

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 11:25
Date Of Accident	23/02/2018 22:55
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH9181B
Insured/Policyholder	
Name Of Registered Owner	YEO HUIZHEN ESTHER
NRIC No	S8438409G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98380421
Alternative Phone No	OTHERS-90103019

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5072493063-02
Cover Note Number	

Driver

Name of Driver	FOO SUNG LIM
NRIC No	S8319277A
Date Of Birth	23/06/1983
Occupation	INDOOR
Date Of Driving Pass	08/09/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90103019
Fax Number	
Contact Number	
EEmail Address	FSUNGLIM@GMAIL.COM

Address	BLK 618A PUNGGOL DRIVE #12-703
Postcode	821618
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8311H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RON CHUA RONG BIAU
NRIC/Passport Number	S1411605B
Contact Number	96988828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name	FOO SUNG LIM
Approximate Age	34
Injuries Sustain	SLIGHT DEGREE OF INJURY
Injured person in which vehicle?	SGH9181B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 618A PUNGGOL DRIVE #12-703
Postcode	821618

Sketch Plan

SKETCH PLAN

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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:



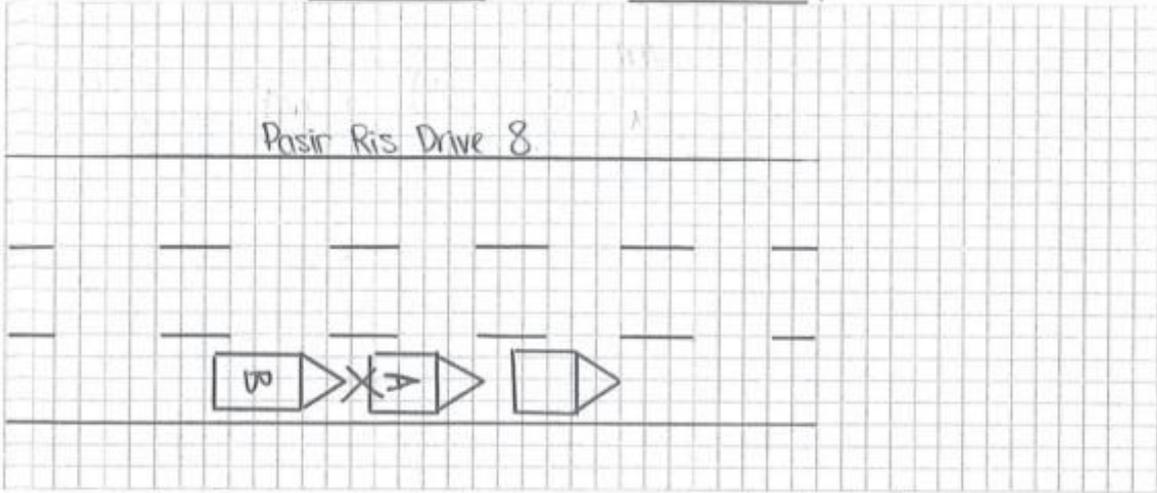
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: **Joelle Tan**
AMK AUTOPPOINT PTE LTD
NRIC/FIN No: **26.02.2018**

Sketch Plan #2

SKETCH PLAN Vehicle A: SH 9181B Vehicle B: SH 8311H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 23.02.2018 Time of Accident: 10.50 PM.

~~While driving along Tampines Ave 12 (from Pasir Ris to Tampines)~~

~~My vehicle brake quite a distance from the vehicle in front,~~

~~Suddenly vehicle B hit onto my rear.~~

Please refer to Police Report. (Report No: T/20180224/2130)

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: Joelle Tan
AME AUTOPPOINT PTE LTD
 NRIC/FIN No. 26.02.2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180224/2130

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
TelNo: 1800-6049999

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Report No. T/20180224/2130

CONTINUATION OF REPORT

Driver			
Name	FOO SUNG LIM	ID No.	S8319277A
Related Vehicle	SGH9181B (Car)	Contact No.	90103019
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/02/2018	Date Discharge	24/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	YU LIN	ID No.	NIL
Related Vehicle	SH8311H (Car)	Contact No.	96463889
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	RON CHUA RONG BIAU	ID No.	S1411605B
Related Vehicle	SH8311H (Car)	Contact No.	96988828
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 23/02/2018 at about 2258hrs, I was driving my car, SGH9181B along Pasir Ris Drive 8 on the first lane toward TPE (CTE). Upon that time there was a queue turning right to TPE (CTE). As such I formed up in front of SDM2182D. Out of sudden, the taxi, SH8311H collided into the rear of my car.

I when out of my car and assess the damaged. I exchange particulars with the taxi driver.

On 24/02/2018 at about 1430hrs, I went SingaporeGeneral Hospital A&E as I felt discomfort on the upper back area. I was given medical certificate, EMD201875258

I wish to state that I have an in car camera in my car.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180224/2130

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
TelNo: 1800-6049999

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Report No. T/20180224/2130

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180224/2130

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180224/2130

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 / Sr Staff Sgt MUHAMMAD FARID BIN KAMIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2018 19:37
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:  

Authentication Stamp
NP168