

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	27/03/2018 16:10
Date Of Accident	24/03/2018 22:25
Exact Location Of Accident	PIE (TUAS) AFTER WHITLEY RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2361Z
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100
Cover Note Number	

Driver

Name of Driver	CHIN YOKE MENG
NRIC No	S2574596E
Date Of Birth	09/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1990
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96360401
Fax Number	
Contact Number	OFFICE-96360401
Email Address	NOEMAIL

Address	BLK 615 CHOA CHU KANG STREET 62 #09-255
Postcode	680615
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?	YES
Foreign Vehicle Registration Number	WA6234E (PRIVATE CAR)
Number of vehicles involved in the accident	6
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180325/2149.

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	SHD8840Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBC3399R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR2266A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number WTX7226

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number WA6234E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name CHIN YOKE MENG
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SJJ2361Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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:

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

Accident Sketch Plan

SKETCH PLAN

Sketch Plan on grid paper showing vehicle positions A through F and a vertical line labeled 'PHE (change)'.

Vehicle positions and details:

- A: SJJ2361Z
- B: SBC3399R
- C: SHD8840Z
- D: JLR2266A
- E: WTX722G
- F: UAG234E

Vertical line labeled: PHE (change)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180325/2149.

[A large diagonal line is drawn across the grid area, indicating a reference or a placeholder for a sketch.]

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 5

Report No. T/20180325/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2018 22:39		Vide Report No.:		Station Diary No.: 166	
Informant's Particulars					
Name of Informant: CHIN YOKE MENG			Address: APT BLK 615 CHOA CHU KANG STREET 62 #09-255 SINGAPORE 680615		
ID Type / ID No.: NRIC NO / S2574596E			Contact No.: Home/Office: Mobile: 96360401		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 09/08/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2018 22:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards tuas near exit of whitney road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SBC3399R	Car				Seriously Damaged	1
SHD8840Z	Car				Slightly Damaged	1
SJJ2361Z	Car				Seriously Damaged	0
SLR2266A	Car				Seriously Damaged	0
WA6234E	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2149

2 of 5

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180325/2149

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WTX7226	Car				Seriously Damaged	0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	Lim Li Kian		ID No.	S1719421F
Related Vehicle	SBC3399R (Car)		Contact No.	NIL
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	Mohammad Arslam		ID No.	S2661754E
Related Vehicle	SHD8840Z (Car)		Contact No.	NIL
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	CHIN YOKE MENG		ID No.	S2574596E
Related Vehicle	SJJ2361Z (Car)		Contact No.	96360401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 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/20180325/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 5
Report No. T/20180325/2149

CONTINUATION OF REPORT

Name	THNG WENTING , Jessica	ID No.	S8901076D
Related Vehicle	SLR2266A (Car)	Contact No.	NIL
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
Name	Yoshida shini chiro	ID No.	TZ1262128
Related Vehicle	WA6234E (Car)	Contact No.	NIL
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
Name	Tang Poi Meng	ID No.	G6722697L
Related Vehicle	WTX7226 (Car)	Contact No.	NIL
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 24/03/18 at about 2225hrs , I was driving my vehicle with plate number SJJ2361Z along PIE towards tuas near the exit of whitney road. Suddenly , the vehicle in front of me with plate number SHD8840Z suddenly stop . I could not stop my vehicle in time and collide with the front vehicle(SHD8840Z). Subsequently , vehicle from the back collide to each other and link to a chain. After the collision , all the driver went out and do a check on our own vehicle. I did not exchange contact with any of the involved drivers during the accident . I only took photo of their driving license. There is traffic police attended to us. Ambulance was also at the vicinity. No one is conveyed to hospital. No government property is damaged during the accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180325/2149

4 of 5

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Police Report



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T/20180325/2149

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

5 of 5

Report No. T/20180325/2149

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:

J/

Sgt 2 TAN YIP CHONG

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
25/03/2018 22:39

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 65470000

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Medical Cert

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC : S2574596E
NAME : CHIN YOKE MENG

VISIT DATE : 25 Mar 2018 (20:07)
VISIT NO : G05718006937

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 1 day from 25 Mar 2018 to 25 Mar 2018

DOCTOR : Lot 1 Locum (LOCUM)

CLINIC : Lot One

ADDRESS : 21 CHOA CHU KANG AVE 4 LEVEL -B1-07A LOT 1 SHOPPER'S MALL 689812

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
*This certificate is electronically generated. No signature is required.

Printed: 25 Mar 2018, 08:21PM

RafflesMedical
21 Choa Chu Kang, #04
Lot 1 Shopper's Mall B1-07A
Singapore 689812
Tel: 6392 1234

Medical Cert

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:39149433)

ORIGINAL

NAME: CHIN YOKE MENG

NRIC: S2574596E

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 26/3/2018 to 1/4/2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 26/03/2018 09:51:25 to 26/03/2018 21:13.

26/03/2018
Date

Dr. Petrina Si Qi LIAM (62117Z)
Issued by


Signature

Location: NTFGH EMERGENCY, EDTU

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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