

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	26/02/2018 16:25
Date Of Accident	26/02/2018 08:30
Exact Location Of Accident	ALONG KJE AROUND THE 6.5KM MARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9695B
Insured/Policyholder	
Name Of Registered Owner	NG YEOW CHOI
NRIC No	S6918776E
Email Address	JON1212@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97491456
Alternative Phone No	OFFICE-97491456

Vehicle Particulars

Manufacturer	MAZDA
Model	3 1.6L SDN
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	5095461194
Cover Note Number	

Driver

Name of Driver	NG YEOW CHOI
NRIC No	S6918776E
Date Of Birth	31/05/1969
Occupation	INDOOR
Date Of Driving Pass	25/10/1994
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97491456
Fax Number	
Contact Number	OFFICE-97491456
EEmail Address	JON1212@GMAIL.COM

Address	BLK 256 COMPASSVALE ROAD #07-676
Postcode	540256
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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: : CHONG GEOK LAN MARIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T/20180226/2084

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1770J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN SHI THONG
NRIC/Passport Number	
Contact Number	97690605
Address	

Sketch Plan Pg. 1

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.

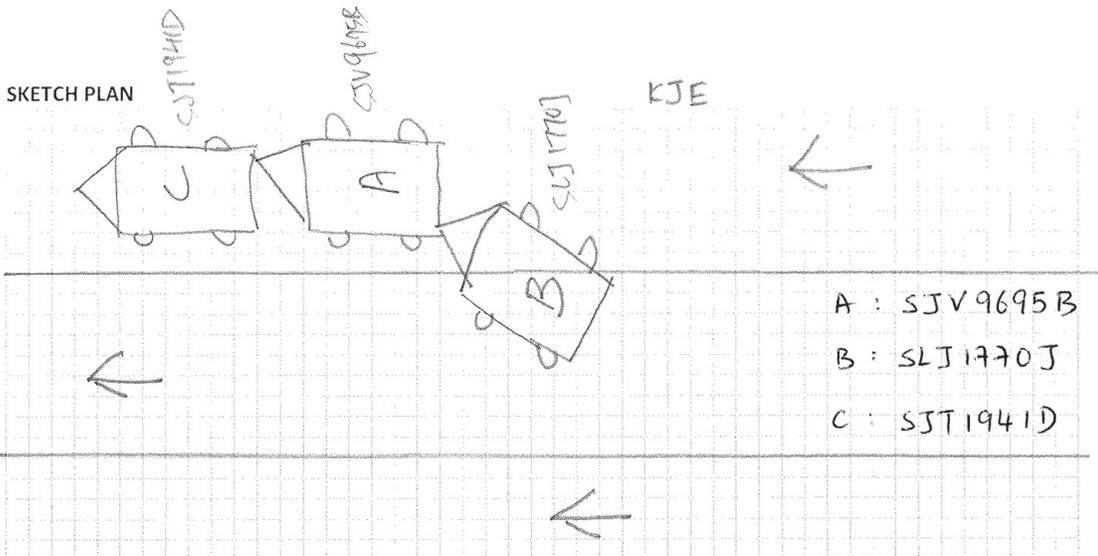

 Policyholder's Signature
 Date & Time: 26/2/2018 03:50 PM

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

MODERN AUTOMOTIVE PTE LTD
 BLK 3023A UBI ROAD 1
 #01-61 SINGAPORE 408717
 TEL: 6747 4422 FAX: 6747 6720

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

Sketch Plan Pg. 2



A : SJV9695B
 B : SLJ1770J
 C : SJT1941D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180226/2084 .

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 26/2/2018

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

MODERN AUTOMOTIVE PTE LTD
 BLK 3023A UBI ROAD 1
 #01-61, SINGAPORE 408717
 TEL: 6747 4422 FAX: 6747 6720
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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 03:50pm



**SINGAPORE
POLICE FORCE**



T/20180226/2084

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Report No. T/20180226/2084

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 14:07	Vide Report No.:	Station Diary No.: 96
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Informant's Particulars

Name of Informant: NG YEOW CHOI			Address: APT BLK 256 COMPASSVALE ROAD #07-676 SINGAPORE 540256		
ID Type / ID No.: NRIC NO / S6918776E			Contact No.: Home/Office:		Mobile: 97491456
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 31/05/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Finance Manager			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: 26/02/2018 08:30	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY around the 6.5km mark.				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
SJT1941D	Car				Slightly Damaged	0
SJV9695B	Car	MAZDA	MAZDA3 1.6L SDN	Red	Slightly Damaged	1
SLJ1770J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry D



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T/20180226/2084

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545025
Tel No: 1800-343 8999

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Report No. T/20180226/2084

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJV9695B	NTUC Income Insurance Co-Operative Limited	5095461194	03/11/2017	02/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHONG GEOK LAN MARIA		ID No.	S2629564E
Related Vehicle	SJV9695B (Car)		Contact No.	97639916
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	Slight
Driver				
Name	NG YEOW CHOI		ID No.	S6918776E
Related Vehicle	SJV9695B (Car)		Contact No.	97491456
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	gan shi thong		ID No.	S7176189D
Related Vehicle	SLJ1770J (Car)		Contact No.	97690605
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



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T/20180226/2084

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Report No. T/20180226/2084

CONTINUATION OF REPORT

Brief Details.

On 26/02/2018 at about 0830hrs, I was driving my car vehicle registration number SJV9695B along KJE at a location where the sign stated '6.5km'. I was driving at a slow speed at the 1st lane from the right as the traffic was heavy.

Suddenly, one car vehicle registration number SLJ1770J hit onto my rear left side causing my car to lose control and hit onto the car in front of me vehicle registration number SJT1941D.

My wife sustained injury on her head due to the aforesaid incidents and ambulance came to scene and admitted her to Ng Teng Fong Hospital. Traffic police also came over to the scene and gave me a case card reference G/20180226/0065 under incharge case INSP Wati. I have in-car camera and the police had took a copy.



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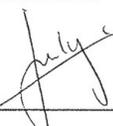
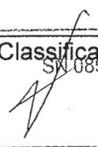
Report No. T/20180226/2084

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 2 TEO JIA HAO, KENNETH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 14:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABUJILAH BIN PALIL Contact No.: 65476246	Classification Of Case: SK 085 
Authentication Stamp NP168	