

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	26/12/2017 15:37
Date Of Accident	25/12/2017 01:40
Exact Location Of Accident	JUNC HOUGANG AVE 3 & AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4072K
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5088317305
Cover Note Number	

Driver

Name of Driver	NG CHOON TIAN
NRIC No	S1368321B
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1977
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97611791
Fax Number	
Contact Number	OFFICE-97611791
Email Address	NOEMAIL

Address	BLK 113 BUKIT PURMEI ROAD #11-222
Postcode	090113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171225/2053.

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	SHD1045Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHK7004H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG CHOON TIAN
Approximate Age
Injuries Sustain SHOULDER, BACK & WRIST
Injured person in which vehicle? SLL4072K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOW KOK HUA
Approximate Age
Injuries Sustain SHOULDER
Injured person in which vehicle? SLL4072K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

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

Accident Sketch Plan

Airport Rd

SKETCH PLAN

Pongong Ave

A. SULLIVAN
B. SULLIVAN
C. SULLIVAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/2017/1225/2053.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20171225/2053

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171225/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2017 16:26	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: NG CHOON TIAN	Address: APT BLK 113 BUKIT PURMEI ROAD #11-222 SINGAPORE 090113
ID Type / ID No.: NRIC NO / S1368321B	Contact No.: Home/Office: Mobile: 97611791
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 58 Date of Birth: 02/04/1959	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: CAR DEALER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/12/2017 01:40	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 3 AIRPORT ROAD JUNCTION OF HOUGANG AVENUE 3 AND AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
SHD1045Z	Car					1
SLL4072K	Car					1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T/20171225/2053

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Report No. T/20171225/2053

CONTINUATION OF REPORT

Driver			
Name	NG CHOON TIAN	ID No.	S1368321B
Related Vehicle	SLL4072K (Car)	Contact No.	97611791
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/12/2017	Date Discharge	25/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 25/12/2017 at about 0140hrs, I was driving my vehicle bearing registration plate number SLL4072K along Hougang Avenue 3 at the traffic junction. The traffic light was red and I am waiting for it to turn green. Out of a sudden, another vehicle bearing registration plate number SHD1045Z travelling along airport road collided head on with my vehicle. I do not know how it happen. I have one passenger in my vehicle namely Mr Low Kok Hua (Hp:98509816). All parties was being conveyed to Changi General Hospital. Mr Low and me each got a total of three days medical certificate. The traffic police also came to my accident scene.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T/20171225/2053

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Report No. T/20171225/2053

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:

G /

Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/12/2017 16:26

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



SIGNATURE

Medical Cert



**Changi
General Hospital**
SingHealth

MEDICAL CERTIFICATE

Tel: (65) 6788 8833
Fax: (65) 6788 0933
Changi General Hospital
2 Simei Street 3
Singapore 168899
www.cgh.com.sg
Reg No 198904226R

EMD20172064746

Name NG CHOON TIAN		NRIC No. S1368321B
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>25-Dec-2017</u> to <u>27-Dec-2017</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 25-Dec-2017	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  EUGENE KHOO YONG REN , 63349F

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



Accident Photo



Accident Photo



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