

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 | 04/06/2018 19:12 |
| Date Of Accident | 31/05/2018 11:35 |
| Exact Location Of Accident | ALONG CENTRAL EXPRESSWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PA9492J |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|--|
| Name Of Registered Owner | MOVEMENT OF THE INTELLECTUALLY DISABLED OF SINGAPO |
| Co Reg No | S62SS0075C |
| Email Address | WINNIELIM.HQ@MINDS.ORG.SG |
| Mobile Phone No | (LOCAL) +65-85115668 |
| Alternative Phone No | OFFICE-85115668 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | CITROEN |
| Model | DISPATCH-2.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5078894671-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | NG CHEE TIONG |
| NRIC No | S0562134H |
| Date Of Birth | 15/06/1946 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/02/1981 |
| Driving Experience | 37 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85115668 |
| Fax Number | |
| Contact Number | OTHERS-85115668 |
| Email Address | WINNIELIM.HQ@MINDS.ORG.SG |

| | |
|---|--|
| Address | BLK 615 CHOA CHU KANG STREET 62 #09-245 |
| Postcode | 680615 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | RAINING |
| Road Surface | WET |

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? | YES |
| 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180601/2043

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 | SLW1966T |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | TAY PENG KIAT |
| NRIC/Passport Number | S1765046G |
| Contact Number | 90084053 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SKZ5595A |
| Vehicle Make/Model/Colour | LEXUS IS 250 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GOH LENG LENG |
| NRIC/Passport Number | S8130435A |
| Contact Number | 93895595 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | NG CHEE TIONG |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | PA9492J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident 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.

minds
Insurers to the Motor Vehicle Industry of Singapore
800 MARGARET DRIVE
SINGAPORE 149310

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/6/18

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

Accident Sketch Plan

SKETCH PLAN

Along ME TOWARDS CITY

A) PA9492J
B) SLW1966T
C) SKZ5595A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/ 20180601/2043

DECLARATION

I/We declare the foregoing particulars are true in every respect.

MINDS
Insurance for the Intercity Disabled of Singapore
800 MARGARET DRIVE
SINGAPORE 149310

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180601/2043

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180601/2043

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|----------------------------|--|
| Date/Time Report Made: 01/06/2018 11:17 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG CHEE TIONG | | | Address: 615 CHOA CHU KANG STREET 62 #09-245 HDB-CHOA CHU KANG SINGAPORE 680615 | | |
| ID Type / ID No.: NRIC NO / S0562134H | | | Contact No.: Home/Office: Mobile: 85115668 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 71 | Date of Birth: 15/06/1946 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|---|-------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 31/05/2018 11:35 | Type of Location: |
| Location: Along Road 1 CENTRAL EXPRESSWAY | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| PA9492J | | | | | | 0 |
| SLW1966T | | | | | | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180601/2043

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180601/2043

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND THE ROAD WAS CONGESTED. IT WAS ALSO RAINING AND THE ROAD CONDITION WAS WET. THE CAR INFRONT OF ME SUDDENLY STOPPED. I MANAGED TO SAFELY BRAKE BEHIND THE CAR. IMMEDIATELY, I WAS HIT FROM THE BACK BY ANOTHER CAR(SLW1966T). THE COLLISION CAUSED MY VEHICLE TO MOVE FORWARD AND HIT THE CAR THAT WAS INFRONT OF ME. AMBULANCE CAME AND CONVEYED THE DRIVER OF THE CAR INFRONT AND MYSELF TO TAN TOCK SENG HOSPITAL. I WAS NOT HOSPITALISED AND RECEIVED 4 DAYS MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180601/2043

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180601/2043

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:

TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/06/2018 11:17

Classification Of Case:



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

| | | |
|---------------------|----------|------------------|
| MEDICAL CERTIFICATE | ORIGINAL | TTSH18125098 |
| NAME: NG CHEE TIONG | | NRIC: S056213411 |

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 4 day(s) from 31-May-2018 to 03-Jun-2018 inclusive



The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 31-May-2018 12:41 to 31-May-2018 15:30

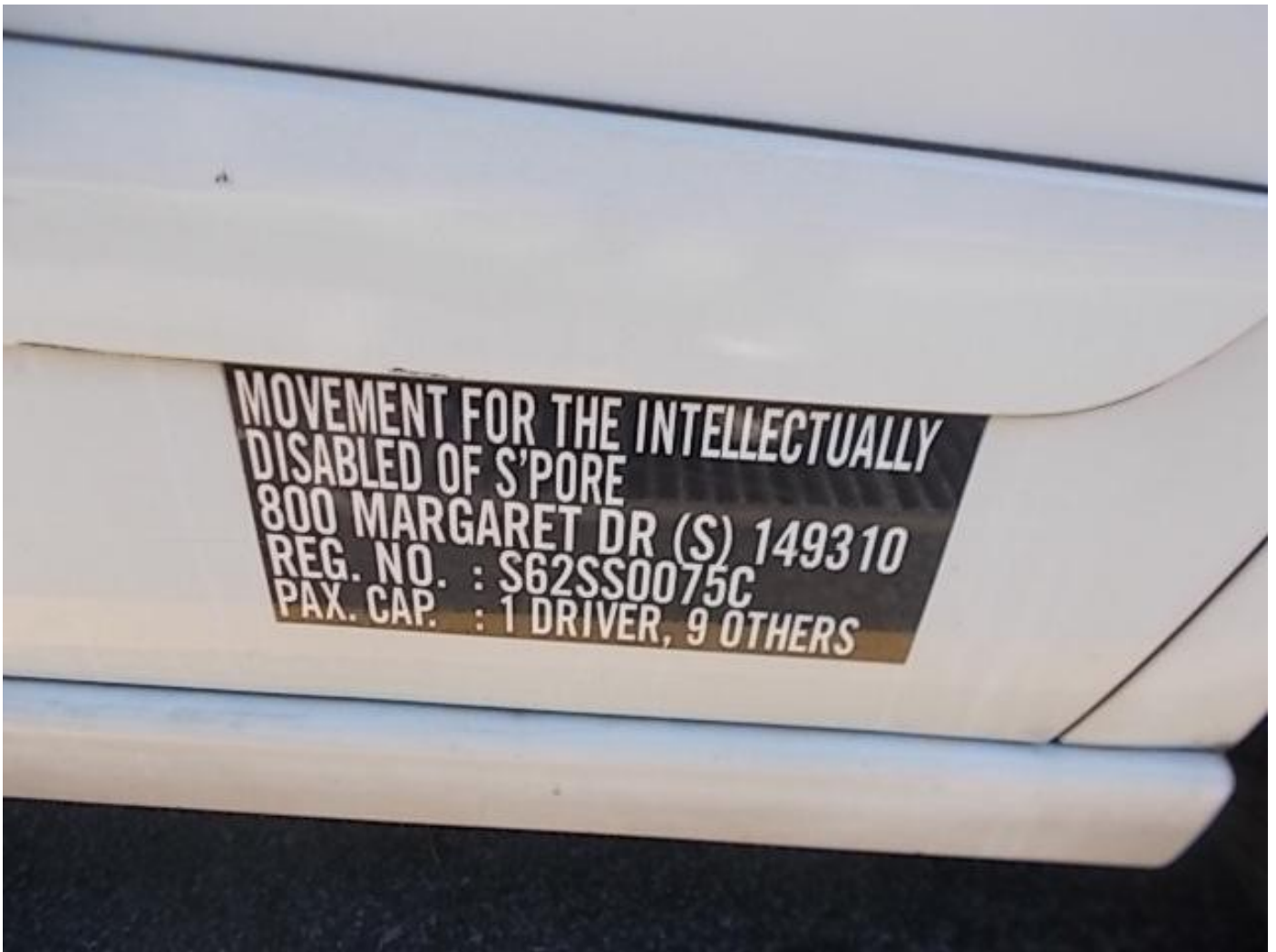
31-May-2018
Date

CHONG WU SEW LOUIS
(632738)
Issued by

Emergency Department
Location


Signature
 A member of National Healthcare Group
Adding years of healthy life

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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