#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 19:29
Date Of Accident	15/07/2018 14:00
Exact Location Of Accident	SLIP RD LOYANG AVE TWDS TPE (PIE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ3192D
Insured/Policyholder	
Name Of Registered Owner	GIFT DESIGNERS GROUP ASIA
Co Reg No	53293654W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093899734
Cover Note Number	
Driver	
Name of Driver	JOCELYN CASSANDRA CHONG SOOK FUN

Name of Driver JOCELYN CASSANDRA CHONG SOOK FUN

NRIC No S7111361B

Date Of Birth 05/03/1971

Occupation OUTDOOR

Date Of Driving Pass 13/04/2006

Driving Experience 12 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91527178

Fax Number

Contact Number OFFICE-91527178

EMail Address NOEMAIL

**BLK 62 LORONG 4 TOA PAYOH** Address

#20-107

Postcode 310062

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

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 injured conveyed to hospital by

Was any body injured in the Accident?

ambulance?

YES NO

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: : QIU JINGJIE

GENDER: : FEMALE

Passenger 2 NAME: : AGNES LIM

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

YES

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20180716/2073.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBG5102X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

MOHAMAD ABDUL RAWNI BIN ABDUL AZIZ Name of Driver

NRIC/Passport Number S8703964A Contact Number 87527558

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name JOCELYN CASSANDRA CHONG SOOK FUN

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SJZ3192D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name QIU JINGJIE

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SJZ3192D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name AGNES LIM

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SJZ3192D

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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					
	Slip	Road to TPE			
	66)	>AD			
1-5523192 3-GBG 5		TPE			
ESCRIBE CIRCUMSTANC	202 (100 10 12 12 12 1	V1030300	F + 3		
C		the same	1000		
Attached Police	e Kejort	-7/201807/6/200	13-		
DECLARATION /We declare the foregoing p	articulars are tru	e in every respect.			
Signers Co		OFEN .			m
Policy day ersoure Date & Time	(if dr	er's Signature iver is not the policyholder) & Time:	Reporti Name: NRIC/FI	ng Centre Personnel' N No.:	s Signature

#### **Medical Cert**

# 326 AVENUE 3 CLINIC

BLK 326, SERANGOON AVE 3, #01-382 SINGAPORE 550326. TEL: 6280 1567

# MEDICAL CERTIFICATE

No. 218940

his is to certify that AGNES	LIM
THINCE 1	5.3.18 to 13.3.18 inclusive.
s unfit for duty for /// ncc day(s) from	sin -
Remarks: 1 VE W2 S The	and Testor Accordent
	DR WONG KAM WAH
	MBBS (S'PORE)
15.7.18	TOR WONG KAM WAH MBBS(S'PORE)
Date	DR. LEONG SENG KEEN MBBS(SPORE)
BLK 326, SERANG	OON AVE 3, #01-382 326. TEL: 6280 1567
MEDICAL C	CERTIFICATE No. 218939
AU TI	NG JIE
is unfit for duty for THREE day(s) from	5.318 to 10.018 inclusive.
Remarks: New Sy	7M -
Ko	as Tata Accider
-	DR WONG KAM WAH
81.6.21	MOR 00005A
Date	DR. WONG KAM WAH MBBS(S'PORE)  DR. LEONG SENG KEEN MBBS(S'PORE)
	Li on cools sale
BLK 326, SERAN	IUE 3 CLINIC IGOON AVE 3, #01-382 0326. TEL: 6280 1567
MEDICAL	CERTIFICATE No. 218938
	OK FUN JOCEUN CASSONPPA
is unfit for duty for THREE day(s) from	15. 7.18 0 17. 7.18 mase
Remarks: Neck 4	yvah -
	Road THIS MELLEN
	DR WON (5P05A

# Police Report

Emos Crescent average of the station Diary No. 32  No. 1800-7479999  Address: APT BLK 62 LORONG 4 TOA PAYOH #20-107 SINGAPO 310062  No. 1800-75111361B  No. 1800-7511361B  No. 180	e Station Of O	erigin.	CAPOR	E			Re	port No. T	1 of 4 720180718/2073	
Wildle   W	on Crescent	901	NGAFOI							
### Profession   P					- t No :	TO SECURE		Statio	on Diary No	
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Age Date of Birth:  Birth Age:  Bright Age:  Contact No:  Contact No:  Home/Office:  INGAPORE CITIZEN  Institution / School Name:  Institution	7171111		F. 187	HI SHOW	Contract of the last of the la				THE WAR	
OCELYN CASSANDRA CHOND OCELYN CASSANDRA OCHORD OCELYN CASSANDRA OCEL CASSAND	mant's Paru	t		Address:	62 LOROI	NG 4 TOA	PAYOH#	20-107	SINGAPORE	
Do Type / ID No.:  IRIC NO / S7111361B  Iationality:  INGAPORE CITIZEN  INGAPORE CITIZEN  INSAPORE CITIZEN  INSAPORE CITIZEN  Institution / School Name:  Institution / Sc	E VN CASS	ANDRA CH	ONG	310062	1000					
Rick No / \$7111361B	APP BUT TIPE			Contact	No.:		Mobile:	9152717	78	
Age: Os/03/1971 Driver Institution / School Name: Os/03/1972 Driver Institution / School Name: Os/03/1971 Driver Institution / School Name: Os/03/1971 Driver Institution / School Name: Os/03/1971 Driver Institution / School Name: Os/03/1972 Drive	pe / ID No.	1361B			fice:			To the second	THE RESERVE OF THE PARTY OF THE	
SINGAPORE CITIZEN  Age:	wallty'			Email:			7			
Age: 05/03/1971 Driver Language: Institution / School Name: Class: 3A Driving Licence Information: Class: 3A Date of Expiry: Class: 3A Driving Licence Information: Class: 3A Date of Expiry: Class: 3A	SAPORE CIT	IZEN	1000	Tune of	Informant	OK LOUIS				
Language:  Driving Licence Information: Class: 3A  Date of Expiry:  Date of Expiry:  Date of D	Age:	Date	of Birth:	Driver	il il deli il i		1.	- / C-h	ool Name:	
Cocupation: Driving Licence Information: Date of Expiry: Date	aro	05/03/	11011	-	ge:		Institutio	n / Sch	our realitie.	
Class: 3A  Class: 4A				The state of the s		- emotion:	1			
Reneral Information of the Accident Type of Injury Others  Accident:  Location: Along Road 1 TAMPINES EXPRESSWAY  Loyang Slip Road to TPE towards ECP Weather: Clear  Traffic Flow: One Way  Type of Collision: Between Moving Vehicles - Head To Rear  Clear  Details of Vehicle Involved  Vehicle No. Type  Make  GBG5102X  Model  GBG5102X  Van  Toyota  Model  Class: 3A  Date/Time of Accident: Straight Road Ling Straight Road  Str	and the second second			Driving	Licence Info	ormadon.	Date of	Expiry:	THE PROPERTY OF	
Peneral Information of the Accident Type of Injury Others Drive: Accident: Accident: 15/07/2018 14:00  Location: Along Road 1 TAMPINES EXPRESSWAY  Loyang Slip Road to TPE towards ECP Weather: Clear Dry Solve Traffic Control: Traffic Flow: Not Controlled Heavy  Type of Collision: Between Moving Vehicles - Head To Rear  Details of Vehicle Involved  Vehicle No. Type Make Model Color Silver Seriously 2  SJZ3192D Car VOLKSWAGO POLO Silver Seriously 2	PERTY AG	ENT		Class: 3	)A	A 17 P. P. LOW				
Along Road 1 TAMPINES EXPRESSWAY  Loyang Slip Road to TPE towards ECP Weather: Clear  Traffic Flow: One Way  Type of Collision: Between Moving Vehicles - Head To Rear  Details of Vehicle Involved  Vehicle No. Type Make Model Color Collision: GBG5102X Van TOYOTA HIACE White Slightly Damaged  SJZ3192D Car VOLKSWAGO POLO Silver Seriously 2										
Weather: Clear  Traffic Flow: One Way  Type of Collision: Between Moving Vehicles - Head To Rear  Details of Vehicle Involved  Vehicle No. Type  GBG5102X Van  Toyota Make  Model  GBG5102X Van  Toyota HIACE  White  Slightly  Damaged  SJZ3192D Car  VOLKSWAGO POLO  Silver  Seriously 2	ng Road 1	PRESSWA	Y							
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Between Moving Vehicles - Head To Rear  Details of Vehicle Involved  Vehicle No. Type Make Model Color Caractery  GBG5102X Van TOYOTA HIACE White Slightly 0 Damaged  SJZ3192D Car VOLKSWAGO POLO Silver Seriously 2	THE RESERVE THE PERSON NAMED IN			Not C	ontrolled		22.22	A SECURIOR SECURIOR SE	THE RESERVE AND PARTY OF THE PA	
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Any Pedestrian Involved: No	BG5102X JZ3192D	Car	N		PANEL IN					
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA	BG5102X JZ3192D etails of Peny Pedestria	Car rson Involved:	N ved							
Good in Goestian Crossing, NA	BG5102X JZ3192D etails of Peny Pedestria	Car rson Involved:	N ved		al IIIe	of Perio	trian Com			

value Station Of Origin:

NPP

Kampong Ubi NPP

Seuros Crescent #01-2687 SINGAPORE

400009

Tel No: 1800-7479999

Report No. T/20180716/2073

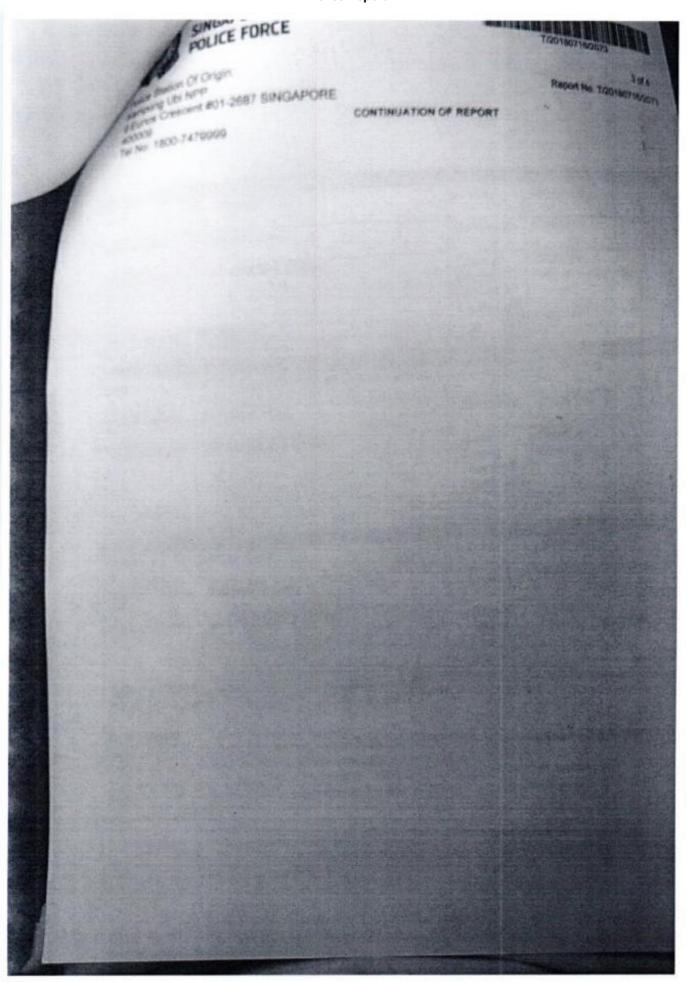
# CONTINUATION OF REPORT

Passeriger	<b>第二月</b>		ID No.		S8072378D
Name	QIU JINGJIE				
1277720			Conta	ct No.	91816262
Related Vehicle	SJZ3192D (Car)				
Hospital/Clinic	326 AVENUE 3 CLINIC		Class Driving Licence Expiry	e & Date	Class: NIL Date of Expiry: NIL
-	15/07/2018	Date Dis	charge	15/07	/2018
Date Treatment	ad Medical Leave 03	Degree o			
	ed Medical Leave 03	THE PARTY OF	N. P. ST.		
Driver Name	JOCELYN CASSANDRA CHO	ONG SOOK	ID No.		S7111361B
Related Vehicle	SJZ3192D (Car)		Contact No.		91527178
Hospital/Clinic	326 AVENUE 3 CLINIC		Class Drivin Licent Expiry	9	Class: 3A Date of Expiry: NIL
Date Treatment	15/07/2018	Date Dis	charge	15/07	/2018
No of Days gran	nted Medical Leave 03		of Injury	Slight	
Passenger		THE MATE LINE	1000		
Name	AGNES LIM		ID No		S7335511G
Related Vehicle	SJZ3192D (Car)		Contact No.		91012082
Hospital/Clinic	326 AVENUE 3 CLINIC		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	15/07/2018	Date Di	scharge	15/0	7/2018
	inted Medical Leave 03	Dograe	of Injury	Sligh	the state of the s

#### Brief Details.

On the 15/07/2018 at about 1400hrs, I was driving my car(SJZ3192D) and had turn left into slip road into TPE towards ECP from Pasir Ris. While I was along the slip road into the expressway, a car in front of n suddenly brake and I had to braked. However, I managed to stop in time when suddenly I felt an impact from rear and a van(GBG5102X) had hit onto my rear side of my vehicle. We then stopped and exchanged particular.

After which my two colleague and I felt neck and back pain and we went to Clinic to make a check. All c us received 3 days of mc and my car suffered damaged on the rear portion of the vehicle. I also had a built in camera both front and rear camera.



Tel No: 1800-7479999	Report No. T/20180716/
Tel No: 1800-141	
nformant is not able to provide sketch plan	
fromant is not able to provide sketch plan	
Sar .	
	vehicle's Insurance Certificate to this report. If you don't h
IMPORTANT: Please attach a copy of your v	vehicle's Insurance Certificate to this report. If you don't hap to 65474885 stating the report number as reference.
IMPORTANT: Please attach a copy of your vithe certificate with you now, please fax a cop	by to 65474885 stating the report number as reference.
IMPORTANT: Please attach a copy of your with certificate with you now, please fax a copy of signature Of Officer Recording The Report	by to 65474885 stating the report number as reference.
IMPORTANT: Please attach a copy of your with certificate with you now, please fax a copy of your with certificate with you now, please fax a copy of your with certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with you now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with the certificate with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your now, please fax a copy of your with your	Signature of Informant:
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