### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/04/2018 10:21
Date Of Accident	20/04/2018 19:45
Exact Location Of Accident	AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN9420U
Insured/Policyholder	
Name Of Registered Owner	ADVANCE LIMO & RENTAL PTE LTD
Co Reg No	201406694C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92371343
Alternative Phone No	OFFICE-92371343
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	HIRER 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29070437MCX
Cover Note Number	
Driver	
Name of Driver	CARINA TAN JEW YIN

NRIC No S8570756F

Date Of Birth 29/08/1985

Occupation OUTDOOR

Date Of Driving Pass 19/06/2010

Driving Experience 7 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92371343

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address APT BLK 28 MARSILING DRIVE

#10-265

Postcode 730028

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 RAINING
Road Surface WET

**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

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : GRAEIA YEO

GENDER: : FEMALE

Passenger 2 NAME: : AMBER

GENDER: : FEMALE

Passenger 3 NAME: : SON

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4439999 - **FAX NO**: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

SKP9935D

NO

Vehicle Category PRIVATE CAR

Name of Driver PADMANABHAN K.K

NRIC/Passport Number S2766305B

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKM5160P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver WILLICK WONH

NRIC/Passport Number S7421372C

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SGQ4288M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle CategoryPRIVATE CARName of DriverTAN CHIN HEENRIC/Passport NumberS2513574A

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name GRACIA YEO GUAN EN

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

# DETAILS OF INJURED PERSON 2

Name CARINA TAN JEW YIN

Approximate Age Injuries Sustain

Injured person in which vehicle?

Page 3 of 31

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### **SKETCH PLAN**

#### 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
- 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.
- 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:

e in in the harmonic of

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

Name

NRIC/FIN No.:

Reporting Centre Personnel's Signature

### Sketch Plan #2

DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	A: 801194204 B: SKM5160P C: SKP9936D D- SGB4288M
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	nallo per	
	No the	
10	W.	
100	Şı-	
DECLARATION I/We declare the foregoing part	ticulars are true in every respect.	A
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 Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

1 of 4 Report No. T/20180421/2111

# REPORT OF A TRAFFIC ACCIDENT

21/04/2018 16:09			Vide Report No.:	Station Diary No.: 35		
Informan	t's Particu	ilars				
	nformant: ΓΑΝ JEW `	YIN	Address: APT BLK 28 MARSILING DF 730028	RIVE #10 265 SINGAPORE		
ID Type / ID No.: NRIC NO / S8570756F Nationality: MALAYSIAN			Contact No.: Home/Office: Mobile: 92371343 Email:			
Sex: Female	Age: 32	Date of Birth: 29/08/1985	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FINANCIAL PLANNER			Driving Licence Information: Class: 3	Date of Evoing		

General Inform	ation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2018 19:4	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH I	EXPRESSWAY	,	<u> 1 20/04/2016 19:4:</u>	0
Along Ayer-Raj	ah Expressway (A`	YE) towards Tuas, after I	Buona Vista Flyover	
Weather: Drizzling	•	Road Surface: Wet	<u> </u>	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision Between Moving	n: g Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	NA-J-1	i	The second second second second	
and the second s		The commendation of the comment of t	Model	Color	Condition	No of Passenger
SGQ4288M	Car	TOYOTA	WISH 1.8 CVT	Brown	Slightly Damaged	2
SJN9420U	Car	HONDA	FREED 1.5G	Blue	Slightly	4
SKM5160P	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Damaged Slightly Damaged	1





2 of 4

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180421/2111

### **CONTINUATION OF REPORT**

Details of Vo	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKP9935D	Car	AUDI	A3 SEDAN 1.4 TFSI	Silver	Slightly Damaged	2
			AMBIENTE			
			MY 15			

Details of Persor					
Any Pedestrian In					
No. of Pedestrian	s Injured: NIL	Use of Peo	destrian Cross	sing: NA	
Driver			<u> </u>		
Name	TAN CHIN HEE		ID No.	S2513574A	
Related Vehicle	SGQ4288M (Car)		Contact No.	97525532	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL .	Date Disc	harge NIL	-	
No. of Days grant	ed Medical Leave NIL	Degree of	Injury NIL		
Driver					
Name	CARINA TAN JEW YIN		ID No.	S8570756F	
Related Vehicle	SJN9420U (Car)		Contact No.	92371343	
Hospital/Clinic	LIAN CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	21/04/2018	Date Disc	harge 21/04/2018		
No. of Days grant	ted Medical Leave 03	Degree of Injury Slight			
Driver					
Name	WILLICK WONG PENG WOON		ID No.	S7421372C	
Related Vehicle	SKM5160P (Car)		Contact No.	98892227	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL		

#### POLICE REPORT Pg. 1





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 4 Report No. T/20180421/2111

#### CONTINUATION OF REPORT

Driver					
Name	PADMANABHAN KRISHNA KUMAR			ID No.	S2766305B
Related Vehicle	SKP9935D (Car)			Contact No.	91887641
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment NIL			Date Disc	harge NIL	
No. of Days granted Medical Leave NIL			Degree of		

#### Brief Details.

On 21st April 2018 at about 1945hrs, I was driving my car (Honda Freed Blue, SJN9420U) along Ayer-Rajah Expressway (AYE) towards Tuas. Traffic was heavy, weather was drizzling and road surface was wet. I was driving on the 1st Lane of the expressway. There are 3 other passengers in my car.

After the Buona Vista Flyover, the car infront of me (Audi A3 Silver, SKP 9935 D) suddenly slowed down. As I was maintaining safety distance from the Audi, I managed to slow down my car so as to avoid hitting the said Audi. But the car behind me (Hyundai Elantra Silver, SKM5160P) is unable to stop in time as such, the Hyundai collided with the rear bumper of my car. Despite already slowed down to avoid hitting the Audi, the collision impact from the Hyundai car behind me surged my car forward as such, my car collided with the Audi. I immediately checked whether my passengers were alright before alighting from my car to inspect the damages sustained.

I realized that there were 4 cars involved in the incident, with the 4th car (Toyota Wish Brown, SGQ 4288 M) also unable to stop in time as such, he collided with the rear of the Hyundai. I subsequently took photos of the damages sustained on my car as well as exchanged particulars with the drivers of the 4 vehicles involved in this accident. A traffic marshal happened to be nearby as such, he came over to check that everyone's okay. All of us subsequently left the scene soon after.

My car sustained slight damages onto the front-left bumper below the front-left light, and the rear-left body sustained scratches. The rear-bumper below the fuel hatch on the rear-left was also slightly dislodged.

My passengers did not sustained any injuries. However, later at night, I felt pain on my upper shoulder blades. I thought I wanted to sleep it off but waking up this morning, I felt pain on my lower-left back and my right ankle. I subsequently went to see a doctor at Lian Clinic and I was given 3 days MC.

That is all.

### **POLICE REPORT**





4 of 4

Report No. T/20180421/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

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 TI G / Sgt 2 NUR 'ASRI BIN AGUS	ne Report	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 21/04/2018 16:09
Officer In Charge Of Case:		Classification Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SINGAPORE POLICE FORCE	E
Authentication Stamp NP168	s	IGNATURE

#### POLICE REPORT Pg. 1



T/20180425/2077

3 of 4

Report No. T/20180425/2077

### **Continuation of CSF For NP168**

#### **Brief Facts.**

On 20th April 2018 at about 1945hrs, I was driving my car (Honda Freed, SJN9420U) along Ayer-Rajah Expressway (AYE) towards Tuas. Traffic was heavy, weather was drizzling and road surface was wet. I was driving on the 1st Lane of the expressway. There are 3 other passengers in my car.

After the Buona Vista Flyover, the car infront of me (Audi A3 Silver, SKP 9935 D) suddenly slowed down. As I was maintaining safety distance from the Audi, I managed to slow down my car as to avoid hitting the said Audi. But the car behind me (Hyundai Elantra Silver, SKM5160P) was unable to stop in time as such, the Hyundai collided with the rear bumper of my car. Despite already slowed down to avoid hitting the Audi, the collision impact from the Hyundai car behind me surged my car forward as such, my car collided with the Audi. I immediately checked whether my passengers were alright before alighting from my car to inspect the damages sustained.

I realized that there were 4 cars involved in the incident, with the 4th car (Toyota Wish Brown, SGQ 4288 M) also unable to stop in time as such, he collided with the rear of the Hyundai. I subsequently took photos of the damages sustained on my car as well as exchanged particulars with the drivers of the 4 vehicles involved in this accident. A traffic marshal happened to be nearby as such, he came over to check that everyone's okay. All of us subsequently left the scene soon after.

My car sustained slight damages onto the front-left bumper below the front-left light, and the rear-left body sustained scratches. The rear-bumper below the fuel hatch on the rear-left was also slightly dislodged.

My passengers did not sustained any injuries. However later at night, I felt pain on my upper shoulder blades. I thought I wanted to sleep it off but waking up this morning, I felt pain on my lower-left back and my right ankle. I subsequently went to see a doctor at Lian Clinic and I was given 3 days of MC (0000070683) from 21/04/2018 - 23/04/2018.

The pain persist therefore on 23/04/2018, I went to the Woodlands Polyclinic for a check-up and the doctor sent me for an X-Ray.

On 24/04/2018, I received the report from my X-Ray, (Exam code: 5001422997, 5001422998, and 5001422999). It stated in the report that there are mild peri-articular cortical irregularities of the right sacro-iliac joint, with the suggestion of mild joint space narrowing. Clinical correlation is advised, keeping in view dedicated radiographic view of the sacro-iliac joint.

On 21/04/2018, in the morning, one of my passenger (NAME: GRACIA YEO GUAN EN, NRIC: T0832724B), who was sitting at my passenger seat during the time of the accident, said that she has headache and felt giddy therefore her mum brought her to KKH at about 1600hrs and was informed that she had to be admitted for a night to be monitored.

That is all.

### **POLICE REPORT**



1/20180425/2077

4 of 4

Report No. T/20180425/2077

### Continuation of CSF For NP168

### 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.

Case Sensitivity

No

Officer-In-Charge of Case

TP/AEIT/

ANG YI TING, STEPHANIE

Classification of Case

1) INJURY / OTHERS

Countan Jen Tins

### **POLICE REPORT Pg. 1**



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1 of 4

Report No. T/20180425/2077

# Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180421/2111

Report Number T/20180425/2077.

Vide Report Number T/20180421/2111

Date/Time of Report Made 25/04/2018 13:36

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant CARINA TAN JEW YIN

ID Type / ID No. NRIC NO / S8570756F

Home/Office

Mobile 92371343

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by No

ambulance

110

Date/Time of Accident 20/04/2018 19:45

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SGQ4288M	Car				Slightly	2	
					Damaged	·	
SJN9420U	Car				Slightly	4	
					Damaged		
SKM5160P	Car				Slightly	1	
					Damaged		
SKP9935D	Car				Slightly	2	
	[				Damaged		







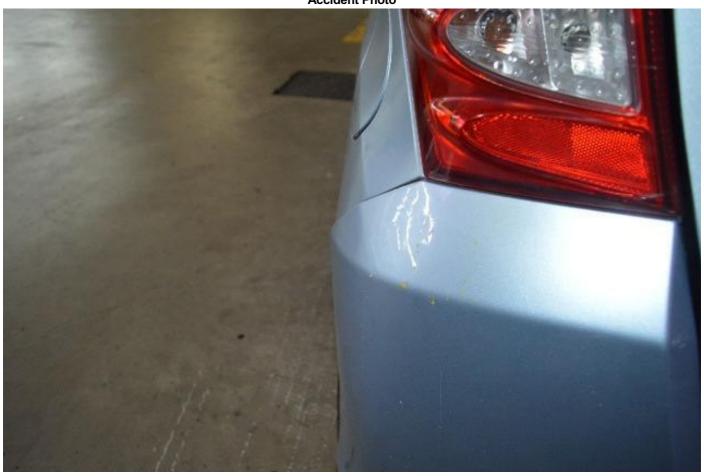








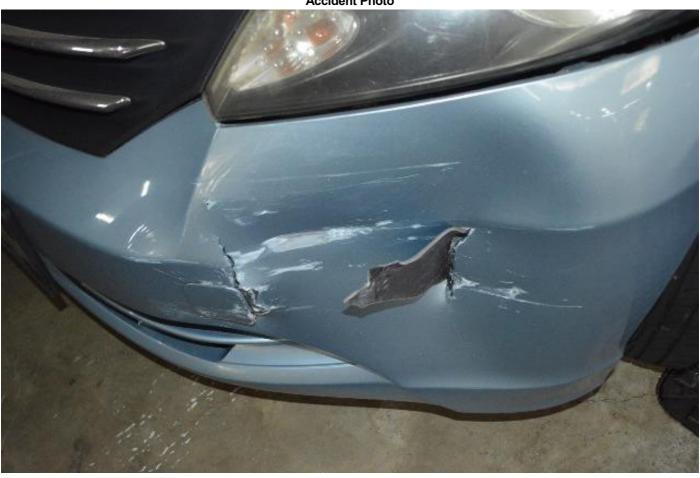
















**Driving License** 





