

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	10/05/2018 15:55
Date Of Accident	09/05/2018 21:35
Exact Location Of Accident	KPE TWDS TPE ON THE 9KM MARK AFTER LAMPPOST 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5142M
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81669797
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S A
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096389299
Cover Note Number	

Driver

Name of Driver	TAN SIEW LING CHRISTINE
NRIC No	S7730918G
Date Of Birth	20/10/1977
Occupation	INDOOR
Date Of Driving Pass	25/10/1996
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93627020
Fax Number	
Contact Number	OTHERS-93627020
Email Address	NOEMAIL

Address	BLK 673B EDGEFIELD PLAINS #11-613
Postcode	822673
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	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	
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: : TAN TAI WAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180510/2101

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1035G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENNETH WONG KUO FONG
NRIC/Passport Number	S7722776H
Contact Number	96667354

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

DETAILS OF INJURED PERSON 1

Name TAN SIEW LING CHRISTINE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLU5142M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN TAI WAI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLU5142M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

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)**

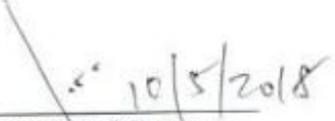
I understand, acknowledge, agree and consent that:

- (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.



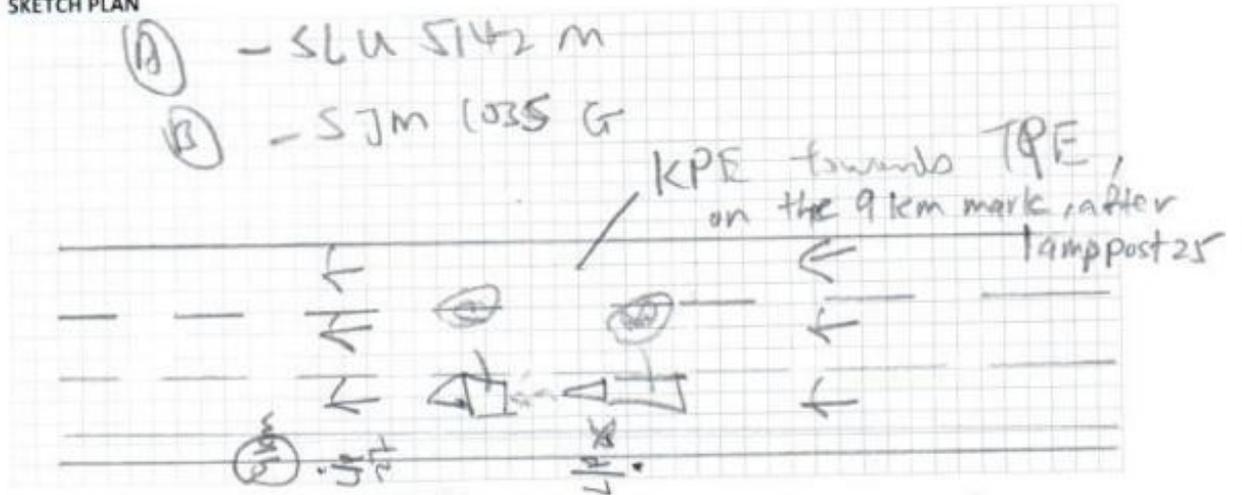
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN

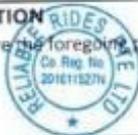


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report -
 T/20180510/2101

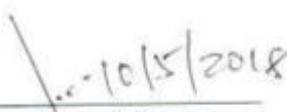
DECLARATION

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180510/2101

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Report No. T/20180510/2101

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Driver			
Name	KENNETH WONG KUO FONG	ID No.	S7722776H
Related Vehicle	SJM1035G (Car)	Contact No.	96667354
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN SIEW LING CHRISTINE	ID No.	S7730918G
Related Vehicle	SLU5142M (Car)	Contact No.	93627020
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/05/2018	Date Discharge	10/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN TAI WAI	ID No.	S7111737E
Related Vehicle	SLU5142M (Car)	Contact No.	97437691
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/05/2018	Date Discharge	10/05/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 09/05/2018 at about 2135hrs, I was driving a vehicle bearing registration plate number SLU5142M along KPE towards TPE. While traveling slowly on the left lane, we noticed the vehicle (blue in colour) in front of me slowed down and I stepped on my brake to keep a safe distance from them. I came to a complete halt and suddenly I felt a impact hit against the rear of my vehicle. I came down with my husband who was passenger and noticed that a vehicle bearing registration plate number SJM1035G had collided on my vehicle.

I then took pictures of the damages and the other party particulars and left the scene. I wished to state that both my husband and I had asked if he require any ambulance but he informed that he was fine and does not required any ambulance. We both make a checked and there was no visible injuries found on all parties.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999



T/20180510/2101

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Report No. T/20180510/2101

CONTINUATION OF REPORT

While on the way back, we felt some pain on our bodies and proceeded to Changi General Hospital for treatment. I was given 3 days of MC (Serial number: EMD201890294) and my husband got 2 days of MC (Serial number EMD201890280)

I am lodging this report for insurance purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



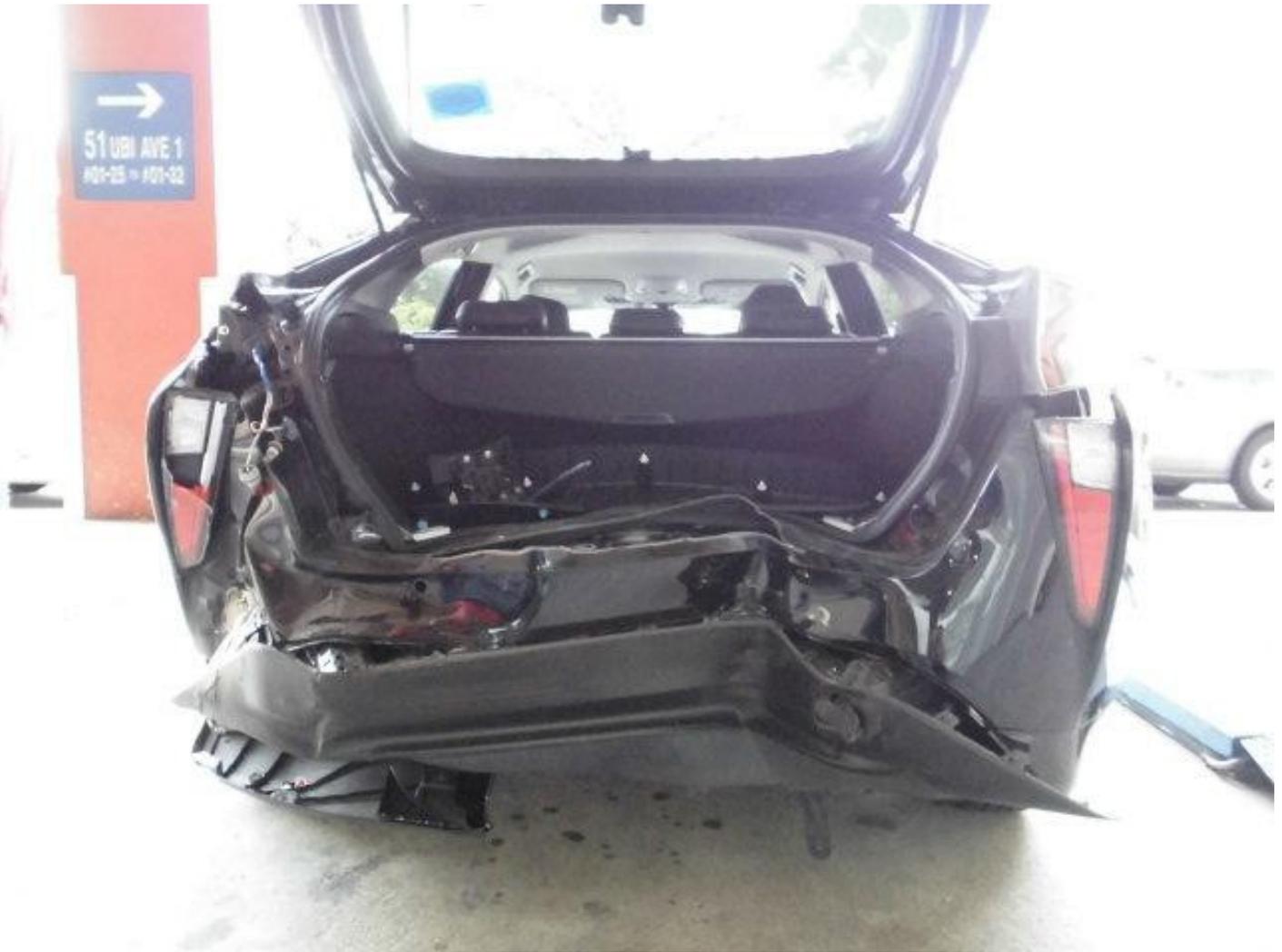
Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2101

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Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20180510/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 15:23	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TAN SIEW LING CHRISTINE		Address: APT BLK 673B EDGEFIELD PLAINS #11-613 SINGAPORE 822673	
ID Type / ID No.: NRIC NO / S7730918G		Contact No.:	Mobile: 93627020
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 40	Date of Birth: 20/10/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2018 21:35	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE Towards TPE, on the 9km mark, after lamppost 25 Lamp Post Number: 25				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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 Pas
SJM1035G	Car	HONDA	Stream	Black		0
SLU5142M	Car	TOYOTA	Prius	Black	Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2101

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Report No. T/20180510/2101

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-44B
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Driver			
Name	KENNETH WONG KUO FONG	ID No.	S7722776H
Related Vehicle	SJM1035G (Car)	Contact No.	96667354
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
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No. of Days granted Medical Leave	03	Degree of Injury	Slight
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Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2101

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Report No. T/20180510/2101

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T/20180510/2101

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526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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: G / Sgt 2 GOH JIAN WEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: IP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179

Signature Of Informant:
Date/Time: 10/05/2018 15:23
Classification Of Case:

Authentication Stamp NP168 POLICE FORCE
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