



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

Report No. T/20180303/2006

CONTINUATION OF REPORT

Driver			
Name	CHEN XUAN RONG	ID No.	S8326920J
Related Vehicle	NIL	Contact No.	81896922
Hospital/Clinic	MEDIVENE CLINIC SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/03/2018	Date Discharge	03/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	ABDUL RAHIM	ID No.	S1488348G
Related Vehicle	NIL	Contact No.	85254351
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 the 28/02/2018 at about 0010hrs, I was driving my vehicle bearing the registration plate number SKD5266R (Volkswagen Jetta, Black colour) and I was at the Slip Road of Sims Way towards Sims Avenue. Upon reaching the Slip road, I then stopped my vehicle to give way to the oncoming vehicle. Suddenly, a City Cab Taxi bearing the registration plate number SHB3145R (Hyundai Sonata, Yellow) collided to the rear of my vehicle. After collision, we then alighted from our vehicle and checked whether anyone were injured.

I wish to state that there were no visible injuries found on both of us. After which, we then exchange particulars and left the scene.

On the 01/03/2018 at about 1230hrs, I felt pain on my neck and back area. As such, I then went to Medivene Clinic which is located at 330 Anchorvale Street #01-05 Singapore 540330, to consult a doctor. I was then given 3 days of MC from 01/03/2018 to 03/03/2018.

I was advised by my insurance company to lodge a police report as I was given MC by the clinic.



**SINGAPORE
POLICE FORCE**



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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 1 TENG WEI KANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 01:02
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: 

Authentication Stamp
NP168

Date of Accident : 08/2/18 Accident Time: 0055 (24-HR-FORMAT)

Accident Place : Sims Way slipped to bus lane (left)

Vehicle Reg. No (Car plate No.) : SPD 526R

Vehicle Make/Model : Volkswagen Jetta

Insurance Company : NTUC Policy No. 5076000257

Owner or Company Names /IC NO: Chng Car Dep 588513901

Owner or Company Contact No. : _____ Owner's HP 97158702 Company Tel _____

DRIVER'S Name & IC no. : Chen Xuan RONJ 58336900J

DRIVER'S Date of Birth : 07/8/83 DRIVER'S License Pass Date 9/1/07

Relationship bet. Owner & Driver : Spouse \Parents \Children \Sibling \Employee \Others: _____

DRIVER'S Address : Blk 804 Tampines St 21 #07-126 S 520024

DRIVER'S Contact No./ Alt No. : 1) 87896922 2) _____

DRIVER'S Occupation : Self-Employed
: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins

Number of Passengers (including Driver): 01

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SPB 3175R</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>City Cab</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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:

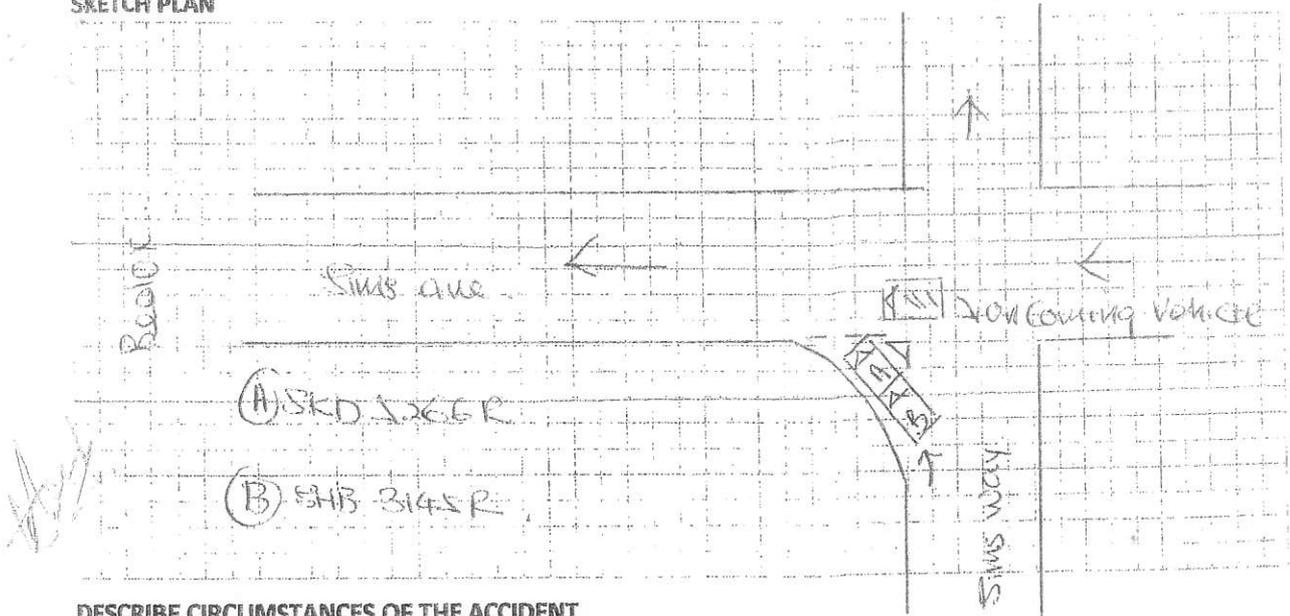
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 claimshistory 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/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sims Way Slip Road to
 Sims Ave (Redok) on single lane my vehicle stopped
 give way to oncoming vehicle suddenly vehicle B hit
 into my vehicle rear portion. I felt my neck and
 back pain.

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.: