

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	01/12/2017 14:54
Date Of Accident	30/11/2017 15:40
Exact Location Of Accident	JUNCTION OF CANBERRA LINK & SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3470P
Insured/Policyholder	
Name Of Registered Owner	CHEONG CHEE WAH
NRIC No	S1623639Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97554409
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5041863777-07
Cover Note Number	

Driver

Name of Driver	WHONG TUNG GEOK
NRIC No	S7029083I
Date Of Birth	28/08/1970
Occupation	INDOOR
Date Of Driving Pass	14/01/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97554409
Fax Number	
Contact Number	
Email Address	TGWHONG@YAHOO.COM.SG

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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 ON COLLISION
 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) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171130/2137

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 SLH9634C
 Vehicle Make/Model/Colour TOYOTA
 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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLH9634C

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

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 Authorized 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. 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 availability of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

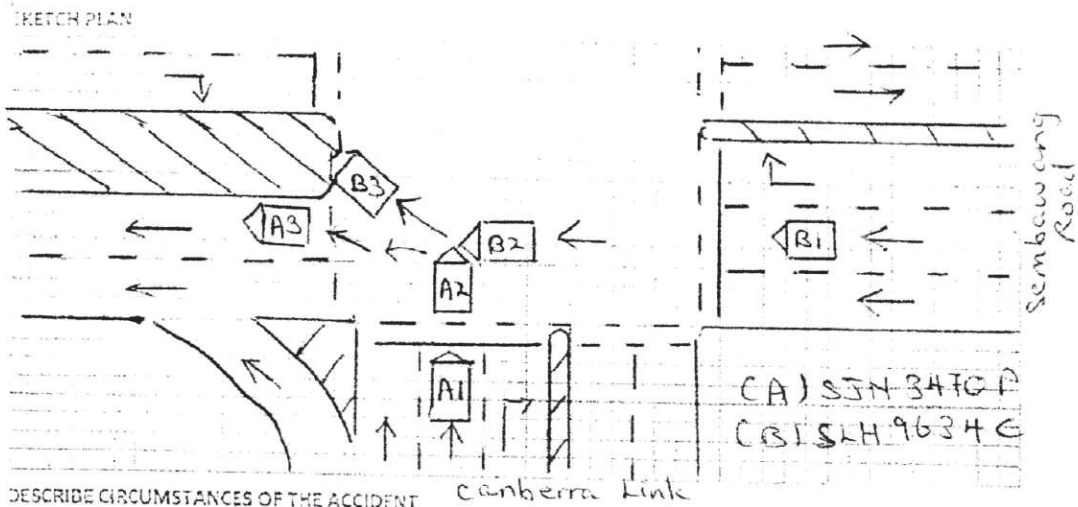
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 the purpose(s) of (a) above (Purposes) and
- (c) my Personal Information may/are disclosed by all of the Insurers and/or GIA to third party service providers or agents (including their lawyers/law firms, which may be located outside of Singapore), for one or more of the above Purposes;
- (d) my Personal Information will be collected and used to compile the claims history for the purpose of fraud detection, investigation and management, prevention and all future claims;
- (e) my Personal Information collected under (b) above may be shared to or used by:
 - (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:

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report

Report No: -

T/20171130/2137

DECLARATION

I/We declare the foregoing to be true and correct to the best of my/our knowledge.

Policyholder's signature
Date & Time:

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

Reporting Centre Person's signature
Name:
Date & Time:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171130/2137

1 of 3

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

Report No: T/20171130/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 18:56		Vide Report No: F/20171130/0154		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: WHONG TUNG GEOK			Address: APT BLK 503A CANBERRA LINK #13-07 SINGAPORE 751503		
ID Type / ID No.: NRIC NO / S70290831			Contact No.: Home/Office: Mobile: 97554409		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 28/08/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SECONDARY SCHOOL TEACHER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2017 15:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CANBERRA LINK SEMBAWANG ROAD Junction of Sembawang Road and Canberra Link				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3470P	Car	HYUNDAI	Tucson	Green	Seriously Damaged	1
SLH9634C	Car	TOYOTA		Silver	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171130/2137

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757333
Tel No: 1800-5549999

2 of 3

Report No. T/20171130/2137

CONTINUATION OF REPORT

Driver			
Name	WHONG TUNG GEOK		ID No. S7029083I
Related Vehicle	SJN3470P (Car)		Contact No. 97554409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN KIM LENG		ID No. S0185141A
Related Vehicle	SLH9634C (Car)		Contact No. 91475805
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/11/2017 at about 1540hrs, I was driving my vehicle a Green Hyundai Tucson along the middle lane of Canberra Link, heading towards Sembawang Way. When I reached the traffic junction of Canberra Link and Sembawang Road, the traffic light was red. I then stop my vehicle. When the traffic light turned green, I started to move my vehicle but a Silver Toyota SLH9634C suddenly hit the front right of my vehicle from my right. My vehicle then swerved onto the left lane of Sembawang Road. My front bumper and body frame had dropped off but still able to start.

The Silver Toyota front left bumper and bonnet was dented. I have one front passenger in my vehicle and the Silver Toyota also have one front passenger onboard. However, all of us were conscious and the Toyota driver and me had came out of our vehicle to check for damage and injury. None of us was injured. I then called for police. While waiting for police arrival, I have exchange particulars with the driver.

Shortly after, the traffic police and ambulance came. The ambulance have then conveyed the Toyota driver to hospital.



**SINGAPORE
POLICE FORCE**



T/20171130/2137

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549909

3 of 3

Report No: T/20171130/2137

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 /
Staff Sgt NG YU HOW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2017 18:56

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP165