

## 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	11/05/2018 13:40
Date Of Accident	10/05/2018 09:00
Exact Location Of Accident	PIE (TUAS) AFTER BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2296G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5099118818
Cover Note Number	

### Driver

Name of Driver	ANG KIM HUN (WENG JINHAN)
NRIC No	S7424489J
Date Of Birth	28/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98593368
Fax Number	
Contact Number	OFFICE-98593368
Email Address	NOEMAIL

Address	BLK 208 PASIR RIS STREET 21 #03-344
Postcode	510208
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	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	4
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: : - GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2183.

### 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	SLG4818C
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)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF2167R  
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)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SBV101C  
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)

#### DETAILS OF INJURED PERSON 1

Name ANG KIM HUN (WENG JINHAN)  
Approximate Age  
Injuries Sustain BACK, RIGHT SHOULDER,RIGHT HAND & RIGHT LEG  
Injured person in which vehicle? SLX2296G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode







**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180510/2183--

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20180510/2183

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHOW MING LI CHARLYN	ID No.	S9448259C
Related Vehicle	SBV101C (Car)	Contact No.	90097049
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
<b>Driver</b>			
Name	DU YONGZHI	ID No.	S8375889I
Related Vehicle	SLF2167R (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	REICHERL ANDREA	ID No.	G5365828N
Related Vehicle	SLG4818C (Car)	Contact No.	NIL
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

Police Report



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T/20180510/2183

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Report No. T/20180510/2183

CONTINUATION OF REPORT

<b>Driver</b>			
Name	ANG KIM HUN	ID No.	S7424489J
Related Vehicle	SLX2296G (Car)	Contact No.	98593368
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2018	Date Discharge	10/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 10/05/2018 at about 0900hrs, I was driving my vehicle bearing the plate number SLX2296G along PIE towards Tuas with one passenger. I was driving on the first lane of PIE. After Bedok North Ave 3 exit, the vehicle in front of me suddenly applied the brake. Hence, I also applied the brake. However, a few moments after I stopped, there was a collision at the rear of my vehicle and I also heard a bang and I felt a jerk. The impact did not cause me to hit the rear of the vehicle which was in front of me. the vehicle in front of me also drove off after wards. The vehicle that hit on the rear of my vehicle is SLG4818C. I then went down of my vehicle to make a check and I discovered that there were another two vehicles involved in the accident. The other two vehicles are SLF2167R and SBV101C. SLF2167R hit the rear of SLG4818C and SBV101C hit the rear of SLF2167R. My vehicle right rear bumper and boot suffered dents and scratches. I asked my passenger and he stated that he was not injured. Later on I went to visit a clinic and I was given 5 days of MC. There was an in car camera installed in my vehicle. However, it did not capture the accident.

Police Report



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POLICE FORCE



T/20180510/2183

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519457  
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Report No. T/20180510/2183

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 JEREMY CHUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2018 22:25
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

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**



Accident Photo



Accident Photo



Accident Photo



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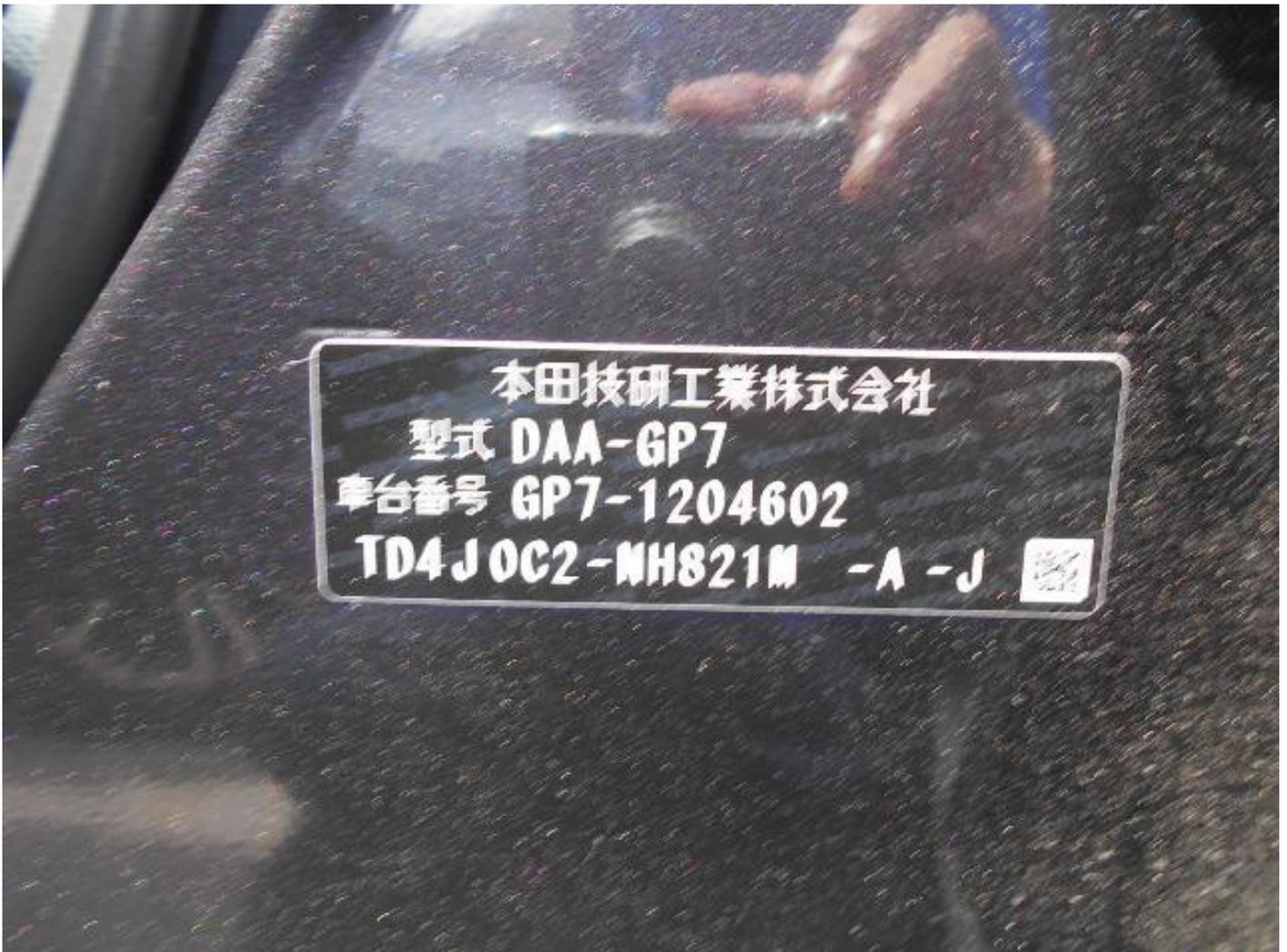
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