

## 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 13:23
Date Of Accident	30/11/2017 08:30
Exact Location Of Accident	SLE TOWARDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM8666P
Insured/Policyholder	
Name Of Registered Owner	KHOO KENG TECK
NRIC No	S2534783H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96715266
Alternative Phone No	OTHERS-96715266
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF GTI-2.0 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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 CAR
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17A00047101
Cover Note Number	06/02/2017 - 05/02/2018
Driver	
Name of Driver	KHOO QI FONG
NRIC No	S8809839J
Date Of Birth	23/03/1988
Occupation	INDOOR
Date Of Driving Pass	10/11/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666869
Fax Number	
Contact Number	
EEmail Address	COLLINKHOO1988@GMAIL.COM

Address	107 GERALD DRIVE
Postcode	799030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN 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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA5396P
Vehicle Make/Model/Colour	ALFA
Details Of Properties	
Name of Driver	VINIL KUMAR GOPINATHAN NAIR @ MOHD AZMAR
NRIC/Passport Number	S7060924Z
Contact Number	97643365
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL8831K  
Vehicle Make/Model/Colour LEXUS  
Details Of Properties  
Name of Driver YONG LEE FONG  
NRIC/Passport Number S7027927D  
Contact Number 94870213  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN6519R  
Vehicle Make/Model/Colour HONDA  
Details Of Properties  
Name of Driver WANG CHENG JIAN  
NRIC/Passport Number G1154840M  
Contact Number 81815886  
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 TAN HUI LING,S9202531D  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJM8666P  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KHOO QI FONG,S8809839J  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJM8666P  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

SJM8666P (ECICS)  
DOA: 30/11/17 @ 0830

#### 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. 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.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01/12/2017

Reporting Centre Personnel's Signature  
Name:  (AMK) 01/12/17  
NRIC/FIN No.:

228 5030962 072

D: SW6519R

Date & Time: 30/11/17 (w) 08:30 (clear/dry)

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171201/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20171201/2008

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 01:45	Vide Report No.:	Station Diary No.: 30
--	------------------	--------------------------

#### Informant's Particulars

Name of Informant: KHOO QI FONG			Address: 107 GERALD DRIVE SINGAPORE 799030		
ID Type / ID No.: NRIC NO / S8809839J			Contact No.: Home/Office: Mobile: 96666869		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/03/1988	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SENIOR PROJECT EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2017 08:30	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY  SLE towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJM8666P	Car				Slightly Damaged	1
SKA5396P	Car					0
SLL8831K						0
SLN6519R	Car					0



**SINGAPORE  
POLICE FORCE**



T/20171201/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20171201/2008

**CONTINUATION OF REPORT**

**Brief Details.**

I wish to state that the accident involved four vehicles respectively. SLN 6519R, SJM 8666P, SKA 5396P, SLL 8831K. I wish to state that my wife and I were given 3 days of MC from National University hospital.

On 30/11/2017 at about 0830hrs, I was travelling along SLE towards CTE on the right most first lane in my vehicle SJM 8666P, I wish to state that everything was in order till the first vehicle in front of me (SLN 6519P) when I observed that the vehicle was gradually stopping and my vehicle was also slowing down. Subsequently, both vehicles came to a stop after which.

All of a sudden, there was another vehicle SKA 5396P which was the third vehicle just behind me which collided onto my vehicle. Not only that the fourth vehicle SLL 8831K from the rear also did not stop in time which caused the collision. I wish to state that my vehicle has in car CCTV installed and it has recorded the process of the accident. The other three vehicle owners also came down and exchanged particulars. No one was conveyed to the hospital.

My vehicle suffered a dented front bonnet, the rear bumper and the rear area had dents on the vehicle.

Vehicle 1	SLN 6519P	Vehicle 2	SJM 8666P	Vehicle 3	SKA 5396P	Vehicle 4	SLL 8831K
Make/Model	Toyota/Proace	Make/Model	Toyota/Proace	Make/Model	Toyota/Proace	Make/Model	Toyota/Proace
Colour	White	Colour	White	Colour	White	Colour	White
Registration	SLN 6519P	Registration	SJM 8666P	Registration	SKA 5396P	Registration	SLL 8831K
Driver	Mr. [Name]	Driver	Mr. [Name]	Driver	Mr. [Name]	Driver	Mr. [Name]
Witness	Mr. [Name]	Witness	Mr. [Name]	Witness	Mr. [Name]	Witness	Mr. [Name]
Police Officer	Mr. [Name]	Police Officer	Mr. [Name]	Police Officer	Mr. [Name]	Police Officer	Mr. [Name]
Location	SLE towards CTE	Location	SLE towards CTE	Location	SLE towards CTE	Location	SLE towards CTE
Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs

Vehicle 1	SLN 6519P	Vehicle 2	SJM 8666P	Vehicle 3	SKA 5396P	Vehicle 4	SLL 8831K
Make/Model	Toyota/Proace	Make/Model	Toyota/Proace	Make/Model	Toyota/Proace	Make/Model	Toyota/Proace
Colour	White	Colour	White	Colour	White	Colour	White
Registration	SLN 6519P	Registration	SJM 8666P	Registration	SKA 5396P	Registration	SLL 8831K
Driver	Mr. [Name]	Driver	Mr. [Name]	Driver	Mr. [Name]	Driver	Mr. [Name]
Witness	Mr. [Name]	Witness	Mr. [Name]	Witness	Mr. [Name]	Witness	Mr. [Name]
Police Officer	Mr. [Name]	Police Officer	Mr. [Name]	Police Officer	Mr. [Name]	Police Officer	Mr. [Name]
Location	SLE towards CTE	Location	SLE towards CTE	Location	SLE towards CTE	Location	SLE towards CTE
Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs	Date/Time	30/11/2017 0830hrs



Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20171201/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20171201/2008

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 ONG YU HAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

SN 085

Authentication Stamp

NP168

Signature:

Singapore Police Force

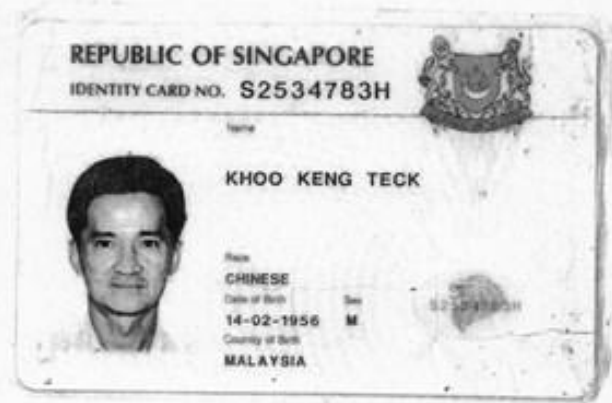
Signature Of Informant:

Date/Time:

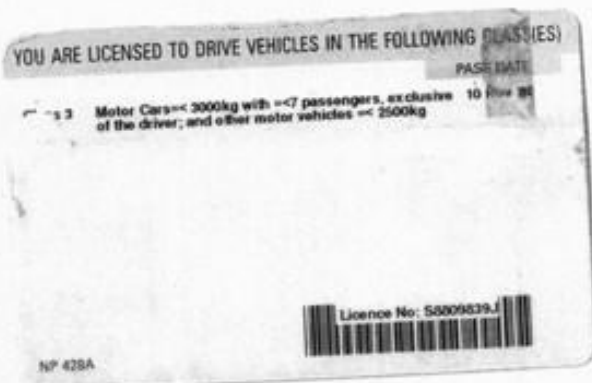
01/12/2017 01:45

Classification Of Case:

# OWNER IC



# DRIVER IC & DL



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

