

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	06/07/2018 14:12
Date Of Accident	05/07/2018 16:45
Exact Location Of Accident	TAMPINES ST 81 BESIDE HDB BLK 823A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7048L
Insured/Policyholder	
Name Of Registered Owner	LIM KIM CHONG
NRIC No	S1157710E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96303791
Alternative Phone No	OFFICE-96303791

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072435025-02
Cover Note Number	

Driver

Name of Driver	TOH CHIN PENG
NRIC No	S1357440E
Date Of Birth	27/08/1959
Occupation	INDOOR
Date Of Driving Pass	30/07/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92387261
Fax Number	
Contact Number	OFFICE-92387261
Email Address	NOEMAIL

Address	BLK 731 TAMPINES STREET 71 #02-127
Postcode	520731
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	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	2
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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 - T/20180706/2065.

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	SJJ5596T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW KIA JOO
NRIC/Passport Number	S1209012I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	TOH CHIN PENG
Approximate Age	
Injuries Sustain	NECK, SHOULDER & BACK
Injured person in which vehicle?	SJG7048L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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 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 companies.
5. **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.
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

Tampines #1

A: SJH7048L
B: SJJ5596T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180706/2065

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/20180706/2065

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

1 of 3

Report No. T/20180706/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 13:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOH CHIN PENG			Address: APT BLK 731 TAMPINES STREET 71 #02-127 HDB- TAMPINES SINGAPORE 520731		
ID Type / ID No.: NRIC NO / S1357440E			Contact No.: Home/Office: Mobile: 92387261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 27/08/1959	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 81 IN FRONT OF BLOCK 823A, BEFORE THE ZEBRA CROSSING TOWARDS TAMPINES WEST COMMUNITY CENTRE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
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
SJG7048L	Car				Slightly Damaged	0
SJJ5596T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180706/2065

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

2 of 3

Report No. T/20180706/2065

CONTINUATION OF REPORT

Driver			
Name	TOH CHIN PENG		ID No. S1357440E
Related Vehicle	SJG7048L (Car)		Contact No. 92387261
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHOW KIA JOO		ID No. S1209012I
Related Vehicle	SJJ5596T (Car)		Contact No. -
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS AT THE ABOVE MENTIONED LOCATION. I WAS STATIONARY BECAUSE THE VEHICLE IN FRONT OF ME WAS STATIONARY AS WELL AT THE ZEBRA CROSSING. THERE WERE PEDESTRIANS AT THE TIME. THE VEHICLE MENTIONED ABOVE CAME FROM BEHIND AND COLLIDED TO ME WHILE I WAS STATIONARY. AFTER THE COLLISION, I EXITED MY VEHICLE, TOOK PHOTOS OF THE INCIDENT. NO ONE WAS INJURED. WE MOVED OUR VEHICLES FURTHER AHEAD TO NOT CAUSE AN OBSTRUCTION. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. I WENT TO THE DOCTOR EARLIER TODAY DUE TO SOME BACK, NECK AND SHOULDER ACHES. I RECEIVED 3 DAYS MC.

Police Report



SINGAPORE
POLICE FORCE



T/20180706/2065

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

3 of 3

Report No. T/20180706/2065

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 /
KHALED AMR HASSAN MOHSSEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/07/2018 13:52

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

Medical Cert

HEALTHWAY TAMPINES CLINIC

BLK 710 #01-134 TAMPINES STREET 71 SINGAPORE 520710 TEL: 6260 9081 FAX: 6260 9083



HEALTHWAY
MEDICAL

MEDICAL CERTIFICATE

Date : 6/7/2018

Ref No. 012443811

This is to certify that TOH CHIN PENG (NRIC S1357440E) is UNFIT FOR DUTY for 3 day(s) from 6/7/2018 to 8/7/2018 inclusive.


DR PHILIP KOH KHENG KEAH
Doctor

Not Valid for Absence from Court Attendance

HEALTHWAY TAMPINES CLINIC
Blk 710 Tampines Street 71
#01-134 Singapore 520710
Tel: 6260 9081 Fax: 6260 9083

DR PHILIP KOH KHENG KEAH
MBBS(SINGAPORE) 05350C
MMED(FAMILY MEDICINE)
MCFPS
HEALTHWAY TAMPINES CLINIC
BLK 710 Tampines st 71
#01-134 Singapore 520710
Tel: 62609081 Fax: 62609083

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

