

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	30/04/2018 11:51
Date Of Accident	28/04/2018 14:55
Exact Location Of Accident	CLEMENTI AVE 3 BEFORE JUNC COMMONWEALTH AVE W
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1717L
Insured/Policyholder	
Name Of Registered Owner	FERN MING YONG
NRIC No	S1597196G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90118366
Alternative Phone No	OFFICE-90118366

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 200 (R18 SR)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092303186
Cover Note Number	

Driver

Name of Driver	TANG WEI QI ZEN
NRIC No	S9705683H
Date Of Birth	09/02/1997
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91134898
Fax Number	
Contact Number	OFFICE-91134898
Email Address	NOEMAIL

Address	BLK 462 CLEMENTI AVENUE 3 #15-624
Postcode	120462
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	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	2
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180430/2016.

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	YP5430D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJENDIRAN SANTHOSH
NRIC/Passport Number	G2129914L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name TANG WEI QI ZEN

Approximate Age

Injuries Sustain HEAD & NECK

Injured person in which vehicle? SLT1717L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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
- (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.

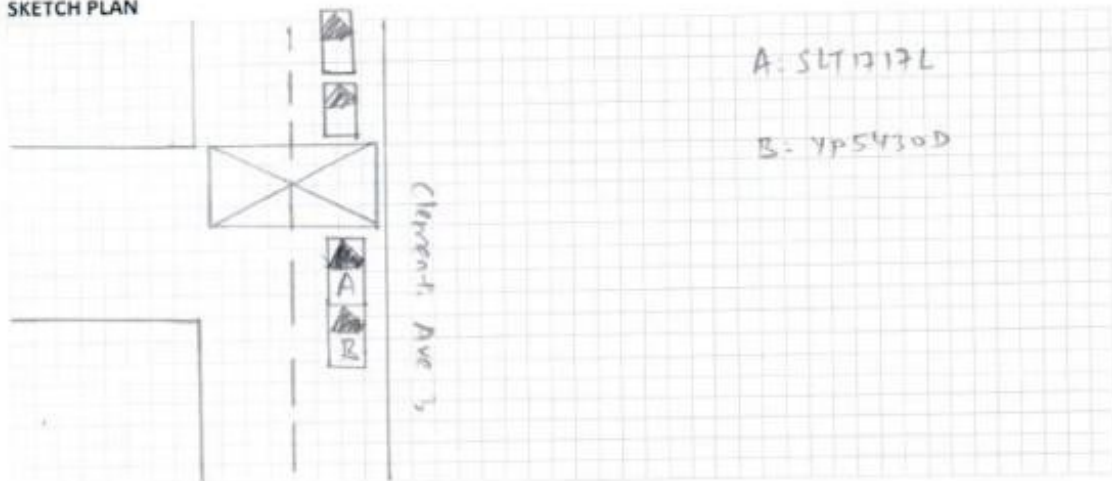
Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180430/2016.

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/20180430/2016

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180430/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2018 11:00	Vide Report No.:	Station Diary No.: 78
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TANG WEI QI ZEN	Address: APT BLK 462 CLEMENTI AVENUE 3 #15-624 SINGAPORE 120462		
ID Type / ID No.: NRIC NO / S9705683H	Contact No.:	Mobile: 91134898	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 21	Date of Birth: 09/02/1997	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Army NS	Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 14:55	Straight Road
Location: Along Road 1 CLEMENTI AVENUE 3				
Along Clementi Avenue 3 towards Commonwealth Avenue West outside the carpark entrance of Clementi Central				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT1717L	Car				Slightly Damaged	0
YP5430D	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2016

2 of 3

Police Station Of Origin:
Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180430/2016

CONTINUATION OF REPORT

Driver			
Name	TANG WEI QI ZEN	ID No.	S9705683H
Related Vehicle	SLT1717L (Car)	Contact No.	91134898
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	28/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Rajendiran Santhosh	ID No.	G2129914L
Related Vehicle	YP5430D (Lorry)	Contact No.	87091263
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 28/04/2018 at about 1456hrs, I was driving my vehicle (SLT1717L) along Clementi Avenue 3 towards Commonwealth Avenue West as I was on the way to Holland Village.

When at the traffic junction of Clementi Avenue 3 and Commonwealth Avenue West turned red. I then stopped my vehicle and stationary behind the yellow box near to the carpark entrance of Clementi Central.

Suddenly, a lorry (YP5430D) from the rear knocked onto my vehicle. Both of us then alighted from our vehicle and took some photo of the damages and exchange our particulars and we left the place.

There is no ambulance or Police at scene. No one injury during the accident however after a few hours later, I felt pain at my head, neck and shoulder area. Therefore, I went to NUH to seek for medical treatment. The doctor then gave me 3 days' medical leave from 28/04/2018 to 30/04/2018.

My vehicle rear bumper has 1 hole on it. The lorry front part near to the registration plate number was bend.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2016

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180430/2016

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:

D /

Sgt 2 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2018 11:00

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



Medical Cert

National University Hospital (Singapore) Pte Ltd
5 Lower Kent Ridge Road, Singapore 119074
TEL: (65) 6779 5555
Business Registration No.198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH18110752
NAME: TANG WEI QI ZEN		NRIC: S9705683H

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **28-Apr-2018** to **30-Apr-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **28-Apr-2018 21:09** to **28-Apr-2018 21:33**

<u>28-Apr-2018</u> Date <small>A member of the staff</small>	<u>FAITH AGUSTINO DELOVINO</u> (17904C) Issued by	<u>A&E</u> Location	<u></u> Signature
--	---	----------------------------	---

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

