

## 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	31/05/2018 15:21
Date Of Accident	30/05/2018 17:20
Exact Location Of Accident	HOUGANG AVE 3 TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5069H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH SEE SEN
NRIC No	S7601219I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98638636
Alternative Phone No	OTHERS-98638636

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5098455572
Cover Note Number	

### Driver

Name of Driver	TOH SEE SEN
NRIC No	S7601219I
Date Of Birth	15/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98638636
Fax Number	
Contact Number	OTHERS-98638636
Email Address	NOEMAIL

Address	BLK 812 YISHUN RING ROAD #07-4153
Postcode	760812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180531/2091

#### 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	SJH2156K
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MENG YEOW
NRIC/Passport Number	G3220829R
Contact Number	81748433
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TOH SEE SEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM5069H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. 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:

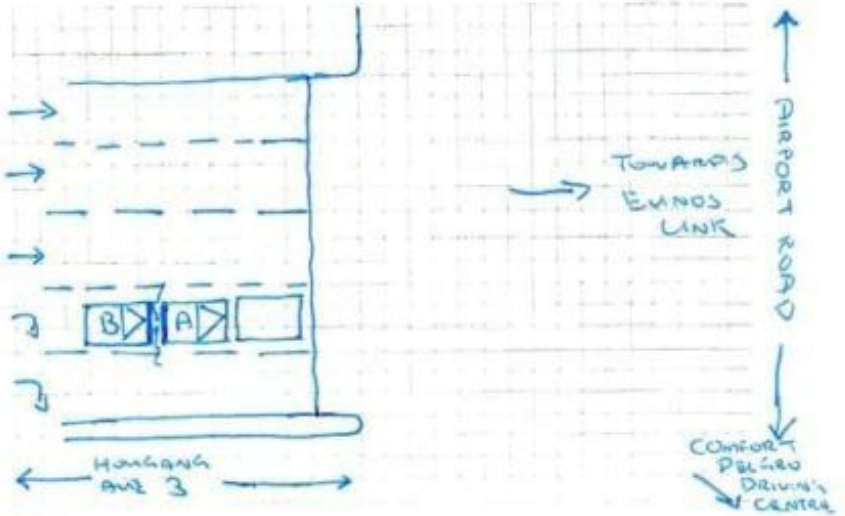
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

VEHICLE A - SJM 5069 H

VEHICLE B - SJH 2156 K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20180531/2091

VEHICLE A - SJM 5069 H

VEHICLE B - SJH 2156 K

## 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:

NRC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**

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



T/20180531/209

Report No. T/20180531/209

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5069H	NTUC Income Insurance Co-Operative Limited	5098455572	27/02/2018	26/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN MENG YEOW		ID No.	G3220829R
Related Vehicle	SJH2156K (Car)		Contact No.	81748433
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 10/01/2022
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TOH SEE SEN		ID No.	S7601219I
Related Vehicle	SJM5069H (Car)		Contact No.	98638636
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/05/2018		Date Discharge	30/05/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight

### Brief Details.

On 30th May 2018 at about 1720hrs, I was driving my car (Mitsubishi Lancer White, SJM5069H) along Hougang Avenue 3. Weather was clear, road surface was dry. There were no passengers in my car.

Upon reaching the traffic junction of Hougang Avenue 3 / Airport Road / Eunos Link, I stopped my car before the white line as the light was red. I am heading towards Airport Road. Suddenly, I felt an impact coming from the rear of my car. I alighted and realized another car (Toyota Altis Silver, SJH2156K) had collided with the rear bumper of my car. My rear bumper sustained dents. There are also dents on the rear bonnet of my car.

I subsequently exchanged particulars with the other driver and took photos of the accident scene. Both of us then continued our journey. Later at night, I felt pain on my left shoulders and lower back as such, I went to Khoo Teck Puat Hospital and received medications as well as 3 days MC.

I wish to state that there were no front and back in-car cameras in my car.

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/20150631/2091

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1820  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4  
Report No: T/20150631/2091

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 13:48		Vide Report No.:		Station Diary No.: 37	
<b>Informant's Particulars</b>					
Name of Informant: TOH SEE SEN			Address: APT BLK 812 YISHUN RING ROAD #07-4153 SINGAPORE 760812		
ID Type / ID No.: NRIC NO / S78012191			Contact No.: Home/Office: Mobile: 98838838		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 15/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			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: 30/05/2018 17:20	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 3 AIRPORT ROAD Before the traffic junction of Hougang Avenue 3 / Airport Road / Eunos Link				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJH2156K	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	3
SJM5069H	Car	MITSUBISHI	LANCER 1.6 M	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



1/2018H531003

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1820  
SINGAPORE 470628  
Tel No: 1800-4439888

Report No: T/2018

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJM5069H	NTUC Income Insurance Co-Operative Limited	5098455572	27/02/2018	26/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN MENG YEOW		ID No. G3220829R
Related Vehicle	SJH2156K (Car)		Contact No. 81748433
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: 10/01/2022
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL
Driver			
Name	TOH SEE SEN		ID No. S7501219I
Related Vehicle	SJM5069H (Car)		Contact No. 98638635
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/05/2018		Date Discharge 30/05/2018
No. of Days granted Medical Leave		03	Degree of Injury Slight

### Brief Details.

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**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180531/2091

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 4

Report No. T/20180531/2091

CONTINUATION OF REPORT

Police Report



SINGAPORE  
POLICE FORCE



T/20180531/2091

4 of 4

Report No. T/20180531/2091

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1820  
SINGAPORE 470829  
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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 NUR NASRI BIN AGUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2018 13:46

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SITI MARSITA BINTE BOHARI

Contact No: 65476219

Classification Of Case:

Authentication Stamp:

KP165

