

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	14/04/2018 11:42
Date Of Accident	13/04/2018 16:30
Exact Location Of Accident	CTE TOWARDS SLE (WOODLANDS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3709J
Insured/Policyholder	
Name Of Registered Owner	TAN YEE SIM
NRIC No	S1573541D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98194858
Alternative Phone No	OFFICE-98194858

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5058210571-05
Cover Note Number	22/2/18 TO 21/2/19

Driver

Name of Driver	TAN YING JIE
NRIC No	S9350179I
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	09/01/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81616943
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 645 YISHUN ST. 61, 11-328
Postcode	760645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER POLICE REPORT ATTACH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ278P
Vehicle Make/Model/Colour	MOTOR BIKE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHONG KONG CHIN
NRIC/Passport Number	S2506656A
Contact Number	88092627
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC8309L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON KOH KAI SIANG
NRIC/Passport Number	S9346229G
Contact Number	97596270
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHONG KONG CHIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ278P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKA 37097
INSURER : MSA
DATE & TIME: 13/4/18 @ 16.45hrs

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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.

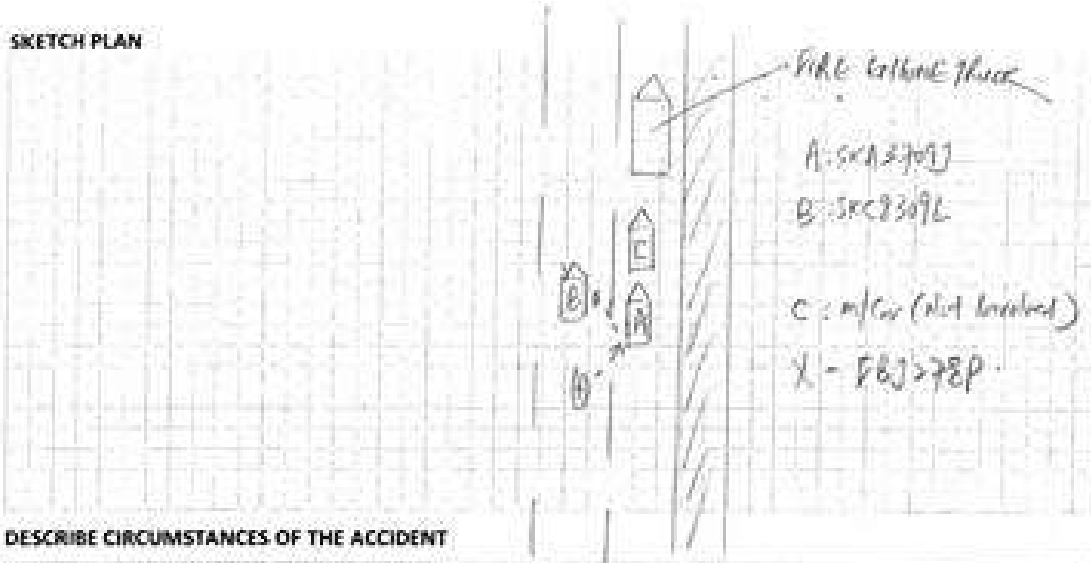
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
MISC/IN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident occurred on 13/4/18 @ 11:30hrs along CTB
towards S26 (Woodlands) - T/2480613/2165)

Pls refer Police Report attached

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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 _____
InfoC/Title No. _____

() Claim Own Policy (☒) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180413/2145

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522989

Report No: T/20180413/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2018 19:04	Video Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: TAN YING JIE			Address: APT BLK 645 YISHUN STREET 61 #11-328 SINGAPORE 760645		
ID Type / ID No.: NRIC NO / S9350179I			Contact No.: Home/Office: Mobile: 81616943		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 31/12/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 13/04/2018 16:30	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE TOWARDS SLE (WOODLANDS)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ278P	Motorcycle				Slightly Damaged	0
SKA3709J	Car				Slightly Damaged	0
SKC8309L	Car				Slightly Damaged	0

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180413/2145

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No: T/20180413/2145

CONTINUATION OF REPORT

Brief Details.

On 13/04/2018 at about 4.30pm, I was driving my car bearing plate number SKA3709J, on the first lane of CTE towards SLE (Woodlands). I observed that there is a fire truck on the first lane as there is fire at the central divider.

My car was stationary on the first lane since I wanted to change to the second lane. This is due to the fire truck on the first lane. While my car was stationary, a motorcycle bearing plate number FBJ278P, front tire, hit onto my rear left part of the car. The motorcycle was riding in between the first and second lane.

After hitting onto my car, the motorcycle then side swipe onto another car bearing plate number SKC8309L on the second lane. The rider then fell onto the road. Subsequently, traffic police and ambulance attended to us. Both me and the other driver did not suffer from any injury however, the rider was conveyed by ambulance since he suffers an injury.

All of the 3 vehicles were damaged and no government property damaged.



**SINGAPORE
POLICE FORCE**



T/20180413/2145

3 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

Report No: T/20180413/2145

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 MAISURAH BINTE MD RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/04/2018 19:04

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No : 65476202

Classification Of Case:



Signature:

EN 088

Authentication Stamp

NP168

Singapore Police Force