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 witholding 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	02/01/2018 19:25
Date Of Accident	30/12/2017 20:30
Exact Location Of Accident	TPE BEFORE ELIAS RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP2956C
Insured/Policyholder	
Name Of Registered Owner	KOI PUAY CHOO
NRIC No	S6936882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81005523
Alternative Phone No	OFFICE-81005523
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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
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	5091226706
Cover Note Number	
Driver	
Name of Driver	TAN CHOON WEE
NRIC No	S1817602E
Date Of Birth	06/12/1967
Occupation	INDOOR
Date Of Driving Pass	18/02/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81005523
Fax Number	
Contact Number	OFFICE-81005523
EMail Address	NOEMAIL

Address	BLK 766 PASIR RIS STREET 71 #11-310
Postcode	510766
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 TO REAR
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?	NO
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: : KOI PUAY CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180102/7007

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	YN419G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	TAN CHOON WEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP2956C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KOI PUAY CHOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP2956C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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 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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2280103/2007.

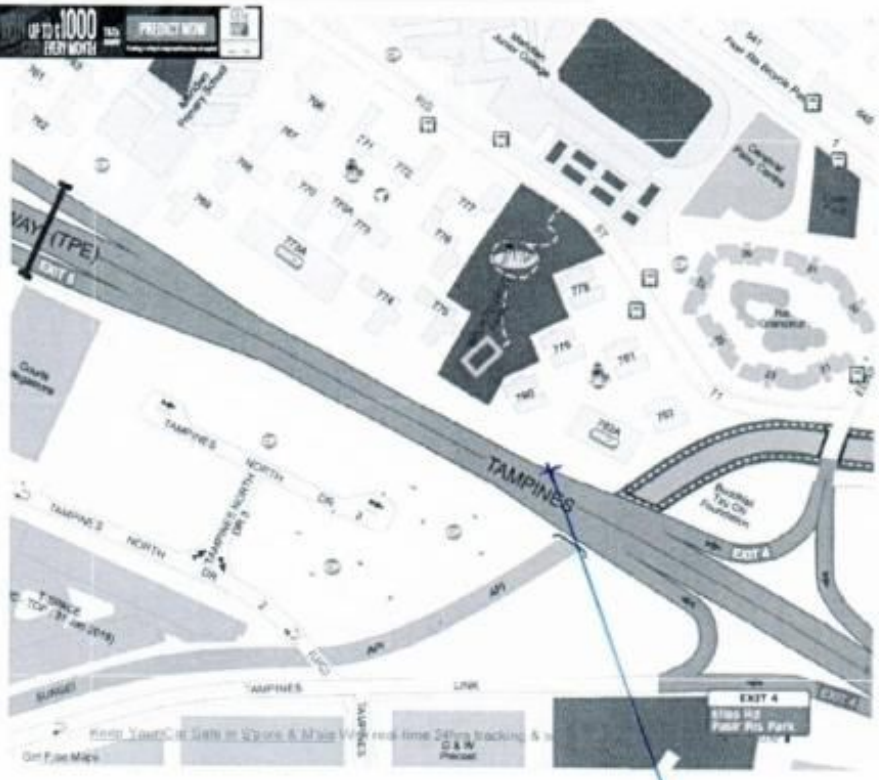
DECLARATION

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.:

GIABMC SketchPlanForm_V3

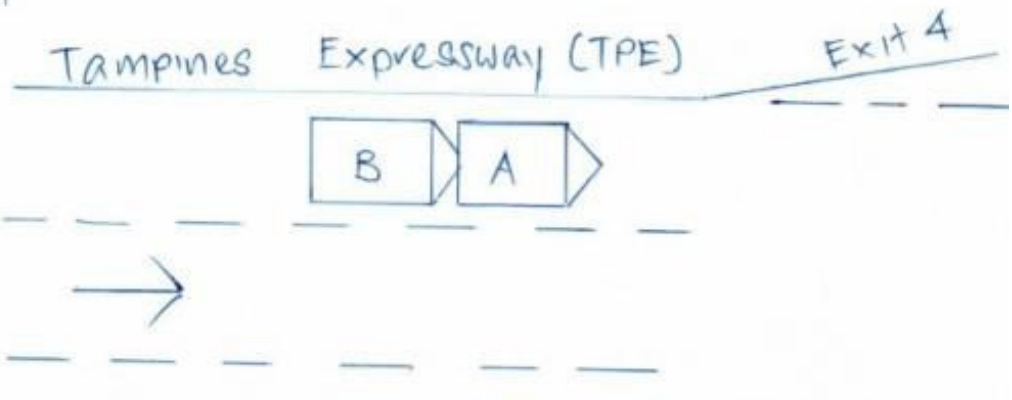
Accident Sketch Plan



A-SLP2956C

B-YN419G

Accident site



Tan Choon Wee

2/1/2018

2/1/2018

Accident Statement

On 30th Dec 2017 around 2030Hrs, I was driving my vehicle (SLP2956C) along Tampines Expressway. Suddenly, a vehicle (YN419G) hit onto the rear of my vehicle. I am making a claim against third party.

Name: Tan Choon Wee

NRIC: S1817602E

T/20180105/2073

Report No. T/20180105/2073

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No	T/20180102/7007
Report Number	T/20180105/2073
Vide Report Number	
Date/Time of Report Made	05/01/2018 14:24
Place Report Lodged	Traffic Police Division HQ
Type of Informant	Driver
Name of Informant	TAN CHOON WEE
ID Type / ID No.	NRIC NO / S1817602E
Home/Office	
Mobile	81005523
Email	
Type of Accident	Injury / Others
Drink Drive	No
Anyone conveyed by ambulance	No
Date/Time of Accident	30/12/2017 20:30

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP2956C	Car	HONDA	SHUTTLE 1.5G A	Black	Slightly Damaged	2

Details of Person Involved

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

T/20180105/2073

Report No. T/20180105/2073

Continuation of CSF For NP168

Driver					
Name	TAN CHOON WEE			ID No.	S1817602E
Related Vehicle	SLP2956C (Car)			Contact No.	81005523
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2018		Date Discharge	02/01/2018	
No. of Days granted Medical Leave	05		Degree of Injury	NIL	
Passenger					
Name	KOI PUAY CHOO			ID No.	S6936882D
Related Vehicle	SLP2956C (Car)			Contact No.	97831858
Hospital/Clinic	PASIR RIS CLINIC & SURGERY PTE LTD			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2017		Date Discharge	31/12/2017	
No. of Days granted Medical Leave	01		Degree of Injury	NIL	

Brief Facts.

On 30th Dec 2017 at round 2030 Hrs, I was driving my vehicle (SLP2956c) along Tampines Expressway. Suddenly, a vehicle (YN419G) hit onto the rear of my vehicle. I am making claim against third party.

CHANGES HAVE BEEN DONE ON THE MEDICAL CERTIFICATE

T/20180105/2073

Report No. T/20180105/2073

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / LEE SOON LYE
Classification of Case	1) INJURY / OTHERS

SINGAPORE POLICE FORCE

T/20180102/7007

Report No. T/20180102/7007

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/01/2018 15:10		

Informant's Particulars

Name of Informant:			Address:	
TAN CHOON WEE			APT BLK 766 PASIR RIS STREET 71 #11-310 SINGAPORE 510766	
ID Type / ID No.:			Contact No.:	
NRIC NO / S1617602E			Home/Office:	Mobile: 81005523
Nationality:			Email:	
SINGAPORE CITIZEN			canny.koi@hotmail.com	
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	50	06/12/1967	Driver	
Race:			Language:	Institution / School Name:
Chinese			English	
Occupation:			Driving Licence Information:	
STORE KEEPER			Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	30/12/2017 20:30	Straight Road

Location:

TAMPINES EXPRESSWAY

ALONG TAMPINES EXPRESSWAY

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	80 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP2956C	Car	HONDA	SHUTTLE	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP2956C	NTUC Income Insurance Co-Operative Limited	5091226706	31/05/2017	30/05/2018

SINGAPORE POLICE FORCE

T/2018/01/02/7007

Report No: T/2018/01/02/7007

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHOON WEE	ID No.	S1617607F
Related Vehicle	SLP2956C (Car)	Contact No.	81005523
Hospital/Clinic	PASIR RIS CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	30/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.
On 30th Dec 2017 at around 2030 Hrs, I was driving my vehicle (SLP2956C) along Tampines Expressway. Suddenly, a vehicle (YN419G) hit onto the rear of my vehicle. I am making claim against third party.

SINGAPORE POLICE FORCE

T20180102700?

Report No. T20180102700?

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2018 15:10
Officer In Charge Of Case: TP / TPIB / LEE SOON LYE Contact No.: 65476239	Classification Of Case:

Authentication Stamp
NPTES

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1180010 21 Vehicle Registration No: SLP 2956 C

Name(as shown in NRIC) : Tan Choon Wee NRIC/FIN/Passport No : S1817602E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 81005523

Email Address :

Date of Accident : 30/12/17 Time of Accident : 20:30

Place of Accident : TPE Before Elias Rd Exit

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

* Amend Add In Police Report

* Amend Add In Another Injured Person name :
Koi Puay Choo

Policyholder / Driver's Signature
Date: 6/1/2018

Reporting Centre Personnel's Signature
Name: Liew Shan Hui
NRIC/FIN No.:
Date: 6/1/18.

GIARMC addendumform_V3