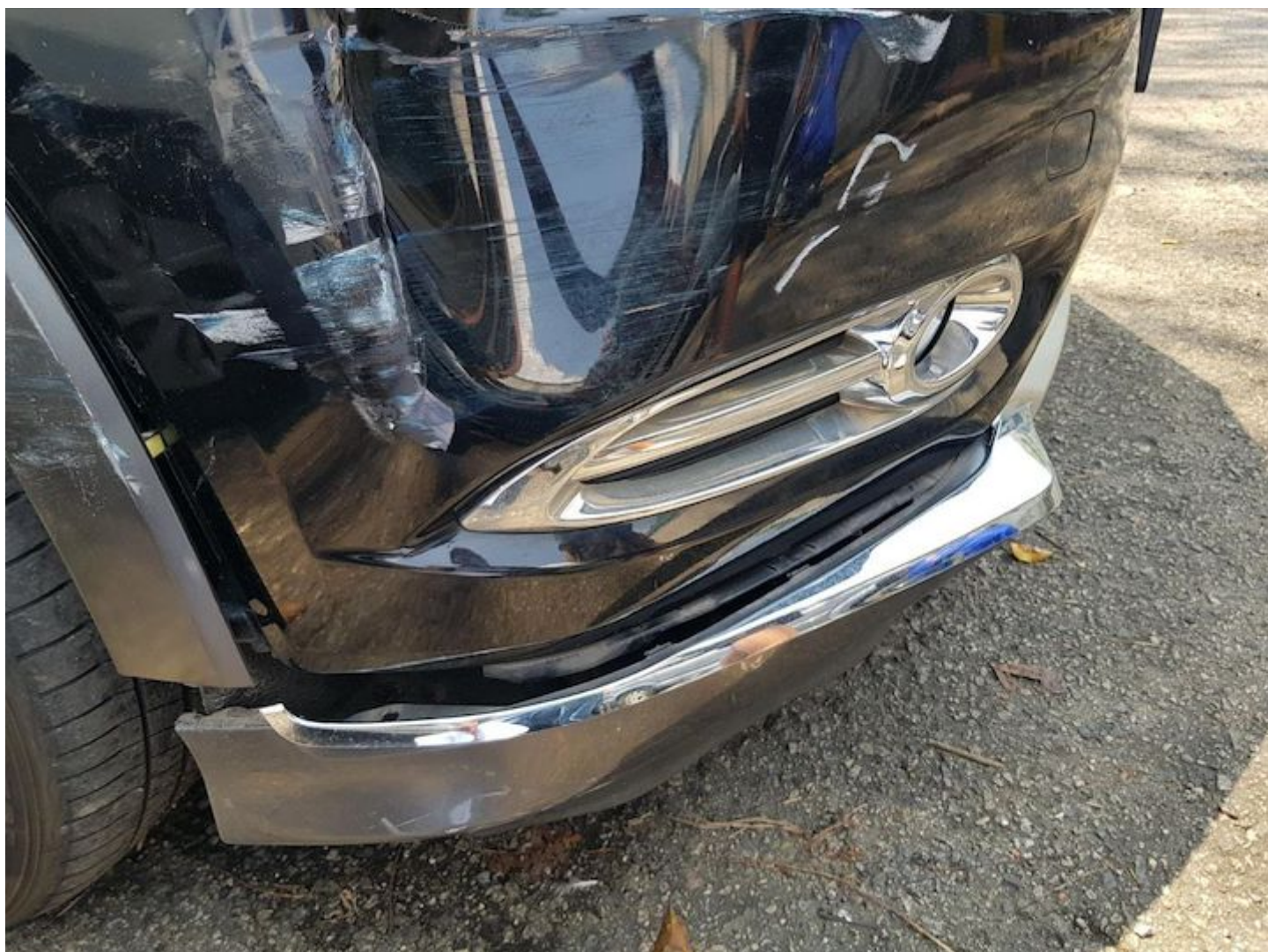




















**SINGAPORE  
POLICE FORCE**



T/20220610/2017

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20220610/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2022 11:03		Vide Report No.: E/20220609/0119		Station Diary No.: 44	
<b>Informant's Particulars</b>					
Name of Informant: CONCEICAO JOSEPH LEUIS			Address: APT BLK 414 BUKIT BATOK WEST AVENUE 4 #09-228 SINGAPORE 650414		
ID Type / ID No.: NRIC NO / S1665582A			Contact No.: Home/Office: Mobile: 97366904		
Nationality: SINGAPORE CITIZEN			Email: cjleuis@gmail.com		
Sex: Male	Age: 57	Date of Birth: 11/08/1964	Type of Informant: Driver		
Race: Eurasian			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 09/06/2022 15:40	Type of Location: T-Junction
Location:  HOOPER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7198B	Van					0
SLE3755S	Car	HONDA	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD	Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220610/2017

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20220610/2017

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE3755S	NTUC Income Insurance Co-Operative Limited	5125505389	17/01/2022	25/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HE SIJIE		ID No.	T0014177H
Related Vehicle	GBH7198B (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CONCEICAO JOSEPH LEUIS		ID No.	S1665582A
Related Vehicle	SLE3755S (Car)		Contact No.	97366904
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

I parked my vehicle SLE3755S along the roadside of Hooper Road (towards a loop, before T-Junction). I noticed a police van ahead of me (GBH7198B) driving out of the said T-Junction, making a right turn towards my direction. However, when the police van was driving pass my vehicle, it had driven too close and side swiped my vehicle. As a result, my vehicle suffered damages on the front-right portion. Traffic Police attended to the accident and had taken the memory card of the in-vehicle camera. I am not injured.



**SINGAPORE  
POLICE FORCE**



T/20220610/2017

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20220610/2017

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:

J /

SGT 2 NG WEE CHEW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2022 11:03

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168





## SINGAPORE POLICE FORCE

## ACKNOWLEDGEMENT SLIP

 Ref: Report No: ~~#E114~~ E/2022 0604/0119

 I, SSS A. Rahman

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

 of 10 ubi Ave 3 S(408865), TPHQ

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

 1 32 GB Micro SD card (iDrive).

2

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 from Conceicao Joseph Luis, S166582A, 97366904

(Name, NRIC or Passport No. / Rank and No.)

 of B1C 414 Bt Batok West Ave 4 #09-228 S(650414)

(Address / Police Station / NPC / NPP)

 on 09/06/2022

(Date)

at

1710

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

(Signature)

Luis CONCEICAO 166582A

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

SSS A. Rahman

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

On behalf of I/O Afig, 6547 6171  
Hooper Rd x Side Rd of Hooper Rd (T-Junction)  
LP 3