

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

SKETCH PLAN


IMPORTANT NOTICE

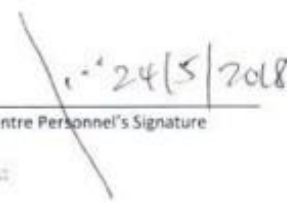
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

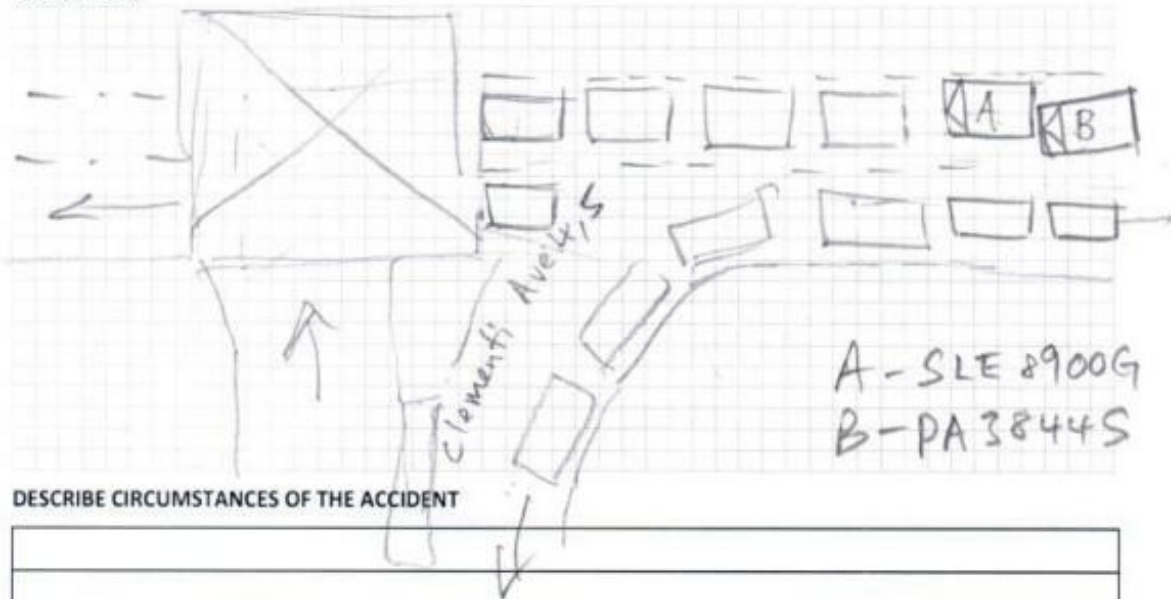
Policyholder's Signature
Date & Time:


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

Vehicle A was driving along Clementi Ave 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 ~~an~~ 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 ~~the~~ accident and felt threatened by vehicle B's driver who was slightly aggressive.

Driver of vehicle B drove away ~~to the side~~ 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.:

Sketch Plan #3



**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

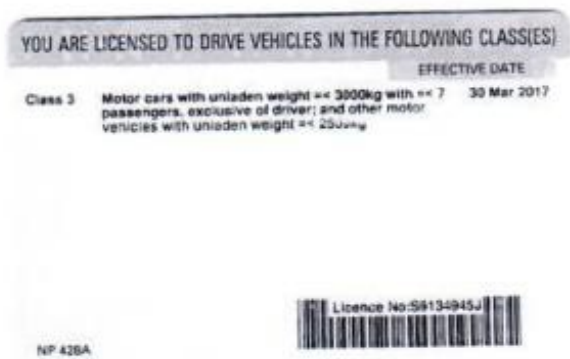
Name	POK THIAN CHOR		ID No.	NIL
Related Vehicle	PA3844S (Bus/Coach/Minibus)		Contact No.	97310931
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver:				
Name	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.

Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



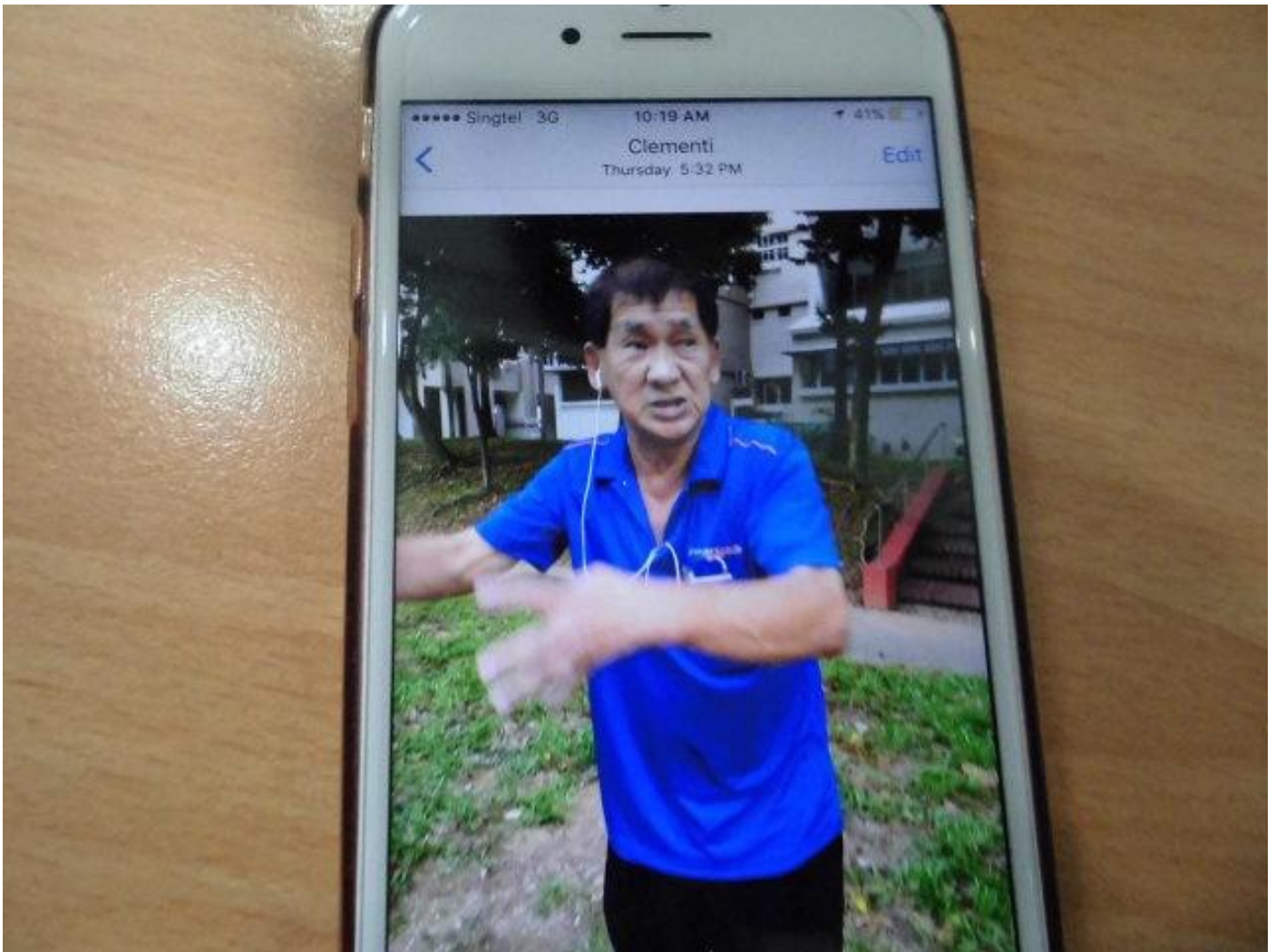
Accident Photo



Accident Photo



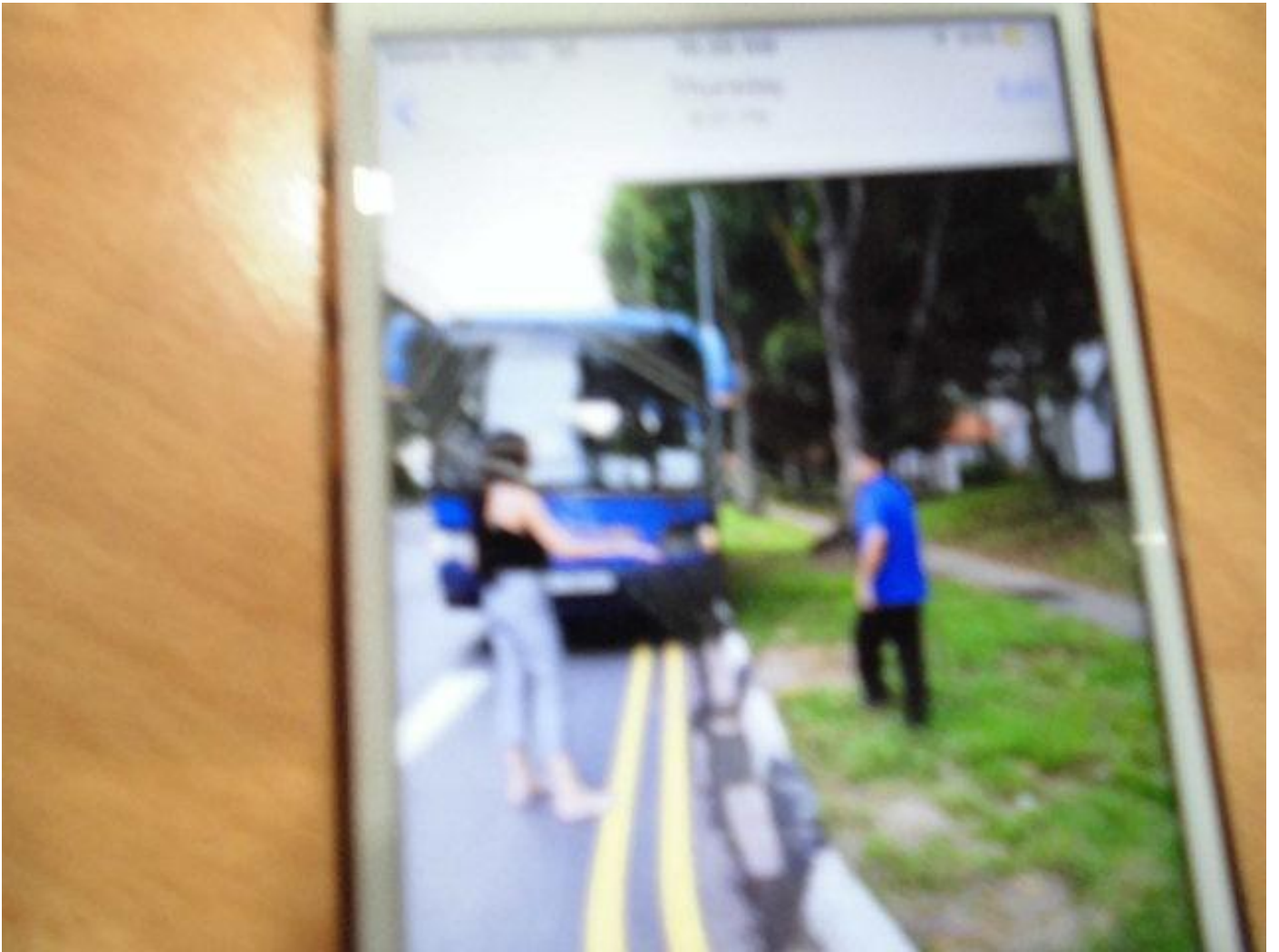
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180523/2001

1 of 3

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

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/Minibus	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

Police Report



**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

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Police Report



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POLICE FORCE**



T/20180523/2001

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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 Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/05/2018 00:28

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SN 005

Authentication Stamp

NR268

Signature:

Singapore Police Force

Classification Of Case: