

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	24/05/2018 13:31
Date Of Accident	17/05/2018 17:30
Exact Location Of Accident	CLEMENTI AVE 4 / 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8900G
Insured/Policyholder	
Name Of Registered Owner	ONG KIM HUAT
NRIC No	S6919134G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91147825
Alternative Phone No	OTHERS-91147825

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3114391701
Cover Note Number	

Driver

Name of Driver	ELISE TAN XIN QI
NRIC No	S9134945J
Date Of Birth	03/10/1991
Occupation	INDOOR
Date Of Driving Pass	30/03/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91147825
Fax Number	
Contact Number	OTHERS-91147825
Email Address	NOEMAIL

Address	BLK 409 SEMBAWANG DRIVE #09-782
Postcode	750409
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
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: : NIL
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180523/2001

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA3844S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	POK THIAN CHOR
NRIC/Passport Number	
Contact Number	97310931

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ELISE TAN XIN QI

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLE8900G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

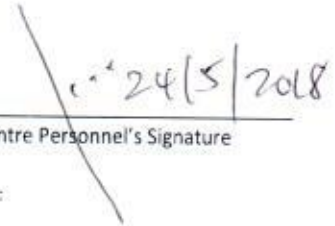
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Clementi Ave 4, 5, waiting to ~~enter~~ the filter lane due to pile up of cars due to peak hour traffic. Vehicle A was stationary stopped as per protocol behind other vehicles also waiting in line in traffic. Suddenly, vehicle B, a Kon Comfort Delgro bus came from behind and rear ended vehicle A.

Vehicle A was stationary at time of accident. After the accident, driver of vehicle A felt ^{disorientated and also} discomfort at the neck and back areas. Driver of vehicle A was also traumatised by vehicle B the ~~driver~~ accident and felt threatened by vehicle B's driver who was slightly aggressive.

to the side
Driver of vehicle B drove away immediately after the accident and refused to ~~the~~ hand over driving licence or form of identification as per standard accident procedure.

Pls Ref to the Police Report
T/20180523/2001

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.:



**SINGAPORE
POLICE FORCE**



T/20180523/2001

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20180523/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2018 00:28	Vide Report No.:	Station Diary No.: 5
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Informant's Particulars

Name of Informant: ELISE TAN XIN QI			Address: APT BLK 409 SEMBAWANG DRIVE #09-782 SINGAPORE 750409		
ID Type / ID No.: NRIC NO / S9134945J			Contact No.: Home/Office: Mobile: 91147825		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 03/10/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MARKETING EXECUTIVE			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: 17/05/2018 17:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE WEST CLEMENTI AVENUE 3 Left lane waiting to turn into Ave 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3844S	Bus/Coach/Mi nibus	MITSUBISHI	RK117JSRD EA	Multi-Colored	Slightly Damaged	1
SLE8900G	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180523/2001

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20180523/2001

CONTINUATION OF REPORT

Name	POK THIAN CHOR		ID No.	NIL
Related Vehicle	PA3844S (Bus/Coach/Minibus)		Contact No.	97310931
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	ELISE TAN XIN QI		ID No.	S9134945J
Related Vehicle	SLE8900G (Car)		Contact No.	91147825
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	Slight

Brief Details.

On the above mentioned date, time and location, I was waiting to turn left into Clementi Ave 3 travelling along Commonwealth Ave West. Out of sudden, a Comfort Delgro bus drove into the back of my stationary vehicle, damaging my rear left bumper. I immediately went out of the vehicle and exchanged particulars with the driver, however he was not willing to give me his IC number, only giving me his name and contact driver and asked me to contact his company for claims. We then went on our separate ways.

The next day on 18/05/2018, I felt disorientated and my back was uncomfortable hence I went to the doctor and was given 3 days MC from 19/05/2018 to 21/05/2018.



**SINGAPORE
POLICE FORCE**



T/20180523/2001

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20180523/2001

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:

F /
ASP LAM WEI LUN, WILFRED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SN 085

Authentication Stamp

NR165

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

23/05/2018 00:28

Classification Of Case:

* Reported on 19/5/2018
@ 1015AM

ACCIDENT STATEMENT

ACCIDENT DATE: (17/05/2018) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: Clementi Ave 415

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 8900G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91147825
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA3844S MODEL: (Bus)
b) DRIVER'S NAME: POK THIAN CHOR
c) NRIC/FIN/PASSPORT: _____ CONTACT: 97310931

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Workshop Email: williamicb@gmail.com ✓

Email = William Lye (Claim Manager)
HP: 90088431

fax =

Waiting for Certificate? ✓
Police Report? ✓

OK.
Video
yes
revert

* Call on 23/5/2018
@ 1630hrs.
Mr. William
he will inform
to send
by 24/5/2018

S 69191346
ANN
Uncle ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9134945J



Name
ELISE TAN XIN QI

陈欣琪

Race
CHINESE

Date of birth Sex
03-10-1991 F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9134945J

ELISE TAN XIN QI

Birth Date: 03 Oct 1991

Issue Date: 30 Mar 2017



3943899

NRIC No. S9134945J



Date of issue
11-10-2006

Address

APT BLK 409 SEMBAWANG DRIVE
#09-782
SINGAPORE 750409

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 30 Mar 2017

NP 428A



MOTOR PRIVATE CAR R

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3114391701

Engine No :2AZE019545

Chano:MR053BK4007005154

1. Index Mark and Registration

Number of Vehicle

SLE8900G

AUTOSAFE

=====

2. Name of Policy Holder

ONG KIM HUAT

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

01 December 2017

Named Drivers Ex Sect. I S\$1,500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

30 November 2018

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

5. Persons or Classes of Persons entitled to drive*

EX ON WINDSCREEN S\$100.00

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy year.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:
Authorised Officer

.....
Authorised Signatory