#### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	28/06/2018 16:16
Date Of Accident	28/06/2018 10:30
Exact Location Of Accident	ALONG CTE TOWARDS JURONG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR8071S
Insured/Policyholder	
Name Of Registered Owner	SIAH SING KONG
NRIC No	S1164892D
Email Address	SIAHSINGKONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96665360
Alternative Phone No	OFFICE-96665360
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
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	5088307372-01
Cover Note Number	
Driver	

Name of Driver SIAH SING KONG NRIC No S1164892D Date Of Birth 01/04/1956 Occupation **INDOOR Date Of Driving Pass** 10/04/1978 **Driving Experience** 40 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-96665360

Fax Number

OFFICE-96665360 Contact Number

**EMail Address** SIAHSINGKONG@GMAIL.COM Address BLK 117 BUKIT MERAH CENTRAL

#07-3755

Postcode 150117

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? YES

Foreign Vehicle Registration Number JDT4260 (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

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

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 WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180628/2118

#### 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 JDT4260

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle CategoryCOMMERCIAL VEHICLEName of DriverMASURI BIN SENINNRIC/Passport Number780126-01-6711

**Contact Number** 

Address Postcode

Insurance Company Name

#### Accident Sketch Plan

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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:
  - 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:
  - 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 S

NRIC/FIN No.

## **Accident Sketch Plan**

SKETCH PLAN	The Towners Funding	
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ESCRIBE CIRCUMST	ANCES OF THE ACCIDENT	
On 4 . 2	3th of Jone 2018, at around 10-30 mm, I was driving	
		-20
on the CIE	towards Joveny in the fast lane (opposite Compper 4	IST
When I Wa	hit from bohand by a Malaysian viegristered vieled	2. 1
-6		
The vous "	apprelled the back of my vehicle, rowsing Several Scrot	the
and intern	al structural damage to the back Dumper	
Malaystan 1	egristered Van = JDT 4260	
	= SKK 80715	
Q1116	Quenea 1/2018062012110	
TOLICE	PUPORT T/20180628/2118	
ECLARATION		
	g particulars are true in every respect.	
0 1	/ adal la	10
You 1	35 hrs	u
olicyholder's Signature ate & Time:	Driver's Signature Regarting Centre Bersochel's Signature	110
are a time:	(If driver is not the policyholder)  Date & Time:  NRIC/FIN No.  FOLL WHI	101

## **POLICE REPORT**





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 3 Report No. T/20180628/2118

Tel No: 1800-3779999

## REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 8/06/2018 15:35		Vide Report No.:	Station Diary No.:	
Informant's Particulars			· 医生物性 · ·		
Name of Informant: SIAH SING KONG			Address: APT BLK 117 BUKIT MERAH CENTRAL #07-3755 SINGAPORE 150117		
ID Type / ID No.: NRIC NO / S1164892D			Contact No.: Home/Office:	Mobile: 96665360	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 62	Date of Birth: 01/04/1956	Type of Informant: Driver		
Race: Chinese		Language: Institution / School N			
Occupation: Horticulturist/Arborist		Driving Licence Informa Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2018 10:30	Type of Location Straight Road
	Traveling Toward Road (PRESSWAY	12		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
with		and the last life will be a second or the second of the se		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume; Moderate

Details of Vehicle Involved						HT. 2 1884 0 188
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JDT4260	Bus/Coach/Mi nibus				Slightly Damaged	0
SKR8071S	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Brown	Slightly Damaged	0

Details of Vehicle Insurance	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	龙雪 医侧层
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date

#### POLICE REPORT



T/20180628/2118

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20180628/2118

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			Para management and
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR8071S	NTUC Income Insurance Co-Operative Limited	5088307372-01	11/03/2018	10/03/2019

Details of Perso	in Involved		THE STREET	DESCRIPTION OF	153.00	· 1000年11月1日 - 1000年11月 - 1000年11月1日 - 1000年11月1日 - 1000年11月1日 - 1000年11月1日 - 1000
Any Pedestrian I	nvolved: No				OHEO HE	Control of the Contro
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
OF THE SHAPE OF TH	SERVICE STREET, STREET	STATE OF	THE REAL PROPERTY.	MARKET PROPERTY	Contract of Contra	
Name	masuri bin senin			ID No	¥.	780126-01-6711
Related Vehicle	JDT4260 (Bus/Coach/Minibus)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days gran				of Injury NIL		
Driver	· 自由 · 的数 · 声量 · 电	100 E	\$1000 miles	01/00/08	SPECIAL SPECIAL	THE REPORT OF THE PARTY OF THE
Name	SIAH SING KONG			ID No		S1164892D
Related Vehicle	SKR8071S (Car)			Conta	ct No.	96665360
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	2011/1011	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 28/6/2018 at around 1030hrs, I was travelling in lane 1 along CTE towards Jurong in my vehicle, bearing the registration number, SKR8071S. I slowed down my vehicle and suddenly the vehicle from behind, bearing the registration number, JDT4260, hit my rear of my car. As we were both still on the expressway, we continued driving until we reached Tiong Bahru area. At the Tiong Bahru area, we both got out of our vehicles to assess the damage and particulars. There were scratches and internal structural damage to the rear bumper. After exchanging particulars, we then both drove off.

I wish to state that I do not have an in-car camera in my vehicle.

## **POLICE REPORT**





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 3 of 3 Report No. T/20180628/2118

CONTINUATION OF REPORT

Ske	tch	Plan
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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 Informant:
Date/Time: 28/06/2018 15:35
Classification Of Case:

## **ACCIDENT PHOTO**

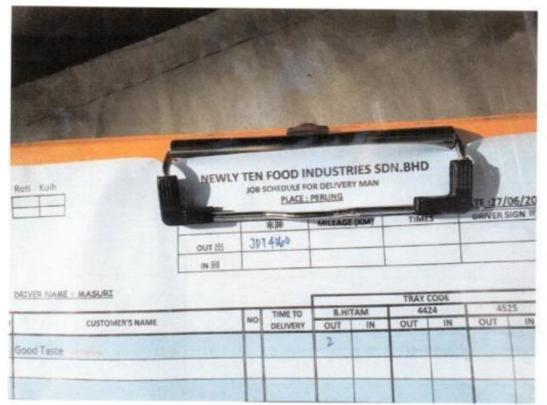
On the 28<sup>th</sup> June 2018 at around 10.30am, I was driving on the CTE towards Jurong in the fast lane opposite lamppost 413F when I was hit from behind by a Malaysian registered Van JDT 4260.

The Van impacted the back of my vehicle, SKR 8071S, causing several scratches and internal structural damage to the back bumper.





## **ACCIDENT PHOTO**





## **ACCIDENT PHOTO**



gn/28/06/2018









