

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	05/06/2018 13:03
Date Of Accident	01/06/2018 09:50
Exact Location Of Accident	ALONG NORTH BUONA VISTA RD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8695G
Insured/Policyholder	
Name Of Registered Owner	DANIEL LONG @ LONG JITAI
NRIC No	S7929025D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81239173
Alternative Phone No	OTHERS-81239173

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5078196027-01
Cover Note Number	22/07/17 - 21/07/18

Driver

Name of Driver	DANIEL LONG @ LONG JITAI
NRIC No	S7929025D
Date Of Birth	28/09/1979
Occupation	INDOOR
Date Of Driving Pass	08/01/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81239173
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 67 ROSEWOOD DRIVE #01-39 ROSEWOOD SUITES
Postcode	737876
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?	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
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

REFER TO POLICE REPORT ATTCHED.

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	SKB1301J
Vehicle Make/Model/Colour	WHITE VOLKSWAGON SHARAN
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 INJURED PERSON 1

Name	DANIEL LONG @ LONG JITAI
Approximate Age	
Injuries Sustain	DIZZY & NECK PAIN
Injured person in which vehicle?	SKT8695G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKT 8695 G
INSURER : N7UL
DATE & TIME: 01/06/18 9.50 AM

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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: 5/6/18

Driver's Signature

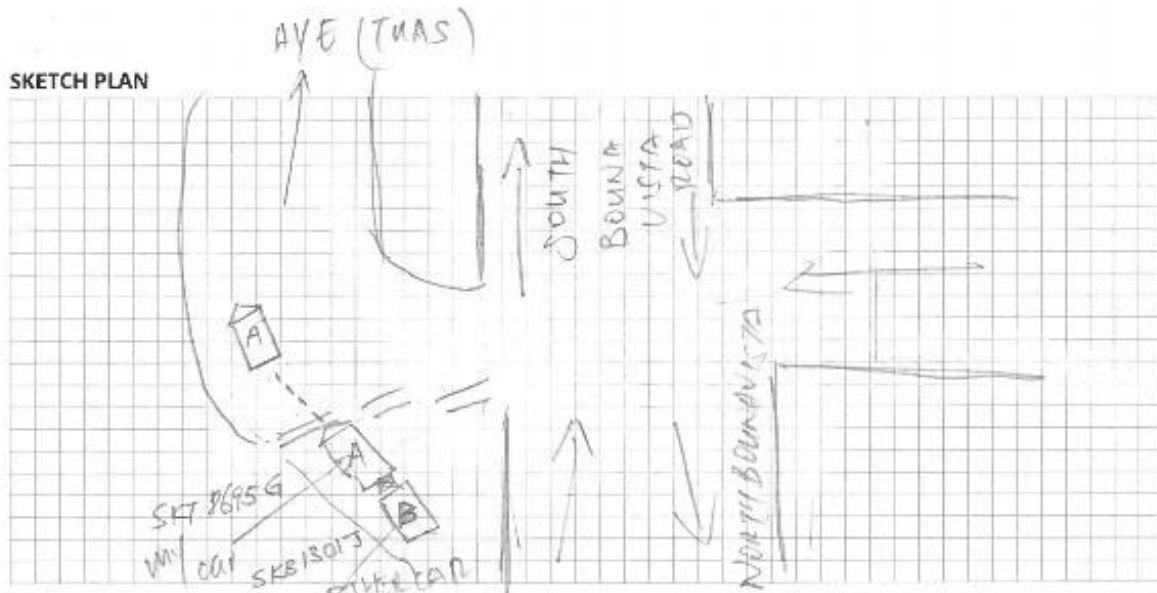
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: (WL)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

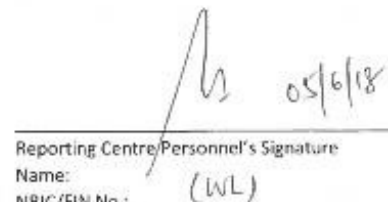
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time: 5/6/18



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

 05/6/18
Reporting Centre/Personnel's Signature
Name: (WL)
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20180605/2022

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20180605/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 10:57		Vide Report No.: D/20180601/0044		Station Diary No.:	
Informant's Particulars					
Name of Informant: DANIEL LONG			Address: 67 ROSEWOOD DRIVE #01-39 ROSEWOOD SUITES SINGAPORE 737876		
ID Type / ID No.: NRIC NO / S7929025D			Contact No.: Home/Office: Mobile: 81239173		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 28/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			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: 01/06/2018 09:50	Type of Location:
Location: Along Road 1 NORTH BUONA VISTA ROAD FILTER TO AYE TUAS				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKB1301J	Car	VOLKSWAGEN	SHARAN 2.0 TSI AT 7N14H3 RR A/BAG SR	White		0
SKT8695G	Car	HONDA	JAZZ 1.4A	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180605/2022

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

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Report No. T/20180605/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT8695G	NTUC Income Insurance Co-Operative Limited	5078196027-01	22/07/2017	21/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DANIEL LONG		ID No. S7929025D
Related Vehicle	NIL		Contact No. 81239173
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	01/06/2018		Date Discharge NIL
No. of Days granted Medical Leave	32	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG NORTH BUONA VISTA ROAD, I STOPPED AT THE FILTER LANE BEFORE AYE TO CHECK FOR ONCOMING VEHICLES. AS I WAS CHECKING FOR ONCOMING VEHICLES, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE WHICH CAUSED MY VEHICLE TO BE PUSHED FORWARD, ONTO THE FILTER LANE. I ONLY GOT OUT OF MY VEHICLE AFTER 15 SECONDS AS I WAS FEELING DIZZY AND HAD A SHARP NECK PAIN. UPON EXITING THE VEHICLE AND TAKING SOME PHOTOS, I FELT A CRIPPLING PAIN ON MY NECK. THE OTHER DRIVER TOLD ME TO SIT DOWN AND STOP MOVING, CALL THE AMBULANCE FOR ME AND WAITED WITH ME UNTIL THE AMBULANCE ARRIVED.

I WAS CONVEYED BY THE PARAMEDICS TO NUH WHERE I WAS DIAGNOSED WITH TORN DISC, AND HAD BLURRED VISION. I WAS HOSPITALIZED FOR 1 DAY. I HAD ASKED TO BE DISCHARGED AS NUH COULD NOT DO THE MRI ON SUNDAY. I WAS GIVEN 32 DAYS OF MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**

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T/20180605/2022

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Report No. T/20180605/2022

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 /
ZENG ZI CONG 

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
05/06/2018 10:57

Classification Of Case:



Signature:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE

