

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	09/05/2018 16:40
Date Of Accident	08/05/2018 16:30
Exact Location Of Accident	ALONG CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5804B
Insured/Policyholder	
Name Of Registered Owner	TOH HUI LEONG
NRIC No	S9048049I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83823143
Alternative Phone No	OFFICE-83823143

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5099315568
Cover Note Number	

Driver

Name of Driver	TAN HUI KAI, MARCUS IAN
NRIC No	S9429604H
Date Of Birth	15/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91714833
Fax Number	
Contact Number	OFFICE-91714833
Email Address	NOEMAIL

Address	BLK 5 HAIG ROAD #10-473
Postcode	430005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	2
Passenger 1	NAME: : TOH HUI LEONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180508/7023.

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	SKA5964A
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)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA8191J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name TOH HUI LEONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGT5804B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN HUI KAI, MARCUS IAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGT5804B
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:

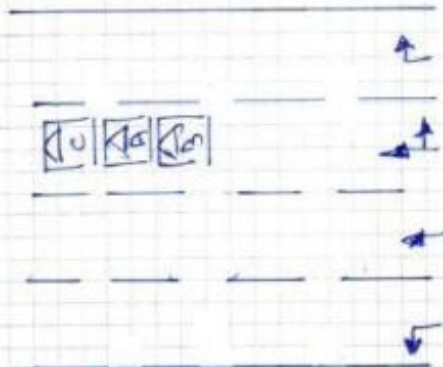

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

vehicle A: SGTS804B
vehicle B: SKA5964A
vehicle C: PA891J.



Along Chuan Chuan Kung Way Junction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I vehicle 'A' was stopped stationary at the stated venue. Suddenly vehicle 'B' hit into my vehicle rear part. The great impact cause my vehicle to go forward & hit into vehicle 'C'. I wish to stated that my vehicle was stationary at the point of time.

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/20180508/7023

1 of 4

Report No. T/20180508/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 23:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH HUI LEONG			Address: APT BLK 526 HOUGANG AVENUE 6 #10-149 SINGAPORE 530526	
ID Type / ID No.: NRIC NO / S9048049I			Contact No.: Home/Office:	Mobile: 83823143
Nationality: SINGAPORE CITIZEN			Email: daryltoh@hotmail.sg	
Sex: Male	Age: 27	Date of Birth: 15/12/1990	Type of Informant: Passenger	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 04:30	Type of Location: X-Junction
Location: CHOA CHU KANG WAY Choa Chu Kang Way Junction after KJE Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
PA8191J	Bus/Coach/Mi nibus	TOYOTA		White	Slightly Damaged	1
SGT5804B	Car	TOYOTA	ALTIS 1.6A	Silver	Seriously Damaged	1
SKA5964A	Car	VOLKSWAGO N		Black	Slightly Damaged	1

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/7023

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180508/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HUI KAI MARCUS IAN	ID No.	S9429604H
Related Vehicle	SGT5804B (Car)	Contact No.	91714833
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	TOH HUI LEONG	ID No.	S9048049I
Related Vehicle	SGT5804B (Car)	Contact No.	83823143
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 08/05/2018 at around 1630 hrs,

I was about to exit KJE, travelling towards Choa Chu Kang Way.

At the junction, the vehicle in front of me slowed down and stopped as it was a red light, hence I followed suit and came to a complete stop.

Suddenly I felt a huge impact coming from the rear and the great impact forced my vehicle (SGT 5804 B) to move in front and collided into the

vehicle (PA 8191 J) in front of me.

I alighted and made a check, and realised it was another car bearing the registration plate (SKA 5964 A) that collided into my rear portion of my

vehicle,

Causing damages to my rear bumper, boot cover, tail-lights, front bumper and bonnet.

We exchanged particulars and decided to report to our own insurance company.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/7023

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Report No. T/20180508/7023

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CONTINUATION OF REPORT

After everything, me and my driver felt pain in our neck, shoulder, back and calf area,

Thus we went to CENTRAL 24HR CLINIC(HOUGANG) to consult a doctor,
And was given 3 days of MC each.

I have a in car camera at the point of time of accident.

I am the owner of the vehicle but my friend was driving.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/7023

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Report No. T/20180508/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/05/2018 23:55

Classification Of Case:

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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