

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 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	05/02/2018 17:45
Date Of Accident	03/02/2018 23:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1126E
Insured/Policyholder	
Name Of Registered Owner	TAN PUI SAN
NRIC No	S8735886J
Email Address	JENNIFERTAN87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91716709
Alternative Phone No	OFFICE-91716709

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	5084943854-01
Cover Note Number	

Driver

Name of Driver	CHONG SHYANG SHING
NRIC No	S8539194A
Date Of Birth	15/11/1985
Occupation	INDOOR
Date Of Driving Pass	29/03/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96434742
Fax Number	
Contact Number	
EMail Address	JOSEPH852004@GMAIL.COM

Address	BLK 523B TAMPINES CENTRAL 7 #12-95
Postcode	522523
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	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	
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: : TAN PUI SAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180204/2080

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	SHA7798K
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YUEN CHEE MENG
NRIC/Passport Number	S1125654F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ2217Y
Vehicle Make/Model/Colour TOYOTA PRIUS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver XIE XINYAN
NRIC/Passport Number S8218338H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN PUI SAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH1126E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHONG SHYANG SHING
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLH1126E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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.

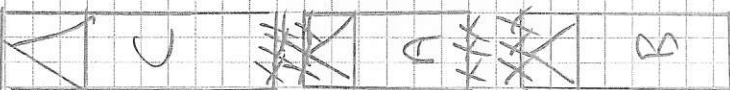
Policyholder's Signature
Date & Time:

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

Tel: 6276 2000 (toll-free) Fax: 6276 2000

Reporting Centre Personnel's Signature
Name: **Esther Lim**
NRIC/FIN No.: **S8717323B**

SKETCH PLAN


	1
A=SLH1126E	2
B=SHA7778K	3
C=SLQ22174	4

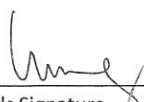
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

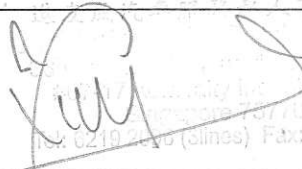
REFER to POLICE Report T/2080204/2080

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: ESTHER LIM
 NRIC/FIN No.: S87123233



SINGAPORE POLICE FORCE



T/20180204/2080

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Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180204/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2018 14:39		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: CHONG SHYANG SHING			Address: APT BLK 523B TAMPINES CENTRAL 7 #12-95 SINGAPORE 522523		
ID Type / ID No.: NRIC NO / S8539194A			Contact No.: Home/Office: Mobile: 96434742		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 15/11/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPS MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2018 23:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PAN ISLAND EXPRESSWAY TOWARDS CHANGI OUTSIDE EUNOS EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7798K	TAXI					0
SLH1126E	Car				Slightly Damaged	1
SLQ2217Y	Car					0



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG SHYANG SHING	ID No.	S8539194A
Related Vehicle	SLH1126E (Car)	Contact No.	96434742
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	TAN PUI SAN PEISHAN	ID No.	S8735886J
Related Vehicle	SLH1126E (Car)	Contact No.	91716709
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 3/4/2018 at about 2330 hrs, I was driving my vehicle along PIE towards Changi on lane 1 outside Eunos exit with one passenger on board. The traffic was heavy. I was stationery as vehicle (SLQ2217Y) was stationery in front of me. While stationery, I heard a loud bang sound coming from the rear of my vehicle. The impact causes my vehicle to jerk forward and the front portion hit the rear portion of vehicle (SLQ2217Y).

Subsequently, it was discovered that taxi (SHA7798K) front portion collided with the rear of my vehicle. Both my passenger and I was conveyed to CGH for medical treatment. I received one day of MC and my passenger received seven days of MC.



SINGAPORE
POLICE FORCE



T/20180204/2080

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Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180204/2080

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 /
Staff Sgt WONG JIANYONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/02/2018 14:39

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE