

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 Actual 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 First Submission	06/06/2024 15:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2024 08:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(EXIT 12) TO KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6050T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH WEI LIN, WINNIE
NRIC No	SXXXX232Z
Email Address	KOHWINNIEWL@GMAIL.COM
Mobile Phone No	(Phone) +65-86862265
Alternative Phone No	-

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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121523818-03

DRIVER

Name of Driver	KOH WEI LIN, WINNIE
NRIC No	SXXXX232Z
Date Of Birth	18/02/1992
Occupation	Indoor

Driving Pass Date	10/05/2012
Driving experience	12 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86862265
Alt. Phone Number	-
Email Address	KOHWINNIEWL@GMAIL.COM
Address	63 CIRCUIT RD
Address complement	#02-265
Postcode	370063
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT3625E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV2839B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMA3714U
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	KOH WEI LIN, WINNIE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLT6050T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


Describe Circumstance of the Accident
<p>Refer Police Report :</p>

Declaration

14. We declare the foregoing particulars are true in every respect


 Peter H. Rabinowitz / Date & Time

Officer's Signature (If driver is not the policyholder) :  Date: _____



Requested by Reporting Centre Personnel
 Name as on NRCC card:

SKETCH PLAN

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

6. 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.


Policyholder's Signature (Date & Time)


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan

PIE (Exit 12)

← E K D K A K B →

(A) SLT6050T
(B) SLT3625E
(C) SLV2839B
(D) SMA3914U



**SINGAPORE
POLICE FORCE**



T/20240605/7095

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

1 of 3

Report No. T/20240605/7095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2024 21 18	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars				
Name of Informant KOH WEI LIN, WINNIE			Address: 63 CIRCUIT ROAD #02-265 SINGAPORE 370063	
ID Type / ID No. NRIC NO / S9205232Z			Contact No : Home/Office: Mobile: 86862265	
Nationality SINGAPORE CITIZEN			Email KOHWINNIEWL@GMAIL.COM	
Sex: Female	Age: 32	Date of Birth: 18/02/1992	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Accountant (excluding tax accountant)			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2024 08 05	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLT6050T	Motor car	HONDA	VEZEL 1.5X A	Blue		0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective Date	Expiry Date
SLT6050T	NTUC Income Insurance Co-Operative Limited	5121523818-03	02/05/2024	01/05/2025



**SINGAPORE
POLICE FORCE**



T/20240605/7095

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408655
Tel No: 65470000

2 of 3

Report No. T/20240605/7095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH WEI LIN, WINNIE	ID No.	S9205232Z
Related Vehicle	SLT6050T (Motor car)	Contact No.	66862265
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 (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving SLT6050T along PIE(Tuas) slip road towards KPE(ECP) when I was gradually coming to a stop due to traffic conditions.

Before I came to a complete stop, a massive impact slammed into the rear of my vehicle unexpectedly causing it to surge forward.

The impact was so huge that I crashed into the rear of the vehicle in front despite having kept safety distance.

My body lurched forward and was restrained by the seat belt.

I was in a daze for awhile before I alighted.

Upon alighting, I realised that I was involved in a 4 car chain collision involving:

SLV2839B
SMA3714U
SLT6050T
SLT3625E

where mine was the 3rd car.

My vehicle was badly damaged due to the collision.

I immediately felt pain in my chest and back areas

As such, I was conveyed to TTSH via ambulance

On the way to TTSH, I started feeling pain in my neck and both shoulders as well

I was treated and discharged the same day with 3 days MC

The same evening, I also discovered that I had suffered contusions and abrasions over my inner arms and right foot areas.

I will seek follow up treatment if the pain does not go away.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20240605/7095

3 of 3

Report No. T/20240605/7095

CONTINUATION OF REPORT

Signature Of Officer Recording The Report
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No: 65476404

NP156

Signature Of Informant

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

Date/Time:
05/06/2024 21:18

Classification Of Case: