

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	28/06/2018 13:36
Date Of Accident	27/06/2018 09:30
Exact Location Of Accident	KPE TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8942X
Insured/Policyholder	
Name Of Registered Owner	JEE CHO FEI (YU ZUHUI)
NRIC No	S7641464E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90919667
Alternative Phone No	OFFICE-90919667

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099808924
Cover Note Number	-

Driver

Name of Driver	CECILIA CHAN KIM HONG
NRIC No	S7797152A
Date Of Birth	19/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83189292
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 197 RIVERVALE DRIVE #06-707
Postcode	540197
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : WU JUNJIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3866Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HWA KIAT
NRIC/Passport Number	S7937147E
Contact Number	98522493
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CECILIA CHAN KIM HONG

Approximate Age

Injuries Sustain LEFT HAND AND BACK

Injured person in which vehicle? SJQ8942X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WU JUNJIE

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJQ8942X

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.

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

A = SJQ 8942X
B = SKD 3866Y
Y = SLX 4152A
X = Unknown.

KPE twds AYE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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



**SINGAPORE
POLICE FORCE**



T/20180627/2058

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180627/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 12:35	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CECILIA CHAN KIM HONG			Address: APT BLK 197 RIVERVALE DRIVE #06-707 SINGAPORE 540197	
ID Type / ID No.: NRIC NO / S7797152A			Contact No.:	Mobile: 83189292
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 41	Date of Birth: 19/01/1977	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRABCAR DRIVER			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: 27/06/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along KPE @0932hrs				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJQ8942X	Car				Slightly Damaged	1
SKD3866Y	Car				Slightly Damaged	0
SLX4152A	Car				Slightly Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180627/2058

Police Station Of Origin:

Hougang NPP

Hougang Avenue 7 #01-805

SINGAPORE 530357

Tel No: 1800-2869999

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Report No. T/20180627/2058

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date at about 0932hrs, I was driving my vehicle with registration plate number SJQ8942X along KPE 1st lane when suddenly the vehicle driving on my front with registration plate number of SLX4152A had hit another vehicle thus making it to halt however I managed to stop my vehicle. Few seconds there was a bang coming from the rear and I discovered that another vehicle with registration plate number of SKD3866Y had hit the rear of my vehicle. The details of the driver is Lee Hwa Kiat S7937147E HP: 98522493.

There were damages such as dent and also scratches on the rear of my vehicle. There were no traffic police or ambulance were at scene.

I have one passenger namely Wu JunJie S9127274A HP: 98157583. I asked my passenger if he was injured and he mentioned that he had sprained his neck due to the impact. I told my passenger to make a check on his injury since he was on his way to Paragon Medical and he acknowledged.

I would like to add that I made a check and took photos of the damages on my car and also the particulars of all the drivers.

I went to the doctor to make a check due to the numbness on my left hand and also the pain on my back due to the impact. I went to Oxford Clinic & surgery and received 3 days of MC with MC serial number of 74056.

I also would like to add that I managed to stop my vehicle on time however the vehicle coming from the back could not stop and had hit my vehicle and there was no contact between my vehicle and the vehicle in front of me.

That's all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180627/2058

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No: T/20180627/2058

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:
F /
Sgt 3 MOHAMMAD AZRUL BIN AZMI

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
27/06/2018 12:35

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:
SN 085

Authentication Stamp
NP163



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

