### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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 witholding 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.	
<b>数</b> 基标准的社员用式 为政策的英语工程的主义。如	ACCIDENT STATEMENT
Date Of Report	07/06/2018 12:41
Date Of Accident	06/06/2018 16:45
Exact Location Of Accident	AYE TWDS CITY, NEAR TO EXIT 6
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT5792R
Insured/Policyholder	
Name Of Registered Owner	TAN KUEK HUAT
NRIC No	S1701307F
Email Address	KEN.TAN@SINGAPOREMINT.COM.SG
Mobile Phone No	(LOCAL) +65-98443831
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070986038-03
Cover Note Number	
Driver	
Name of Driver	TAN KUEK HUAT
NRIC No	S1701307F
Date Of Birth	24/11/1965
Occupation	INDOOR
Date Of Driving Pass	18/03/2015
32	

3 YEARS AND 2 MONTHS

(LOCAL) +65-98443831

KEN.TAN@SINGAPOREMINT.COM.SG

OFFICE-NOPHONE

MALE

Address

BLK 1270 KIM TIAN ROAD #23-553

Postcode

164127

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

:-T:

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?

YES

Foreign Vehicle Registration Number

JRT9972 (PRIVATE CAR)

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

40000

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

s) 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

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX

BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT T/20180607/2032 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHA7759Z

Vehicle Make/Model/Colour

COMFORT CAB

**Details Of Properties** 

Vehicle Category

TAXI

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

SDX2500L

Vehicle Make/Model/Colour

BLACK HONDA ODYSSEY

**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 3**

Vehicle Registration Number

JRT9972

Vehicle Make/Model/Colour

WHITE HONDA ACCORD

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

TAN KUEK HUAT

Approximate Age

52

Injuries Sustain

PAIN ON NECK

Injured person in which vehicle?

SJT5792R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

BLK 127D KIM TIAN ROAD #23-553

Address Postcode

164127

YES

#### SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO:

SJ15792R ACCIDENT DATE:

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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.
- 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 daims;
  - (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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

Policyholder's Signature Date & Time:

7 /6/18 1150hs

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

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature Name:

NRIC/FIN No ::

# Sketch Plan #2 Pg. 1

SST 5792R

KETCH PLAN				<b>a</b> ( <b>a</b> ( <b>c</b>
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	- x -1		1 +-	
\$	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	D{	>-+ >R -	JP79972
		$\rightarrow$		
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	11 (200)		
Refer	to Police	e Report	- Ho	
7/20	(8 060 7/20	132		
	>=		D->E	
		£112,	1926	
	W. C.			
OWN DAMAGE ( ) 3R	D PARTY CLAIM	REPORTING ONL	Y() OW	N WORKSHOP ( )
CLARATION e declare the foregoing particula	rs are true in every respect.		CHARN'S	TUSTOMCRAFT
cytholder's Signature e & Time:	Driver's Signature (If driver is not the policy! Date & Time:	nolder)	100	rsonnel's Signature

### Sketch Plan #3 Pg. 1





1 of 4

Report No. T/20180607/2032

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made:

Vide Report No.: Station Diary No.:

	07/06/2018 10:34		vide Report No.:	Station Diary No.		
Informant's Particulars		culars	<b>建设有效的</b>	48		
Name of	f Informani JEK HUAT		Address: APT BLK 127D KIM TIAN RI	OAD #23-553 SINGAPORE		
NRIC N	/ ID No.: O / S17013	07F	164127 Contact No.: Home/Office:	7049010 NA +500		
Nationality: SINGAPORE CITIZEN		EN	Email: Mobile: 98443831			
Sex: Male	Age: 52	Date of Birth: 24/11/1965	Type of Informant: Driver			
Race:		1 = 1/1 1/1000				
Chinese			Language:	Institution / School Name:		
Occupation: nanager			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Am		Drink Drive:	Date/Time of Accident:	10.10	Type of Location Straight Road
Towards City.	Traveling Toward Road EXPRESSWAY	d 2	l No	06/06/2018 16:	45	
Weather						
vveather: Clear			Surface:		Road	Speed Limit:
vveather:		Dry Traffic	Surface: Control:			c Volume:

Vehicle No.	Type	Make		The second second		
JRT9972	Car	Make	Model	Color	Condition	No of Passeng
SSERVICE	037770				Slightly	1
SDX2500L	Car				Damaged	
0114777						1
SHA7759Z	Car					
P ITEZOOD					Slightly	0
3313/92R	Car	TOYOTA	WISH 1 8Y A	1A/hite	Damaged	
SJT5792R	Car	TOYOTA	WISH 1.8X A	White	Damaged Slightly Damaged	0

# Sketch Plan #4 Pg. 1





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

2 of 4 Report No. T/20180607/2032

Tel No: 1800-2369999

CONTINUATION OF REPORT

The same of the same of the same of	ehicle Insurance	A STATE OF THE SAME		Notice Sections
	Insurance Company	Insurance No	Effective	Expiry Date
SJT5792R	NTUC Income Insurance Co-Operative Limited	5070986038-03	20/04/2018	19/04/2019

No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	是此一种是一种的人	7.7		THE WOOD IN	Side State	
Name	TAN KUEK HUAT			ID No	).	S1701307F
Related Vehicle	SJT5792R (Car)			Conta	act No.	98443831
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	06/06/2018	Date Di	scharge	06/06	/2018	
No. of Days grant	ted Medical Leave	01		of Injury		Market and the second

### Brief Details.

I was driving a passenger car, SJT5792R on 6 June 2018 at about 4.45pm along AYE towards city (lane 1). My travelling speed was within the speed limit of 90km/h at about 85km/h.

At around exit 6 (exit to Alexandra Road), the car in front of me (JRT9972) suddenly pulled to a stop completely, I reacted and stopped accordingly with good distance of at least 1.5m away from the front car (JRT9972).

While my car was stationary, taxi car (SHA7759Z) from behind crashed into my car at a great speed causing my car to surge forward and hit the back of the front car(JRT9972).

There was another passenger car (SDX2500L) which crashed into the back of taxi car (SHA7759Z).

The JRT9972 driver exited his car to look at the damage, did not say anything and left the scene, we did not managed to exchange particulars. The 2 drivers behind me were injured as well, thus I did not speak to them and did not managed to exchange particulars. The 2 drivers, passenger and myself were all conveyed to hospital.

I made a report to my insurance agent (Income Insurance) who assisted to tow my car to the workshop. I was ferried in an ambulance to NUH for treatment and observation and was discharged hours later with one day MC and medications.

My injuries were pain on my neck. Damages on my car were front bumper and hood dented, back bumper dislodged and crushed.

# Sketch Plan #5 Pg. 1





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

Report No. T/20180607/2032

3 of 4

CONTINUATION OF REPORT

# Sketch Plan #6 Pg. 1





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 4 of 4 Report No. T/20180607/2032

Tel No: 1800-2369999 CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Francis Force

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.

Staff Sgt RAKCENT WONG JACK TSEN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	07/06/2018 10:34
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt MOHAMED SUFIAN BIN SUDIN	
Contact No.: 65476367	
Authentication Stamp	