

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	16/07/2018 12:46
Date Of Accident	29/06/2018 16:30
Exact Location Of Accident	ALONG BUKIT TIMAH RD TWDS SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2304J
Insured/Policyholder	
Name Of Registered Owner	CITYPOST ASIA PTE.LTD.
Co Reg No	200923458E
Email Address	VICTOR@CITYPOST.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67747818

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	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	5096460860
Cover Note Number	

Driver

Name of Driver	HO LIN TONG
NRIC No	S0198065C
Date Of Birth	18/05/1950
Occupation	INDOOR
Date Of Driving Pass	20/04/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98686880
Fax Number	
Contact Number	
EEmail Address	VICTOR@CITYPOST.COM.SG

Address	BLK 322 JURONG EAST ST 31 #02-220
Postcode	600322
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	
Was any body injured in the Accident?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180715/2029

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	SKE1662B
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTOR S/O ANTHONY SAMY
NRIC/Passport Number	S8402662Z
Contact Number	85001478
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

10A10@Ubi.com

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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:

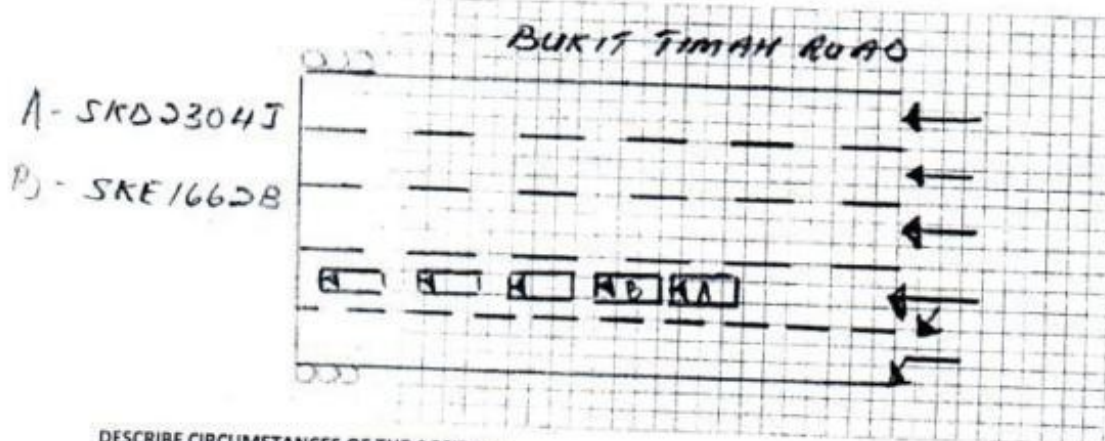
14/07/18 9:30am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

16/07/18

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement

View OK

DECLARATION

I/We declare the foregoing statement is true in every respect.

* View OK

Policyholder's Signature
Date & Time:

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

14/07/18 9.30am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

16/07/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180715/2029

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180715/2029

CONTINUATION OF REPORT

Driver			
Name	HO LIN TONG		ID No. S0198065C
Related Vehicle	SKD2304J (Car)		Contact No. 98686880
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	VICTOR S/O ANTHONY SAMY		ID No. S8402662Z
Related Vehicle	SKE1662B (Car)		Contact No. 85001478
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	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2018 at about 1630hrs, I was driving my company car bearing registration plate number of SKD2304J along Bukit Timah Road towards Serangoon Road on the fourth lane of 5 lanes road. At the point of time, the traffic volume congested. Suddenly, the car bearing registration plate number of SKE1662B in front of me stopped. I immediately applied my brakes and managed to stop in time but it was very close. I alighted from my car and check if I had hit onto the car in front of me. I observed that my car stop quite close to the car SKE1662B which is in front of mine but it did not knocked.

At the same time, the driver of SKE1662B came out from his car and check on his car. I told him that I did not knocked onto his car but he told me that I had knocked onto his car. But I observed that there are no visible damaged on his car SKE1662B. Hence, we took pictures of the scene and we drove ahead as the traffic was congested. We stopped at the side of a road and exchanged particulars and the driver of SKE1662B told me that he will update me after he return his rental car to the rental company on the day itself. I also tried contacting him but to no avail.

On 03/06/2018, I had received a letter from NTUC Income that a claim has been made against my motor policy and the claim number is MT/1001310-001 and reference number is MT/CA/TP/001/1001310-001/EHH/VU.

I wish to state that there are no visible damaged to both parties car and my car does not have any camera installed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



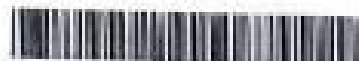
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T:20180715/2029

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8888999

1 of 4

Report No: T:20180715/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 10:12	Video Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: HO LIN TONG		Address: APT BLK 322 JURONG EAST STREET 31 #02-220 SINGAPORE 600322	
ID Type / ID No.: NRIC NO / S0198065C		Contact No.: Home/Office Mobile: 98688880	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 18/05/1950	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SKD2504J	Car	TOYOTA	Camry2.0	White	No Damage	2
SKE1682B	Car	TOYOTA	Corolla Altis	Black	No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T001807152009

Police Station Of Origin:
Jurong East N.P.C
82 Boon Lay Way SINGAPORE 608962
Tel No: 1800-8999999

2 of 4
Report No: T/201807152009

CONTINUATION OF REPORT

Driver			
Name	HO LIN TONG	ID No.	S0198065C
Related Vehicle	SKD2304J (Car)	Contact No.	96686680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	VICTOR S/O ANTHONY SAMY	ID No.	S8402662Z
Related Vehicle	SKE1662B (Car)	Contact No.	85001478
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	NIL	Degree of Injury	NIL

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I wish to state that there are no visible damaged to both parties car and my car does not have any camera installed.

Police Report



SINGAPORE
POLICE FORCE



T/20180715/2029

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8869559

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Report No. T/20180715/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

please refer to IDAC
Map.
Sketch Plan
Victim

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:

D /
Sgt 2 MERVYN PEA JIA WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2018 10:12

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65478430

Classification Of Case:

Authentication Stamp
MP158

