

## 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 ability.
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 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 Report	04/12/2017 11:39
Date Of Accident	02/12/2017 13:20
Exact Location Of Accident	TPE TWDS ECP SLIP RD TO LOYANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN7545H
Insured/Policyholder	
Name Of Registered Owner	LIANG MENG TRANSPORT SERVICES
Co Reg No	53357469B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91181002
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090937540
Cover Note Number	
Driver	
Name of Driver	CHIA LIANG MENG
NRIC No	S1214581J
Date Of Birth	19/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181002
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 489 ADMIRALTY LINK #04-103
Postcode	750489
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171203/2070.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5522M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name  
Phone Number  
Email Address

DETAILS OF INJURED PERSON 1

Name CHIA LIANG MENG  
Approximate Age  
Injuries Sustain VOMITED,BACKACHE & BREATHING DIFFICULTIES  
Injured person in which vehicle? SLN7545H  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.
7. By the lodgment 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' 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.

**LIANG MENG TRAN**  
**SPORT SERVICES**  
**REGNO. 533574698**

Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN

TPE Toward ECP (slip To Loyang)



A-SLN 7545H

B-GBC 5522M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along TPE toward ECP on the 2 lane of a 3 lanes road. Before entering slip road into Loyang. I stopped my vehicle due to red light. Out of the sudden vehicle B (GBC 5522M) came from the rear and collided directly onto the rear portion of my vehicle.

A-SLN 7545 H

B-GBC 5522 M

## DECLARATION

I/We declare that the above information is true in every respect.

**LIANG HENG TRAW**  
**SPORT SERVICES**  
**REGNO. 533574698**

Policyholder's Signature  
Date & Time:

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

*afm* 04/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171203/2070

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3  
Report No. T/20171203/2070

#### CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA LIANG MENG	ID No.	S1214581J
Related Vehicle	SLN7545H (Car)	Contact No.	91181002
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMMAD IZHAR BIN AHMAD	ID No.	S8310191A
Related Vehicle	NIL	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

#### **Brief Details.**

On 02/12/2017 at about 1320hrs, I was travelling along TPE towards ECP on the middle lane. Before entering the slip road into Loyang, I slowed down my vehicle as there was red light ahead and the road was full of vehicles. Suddenly, I felt a bang on the rear of my vehicle. I went out and took a look. I realized that a vehicle, GBC5522M, hit onto my rear of the vehicle. We exchange particulars to left the scene. On 02/12/2017 at about 2100hrs, I vomited, backache and breathing difficulties. Therefore I head over to Khoo Teck Puat Hospital. I was given a 5 days MC and was given painkillers to relief the pain. I was also given an appointment to visit a specialist for my lower back.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171203/2070

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20171203/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 15:40	Vide Report No.:	Station Diary No.: 47
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### Informant's Particulars

Name of Informant: CHIA LIANG MENG			Address: APT BLK 489 ADMIRALTY LINK #04-103 SINGAPORE 750489		
ID Type / ID No.: NRIC NO / S1214581J			Contact No.: Home/Office: Mobile: 91181002		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 19/12/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 13:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY Tampines Expressway towards East Coast Park Way ( Slip to Loyang )				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5522M	Van				Slightly Damaged	1
SLN7545H	Car				Slightly Damaged	5

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171203/2070

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3  
Report No. T/20171203/2070

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA LIANG MENG	ID No.	S1214581J
Related Vehicle	SLN7545H (Car)	Contact No.	91181002
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMMAD IZHAR BIN AHMAD	ID No.	S8310191A
Related Vehicle	NIL	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

### Brief Details.

On 02/12/2017 at about 1320hrs, I was travelling along TPE towards ECP on the middle lane. Before entering the slip road into Loyang, I slowed down my vehicle as there was red light ahead and the road was full of vehicles. Suddenly, I felt a bang on the rear of my vehicle. I went out and took a look. I realized that a vehicle, GBC5522M, hit onto my rear of the vehicle. We exchange particulars to left the scene. On 02/12/2017 at about 2100hrs, I vomited, backache and breathing difficulties. Therefore I head over to Khoo Teck Puat Hospital. I was given a 5 days MC and was given painkillers to relief the pain. I was also given an appointment to visit a specialist for my lower back.



Police Report



SINGAPORE  
POLICE FORCE



T/20171203/2070

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757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20171203/2070

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:

F /

Sgt 1 WOOL ZHAO HONG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

03/12/2017 15:40

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 085



Authentication Stamp

NP168

Singapore Police Force

Classification Of Case: