

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 17:08
Date Of Accident	10/05/2018 08:20
Exact Location Of Accident	UPP CHANGI RD NORTH AFTER THE SALVATION ARMY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1856U
Insured/Policyholder	
Name Of Registered Owner	JESSICA WANG SHUQIN
NRIC No	S7223492H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008075
Alternative Phone No	OFFICE-81008075

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR 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	5095519953
Cover Note Number	

Driver

Name of Driver	HOO TOON LEE (HE JUNLI)
NRIC No	S7743081D
Date Of Birth	10/02/1977
Occupation	INDOOR
Date Of Driving Pass	21/06/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97489416
Fax Number	
Contact Number	OFFICE-97489416
Email Address	NOEMAIL

Address	BLK 614A EDGEFIELD PLAINS #16-321
Postcode	821614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

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?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2117.

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	SKH6768G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARTHUR LIM CHIN SENG
NRIC/Passport Number	
Contact Number	91709023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH8680L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR GOH
NRIC/Passport Number	
Contact Number	96495489
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	HOO TOON LEE (HE JUNLI)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SKC1856U
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.

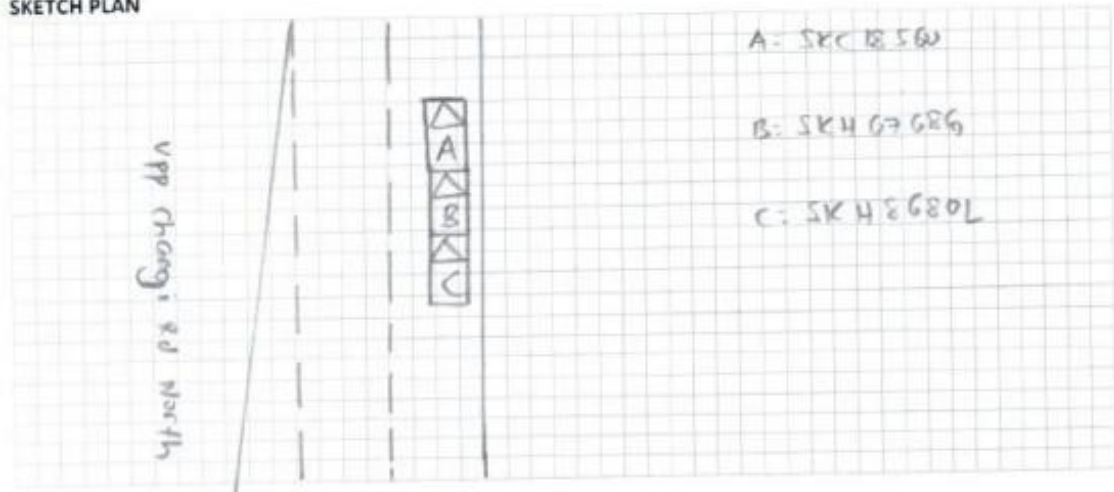
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180510/2117.

(The remaining lines of the form are crossed out with a diagonal line.)

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.:

Q:\NVA\SATISH\Kumar\K3

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2117

1 of 4

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

Report No. T/20180510/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 16:10	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: HOO TOON LEE	Address: APT BLK 614A EDGEFIELD PLAINS #16-321 SINGAPORE 821614		
ID Type / ID No.: NRIC NO / S7743081D	Contact No.:	Mobile: 97489416	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 41	Date of Birth: 10/02/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SALES EXECUTIVE	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD NORTH				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SKC1856U	Car	HYUNDAI	ELANTRA	Grey	Slightly Damaged	0
SKH6768G	Car	MERCEDES BENZ		White	Slightly Damaged	1
SKH8680L	Car	MERCEDES BENZ	C180	Black	Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2117

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

Report No. T/20180510/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HOO TOON LEE	ID No.	S7743081D
Related Vehicle	SKC1856U (Car)	Contact No.	97489416
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ARTHUR LIM CHIN SENG	ID No.	NIL
Related Vehicle	SKH6768G (Car)	Contact No.	91709023
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
Driver			
Name	HY GOH	ID No.	NIL
Related Vehicle	SKH8680L (Car)	Contact No.	96495489
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 10/05/2018 at about 0820hrs, I was driving my grey coloured Hyundai Elantra (bearing registration number SKC1856U) along Upper Changi Road North. Due to the traffic, my vehicle came to a complete stop. After which, I noticed from my rear view mirror that a white coloured Mercedes Benz (bearing registration number SKH6768G)(Vehicle B) had stopped right behind my vehicle. Out of a sudden, I felt an impact from the rear. I then discovered that it was a chain collision. There was a black coloured Mercedes Benz (bearing registration number SKH8680L)(Vehicle C) which had collided into the rear of Vehicle B and due to the impact, the front of Vehicle B collided into the rear of my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2117

3 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180510/2117

CONTINUATION OF REPORT

Due to the collision, there was a huge dent on the rear bumper and the rear bodykit of my vehicle. Eventually, I went to seek for medical treatment at Mount Alvernia hospital and complaint of backpain. I was then given 5 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/2117

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Report No. T/20180510/2117

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 The Report:
G /
Sgt 2 MUHAMMAD NAQIB BIN ABDUL RAZAK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/05/2018 16:10

Classification Of Case:

Medical Cert



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and
Emergency Department
No: M18006809

This is to certify that HOO TOON LEE (S7743081D) is granted medical leave for 5 day(s) from 10/05/2018 to 14/05/2018.

Type of medical leave:

- ☒ OUTPATIENT SICK LEAVE
☐ HOSPITALISATION LEAVE
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

OH JEN JEN
MBBS, MRCS(ED) (A&E) & M.MED
MCR : 08965D

10/05/2018

Date

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



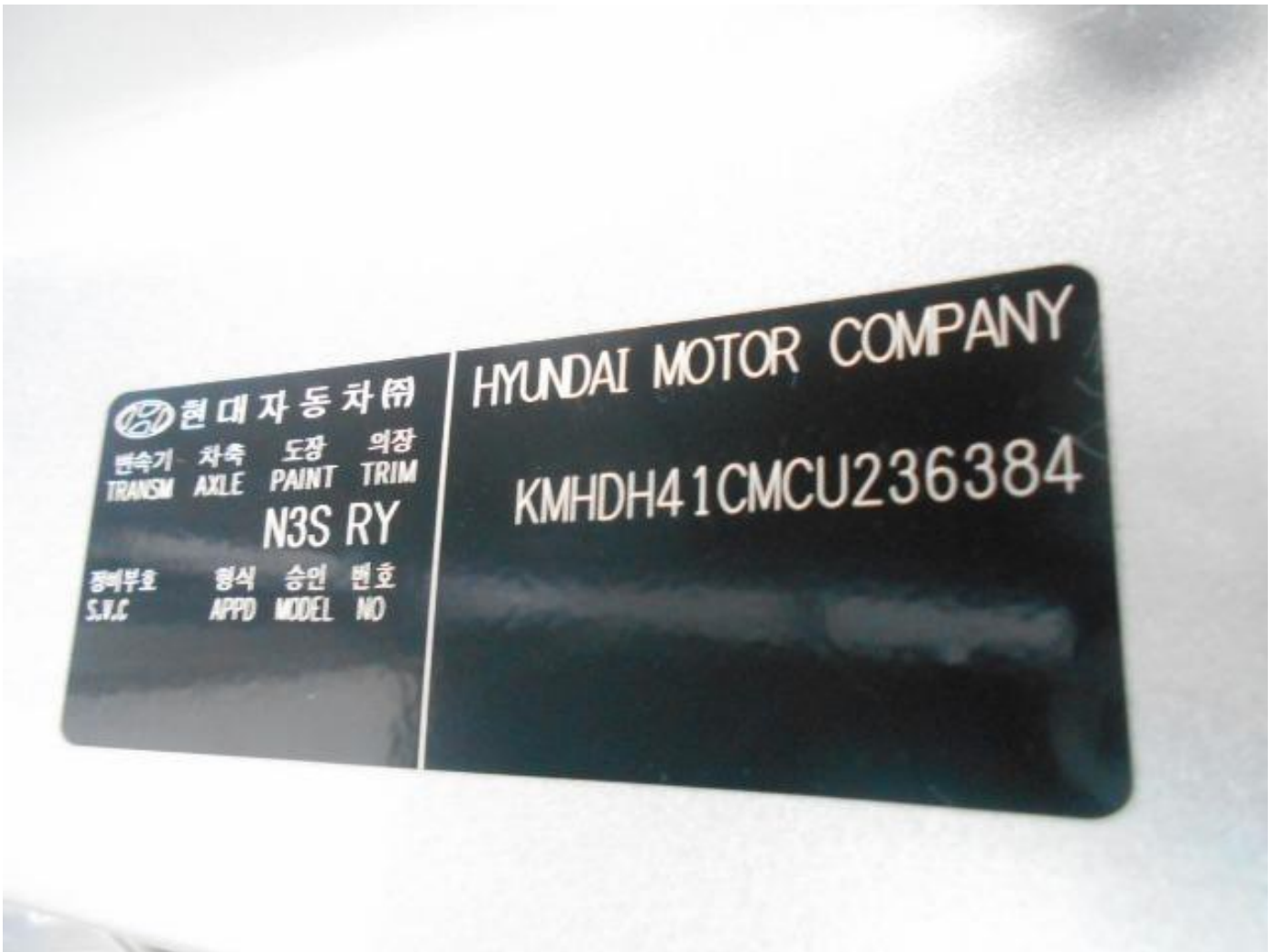
Accident Photo



Accident Photo



Accident Photo



Accident Photo

