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 <u>truthful and accurate</u> 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.

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	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
D	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	TOU CUIN DENC

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?

Was any other material or property damaged?

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

NO

NO

NO

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

NO

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?

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

DETAILS OF INJURED PERSON 1

TOH CHIN PENG Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NECK, SHOULDER & BACK

SJG7048L

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		
5 111		A: SJG7648L B: SJJ 5596T
4		B: 5JJ 5596T
Campines		
12 VB		
8		
SCRIBE CIRCUMSTANCE	Making at property and the control of the control o	
lefter to police	report - 7/20/807 06/2068	2
		/
/		
CLARATION We declare the foregoing pa	rticulars are true in every respect.	· Van
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ite & Time:	(If driver is not the policyholder Date & Time:	r) Name: NRIC/FIN No :

Police Report





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

	or included in the	Contract of the Contract of th	
REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 06/07/2018 13:52		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	I was a series of		
diseased highland	f Informant: IIN 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		EN	Email:		
Sex: Male	Age: 58	Date of Birth: 27/08/1959	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: OPERATION MANAGER		AGER	Driving Licence Information Class: 2B,2A,2,3	on: Date of Expiry:	

Type of Accident:	Non-Injury Others	The state of the s		Type of Location Straight Road
TAMPINES S IN FRONT OF COMMUNITY	F BLOCK 823A, BEF	ORE THE ZEBRA CRO		
		Road Surface:		Road Speed Limit:
The state of the s		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: Two Way		The same of the sa	ing	Road Speed Limit: Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Туре	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





2 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20180706/2065

Tel No: 65470000

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 Disch	arge	NIL	
No. of Days granted Medical Leave 03		Degree of I	of Injury NIL		
Driver					
Name	CHOW KIA JOO		ID No.	ēž	S1209012I
Related Vehicle	SJJ5596T (Car)		Conta	ct No.	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	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





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 the certificate with you now, please fax a copy to Signature Of Officer Recording The Report:	le's Insurance Certificate to this report. If you don't have 65474885 stating the report number as reference.
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 /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	SINGAPORE POLICE FORCE
Authentication Stamp NP168	TORCE .

Signature: _

Medical Cert

HEALTHWAY TAMPINES CLINIC



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

MEDICAL CERTIFICATE

Date: 6/7/2018

Ref No. 012443811

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

DR PHILIP KOH KHENG KEAH

Doctor

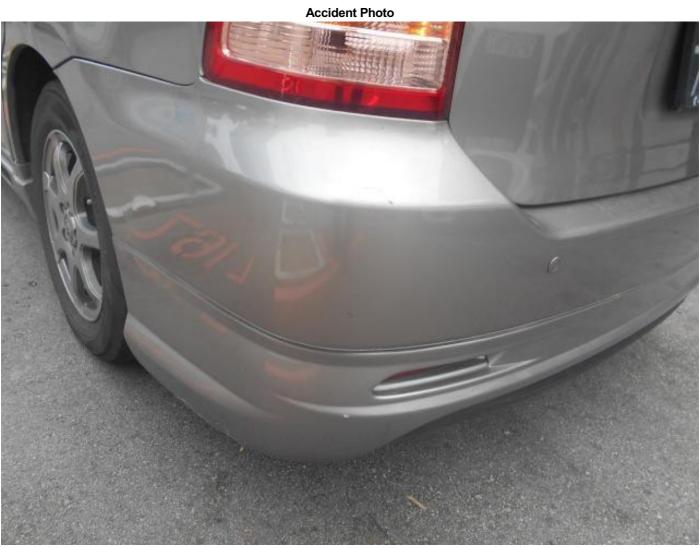
Not Valid for Absence from Court Attendance

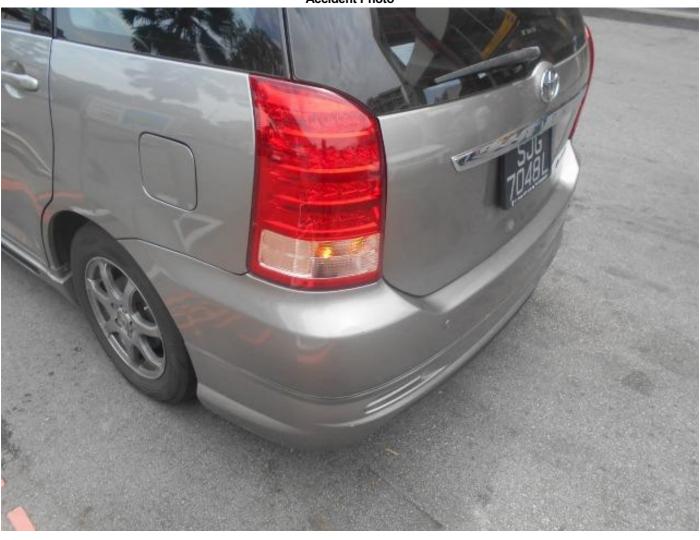
HEALTHWAY TAMPINES CLINIC Blk 710 Tampines Street 71 #01-134 Singapore 520710 Tel: 6260 9081 Fax: 6260 9083 DR PHILIP KOH KHENG KEAJI MBBS(SINGAPORE) 05350C MMEDIFAMILY MEDICINE) MCFPS HEALTHWAY TAMPINES CLINIC BLK 710 Tampines St 71 #01-134 Singapore 520710 Tel: 62609081 Fax: 62609083



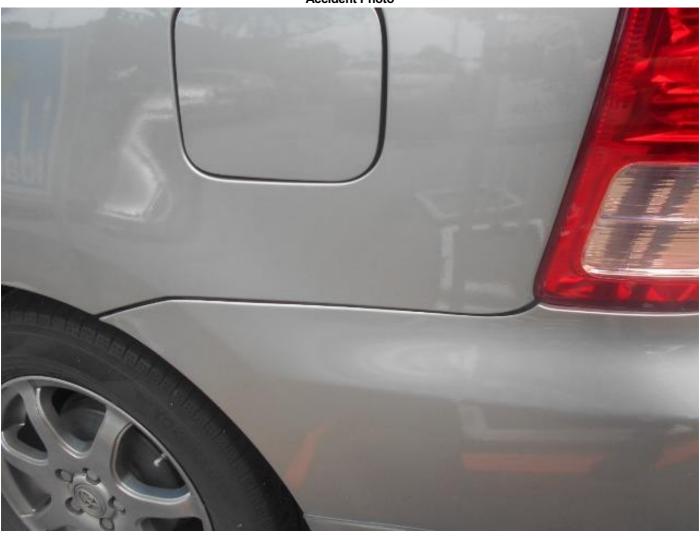












Accident Photo SJG Rest wanted seek as Transact seek as











