

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	06/06/2018 15:20
Date Of Accident	04/06/2018 20:30
Exact Location Of Accident	AMK AVE 3 BEFORE AMK SOUTH NPC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9112D
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Insured/Policyholder

Name Of Registered Owner	PAUL HOE BATTERIES & MOTOR SERVICES
Co Reg No	52832652W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67419686

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075956996-02
Cover Note Number	

Driver

Name of Driver	HSU MAC
NRIC No	S8514192I
Date Of Birth	22/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85754860
Fax Number	
Contact Number	OFFICE-85754860
Email Address	NOEMAIL

Address	BLK 255 ANG MO KIO AVENUE 4 #08-109
Postcode	560255
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	CLEAR
Road Surface	DRY

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?	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180606/2086.

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	SJZ8288D
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL2204K
Vehicle Make/Model/Colour	
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)	

DETAILS OF INJURED PERSON 1

Name	HSU MAC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GQ9112D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

Paul the Batteries & Motor Service

1 Kaki Bukit Ave 6 #01-109, #02-25

AutoBay@Kaki Bukit, Singapore 417883

Tel: 6741 9666 / 6748 9386 Tel/Fax: 6747 6918

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

Describe the main components of the system:

Amk Ave 3

A: 60 9112D

B: 528288D

C: 52622041c

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20186606/2086.

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.:

Police Report

Police Station Of Origin :

Police Station NPT
411 Ang Mo Kio Ave 4
Singapore 560111
Tel: 600-4589999



Serial No. F 00912

Report No. T/20180606/2086

IP No.

IO In-charge :

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 06/06/2018 at 1210hrs	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: Hsu Mac		Address: Blk 255 Ang Mo Kio Avenue 4 #08-109	
ID Type/No.: NRIC S8514192I	Date of Birth: 22/05/1985	Contact No.: Home: Mobile: 85754860 Office:	Postal Code: 560257 Driving Licence Information:- Class: 3 Date of Expiry:
Race: Chinese	Age: 33	Sex: Male	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Delivery driver			

General Information on the Accident			
Type of Accident:	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non-Injury	Date of Accident: 04/06/2018	Type of Location:
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 0932 2035hrs	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)
Location of Accident (state road name and specify landmark (if any). If accident occurred at junction, state all road names that form the junction) Along Ang Mo Kio Ave 3 before Ang Mo Kio South NPC			

Type of Collision:				Weather:	
(i) Between moving vehicles		(ii) Moving Vehicle Against:		<input checked="" type="checkbox"/> Clear	
<input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input checked="" type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Raining	
Traffic Flow: <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input checked="" type="checkbox"/> Dual Carriageway		Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled		Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	
Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic		Road Speed Limit:km/h		Drink Drive: Yes/No	
				Anyone conveyed by ambulance: Yes/No	

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
GQ9112D	Toyota Silver	Slight	Hsu Mac S8514192I	3	85754860	7 days	NTUC Income	5075956596-62	29/12/2017 to 28/12/2018
SJ28288D	BMW Black	Slight	Lin Wee Kiat S81157424		9755406				
SL2204K	Honda Black	Slight	Khan Chan Poi-Jin S81908532						

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Police Report

Police Station Of Origin :



Report No. T/20180606/2086

IP No.

IO In-charge :

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes / No		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured

Information on Eyewitness	
Any eyewitness available : Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Brief Details. This report shall be signed by the informant.

On 04/06/2018 at about 2035hrs, I was driving my vehicle 6Q91120 along Ang Mo Kio Ave 3 near to Ang Mo Kio South N/E. I was on the 2nd lane. As the motorcycle in front of me had stopped, I had stopped my vehicle as well. Suddenly I felt a bump and when I went down to check, a vehicle SJZ 8288D had hit onto the rear of my vehicle. Another vehicle SL2204K had hit onto the rear of the vehicle SJZ 8288D. No one was injured. We exchange particulars and went off. On 06/06/18, I went to a clinic to see doctor and was given 7 days medical leave.

Instructions

1. Number each vehicle and show direction of travel by arrow.
2. Number each pedestrian and show direction by arrow.
3. Use solid line to show path of vehicle before accident

after accident,
4. Show distance and direction to landmarks, identify by name.
5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: SSSgt Chang Wang Te
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: TP / GIA / Tang Skew Ping

Signature Of Informant:
Date:
Classification Of Case:

Authentication Stamp

A Life Clinic Pte. Ltd.
10, Sinaran Drive, #09-21,
Novena Medical Center, Singapore 307306
Business Regn. No. 201104850M
Tel: 67372283
Fax: 62561328

Medical Certificate

Date of Visit: 06-Jun-2018

MC No.: C1-TVA4TE

This is to certify that

Name: HSU MAC

NRIC: S8514192I

is Unfit for Work

for 7 day(s) from 06-Jun-2018 to 12-Jun-2018

Remarks:

Dr. Choo Kay Wee
M.B.B.S. (S'pore), M.C.G.P (S'pore)
MCR 03806G

Doctor: Kay Wee Choo
MCR: M03806G

A LIFE CLINIC PTE LTD
10, Sinaran Drive #09-21
Novena Medical Centre
Singapore 307506
Tel: 6737 2283 Fax: 6256 1328
Co. Regn. No. 201104850M

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 06 Jun 2018 11:18:58 by Kay Wee Choo

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Accident Photo



Accident Photo



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