

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	14/07/2018 17:12
Date Of Accident	13/07/2018 17:45
Exact Location Of Accident	SLE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9814Z
Insured/Policyholder	
Name Of Registered Owner	MR THAM PENG YUE @ ISHAQ THAM PENG YUE
NRIC No	S7719057J
Email Address	PETER.THAM@HBM.COM
Mobile Phone No	(LOCAL) +65-91852087
Alternative Phone No	OTHERS-91852087

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3042591704
Cover Note Number	-

Driver

Name of Driver	MR THAM PENG YUE @ ISHAQ THAM PENG YUE
NRIC No	S7719057J
Date Of Birth	09/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91852087
Fax Number	
Contact Number	OTHERS-91852087
Email Address	PETER.THAM@HBM.COM

Address	BLK 412 WOODLANDS STREET 41 #12-45
Postcode	730412
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?	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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT

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	SLG9007T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	T.THINESH
NRIC/Passport Number	S9419050I
Contact Number	92229301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THAM PENG YUE @ ISHAQ THAM PENG YUE
Approximate Age	
Injuries Sustain	SLIGHTLY
Injured person in which vehicle?	SKA9814Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

1. The insurer(s) require(s) 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. This report will be forwarded by the insurers to 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 lodging 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 Ministry of Transport 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 return/forward 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, litigation, 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.

 14/7/18

Policyholder's Signature
Date & Time

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


Reporting Centre Personnel's Signature
Name:
SPRC/PA No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

316

I was on the way home using CE/316 between 1745
to 1815 to Woodland. The expression was confused
from voice and hearing also. While moving, my
car drifted away from the car in front of me, during
one of the rings and when my car was stationary, I
heard a loud bang and felt my car move forward. I
thought that my car was being hit from behind.

DECLARATION

I/We declare the following particulars are true to my best respect

lll 14/7/18
Police Officer's Signature
Date & Time

Driver's Signature
(if driver is not the policeholder)
Date & Time

[Signature]
Reporting Centre Personnel's Signature
Name
NRIC/ID No

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No: T/20180714/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 17:41	Vide Report No.:	Station Diary No.: 221
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Informant's Particulars

Name of Informant: THAM PENG YUE			Address: APT BLK 412 WOODLANDS STREET 41 #12-45 SINGAPORE 730412	
ID Type / ID No.: NRIC NO / S7719057J			Contact No.:	Mobile: 91852087
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 41	Date of Birth: 09/07/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE before Mandai				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SKA9814Z	Car	MERCEDES BENZ	C180K	Black	Seriously Damaged	0
SLG9007T	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA9814Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30425917 04	27/07/2017	26/07/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Report No. T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No. 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM PENG YUE	ID No.	S7719057J
Related Vehicle	SKA9814Z (Car)	Contact No.	91852087
Hospital/Clinic	SILVER CROSS CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	14/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	T THINESH	ID No.	S9419050I
Related Vehicle	SLG9007T (Car)	Contact No.	NIL
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 13/07/2018 at about 1745hrs, I was driving my vehicle bearing SKA9814Z along SLE toward Mandai. At the point of time, the traffic was very heavy, all the cars were moving slowly. All of a sudden, a vehicle bearing SLG9007T hit onto the rear of my vehicle. The impact was quite big as my vehicle moved forward.

I went out to make a check on my vehicle. The entire rear bumper was damaged. Both boot and rear bumper need to be replaced. The other vehicle front was damaged as well. However both of our vehicle still drivable. No ambulance or Traffic Police was at scene. We exchanged our particulars and drove off.

After the accident, I felt a sharp pain at my back. I tried to eat Panadol however it was of no use. On 14/07/2018, I went to Silver Cross Clinic to seek medical attention. I was given 3 days MC from the doctor dated 14/07/2018 to 16/07/2018. I am making this report for insurance claim.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180714/2133

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:
J /
Sgt 1 TOH CHAI TEE

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
14/07/2018 17:41

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No: 65476219

SN 130

Authentication Stamp
NP108



Signature :

Singapore Police Force

Classification Of Case:

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

