

## 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	02/01/2018 19:21
Date Of Accident	02/01/2018 06:50
Exact Location Of Accident	KPE B/F EXIT BUANGKOK DRIVE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1102L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOSH CAR RENTAL PTE LTD
Co Reg No	201618369M
Email Address	ELSONONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87489543
Alternative Phone No	OFFICE-96853480

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091100574
Cover Note Number	

### Driver

Name of Driver	SIM KUAN SENG (SHEN GUANGSHENG)
NRIC No	S7510620C
Date Of Birth	08/04/1975
Occupation	INDOOR
Date Of Driving Pass	21/04/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489543
Fax Number	
Contact Number	OTHERS-96853480
EEmail Address	ELSONONG@GMAIL.COM

Address	BLK 593A MONTREAL LINK #08-68
Postcode	751593
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	CHAIN 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	4
Was any body injured in the Accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180102/2147

#### 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	SLR993Y
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BENNY YEO KOK HWEE
NRIC/Passport Number	S7314501E
Contact Number	96688820
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH6306L  
Vehicle Make/Model/Colour HYUNDAI SONATA  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver CHEW TENG PANG  
NRIC/Passport Number S0827197F  
Contact Number 85736490  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 2

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJF7647  
Vehicle Make/Model/Colour HONDA AIRWAVE  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YEO CHEE KEONG  
NRIC/Passport Number S8841064E  
Contact Number 90026233  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

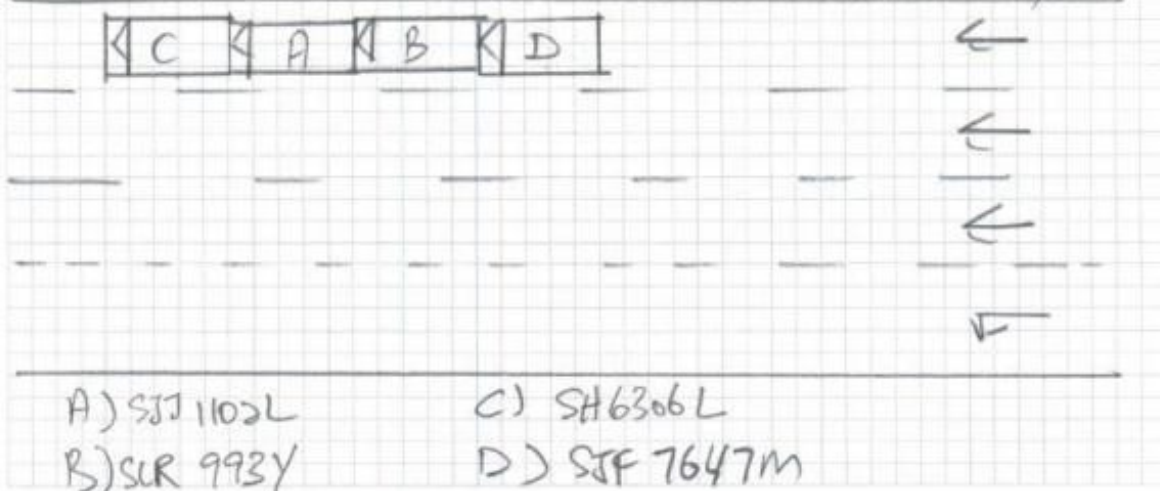
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

KPE B/F EX 17 BANGKOK DE ZWABOS CNY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/01/2017 AT ABOUT 06:55 HR I WAS TRAVELLING  
ALONG KRE TOWARDS CITY B/F BUANGKOK DRIVE. I WAS  
AT THE FOOTPAVE RIGHT LANE. INFRONT OF ME WAS A TAXI  
W/ A THE TAXI BREAK I ALSO BREAK BUT MY CAR MOVE  
FORWARD & IN THE TAXI SH 6306L & CEST THAN A FEW  
SECOND I FELT A BUMB FROM THE REAR. I CAME OUT &  
SAW A VEHICLE SJF 993Y & SJF 7647M BEHIND ME.  
SO TOTAL OF 4 CAR. WE ALL EXCHANGE PARTICULARS THAT  
ALL.

## 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: Randi W. H. B.  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180102/2147

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20180102/2147

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 16:56		Vide Report No.:		Station Diary No.: 77
<b>Informant's Particulars</b>				
Name of Informant: SIM KUAN SENG		Address: APT BLK 593A MONTREAL LINK #08-68 SINGAPORE 751593		
ID Type / ID No.: NRIC NO / S7510620C		Contact No.: Home/Office: Mobile: 96853480		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 08/04/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: AVIATION		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 06:55	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Along KPE towards City before Buangkok Drive.				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SH6306L	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJF7647M	Car	HONDA	AIRWAVE 1.5M A	Black	Seriously Damaged	0
SJJ1102L	Car	HONDA	FIT 1.3G SKYROOF A	White	Seriously Damaged	0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180102/2147

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180102/2147

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR993Y	Car	BMW	528i 2.0L AT D/AB 2WD 4DR GAS/D NAV	Black	Slightly Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	Chew Teng Pang		ID No.	S0827197F	
Related Vehicle	SH6306L (Car)		Contact No.	85736490	
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	
Driver					
Name	Yeo Chee Keong		ID No.	S8841064E	
Related Vehicle	SJF7647M (Car)		Contact No.	90026233	
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	
Driver					
Name	SIM KUAN SENG		ID No.	S7510620C	
Related Vehicle	SJJ1102L (Car)		Contact No.	96853480	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180102/2147

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20180102/2147

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Benny Yeo Kok Hwee		ID No. S7314501E
Related Vehicle	SLR993Y (Car)		Contact No. 96688820
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 02/01/2018 at about 0655 hrs, I was driving my car SJJ1102L on the most right lane along KPE towards City before Buangkok Drive. I was travelling straight. Out of sudden, a taxi SH6306 who was travelling in front of my car, brake. Immediately, I applied brake however my car continued moving forward and could not stop. As a result, my front bumper collided with the rear bumper of the taxi and came to a stop.

Subsequently, I felt a bump from the rear of my car and then I realized that a car SLR993Y had collided onto the rear of my car because he cannot stop on time. Also, another car SJF7647M had collided onto the rear of SLR993Y. In total there were 4 cars involved in the accident. Each party then got out of their vehicles and exchanged particulars. All left after exchanging particulars.

No injuries on all parties. No government property damaged. No Ambulance and Traffic Police at scene. I am lodging this report to claim insurance.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180102/2147

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Report No. T/20180102/2147

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3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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:

D /

Sgt 2 HIDAYAT BIN SELAMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 16:56

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

SN 45

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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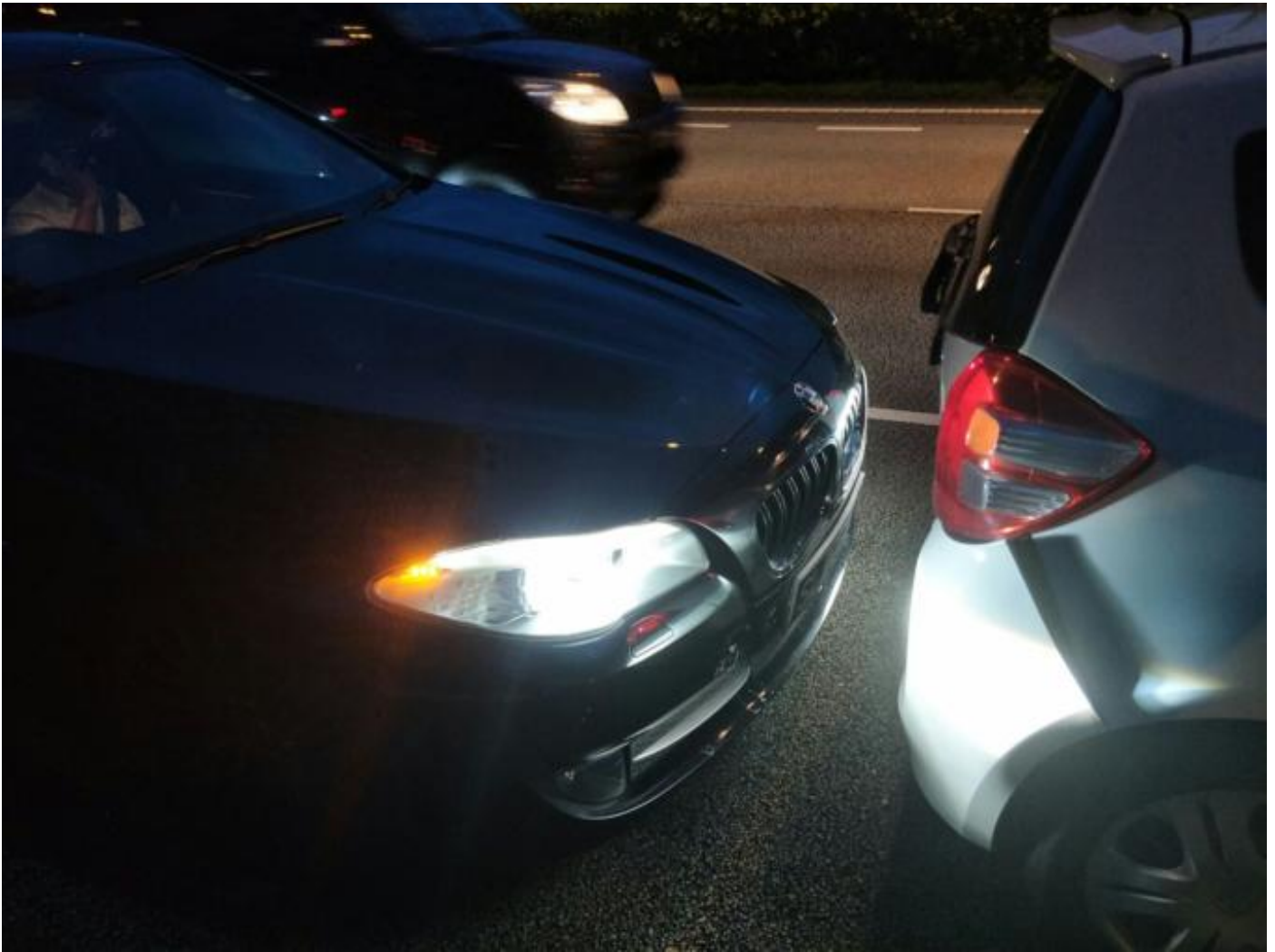




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