

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 12:48
Date Of Accident	13/07/2018 13:45
Exact Location Of Accident	WOODLANDS AVE 2 TOWRADS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1629S
Insured/Policyholder	
Name Of Registered Owner	CHONG KUM WENG
NRIC No	S1430216F
Email Address	CHONGKW3@GAMIL.COM
Mobile Phone No	(LOCAL) +65-96860210
Alternative Phone No	OFFICE-96860210

Vehicle Particulars

Manufacturer	OPEL
Model	MERIVA-1.4 TURBO (A)
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	5100807426
Cover Note Number	

Driver

Name of Driver	CHONG KUM WENG
NRIC No	S1430216F
Date Of Birth	14/02/1960
Occupation	INDOOR
Date Of Driving Pass	03/11/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96860210
Fax Number	
Contact Number	OFFICE-96860210
EEmail Address	CHONGKW3@GAMIL.COM

Address	348D YISHUN AVE 11
Postcode	764348
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	CHAIN COLLISION
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM3574S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

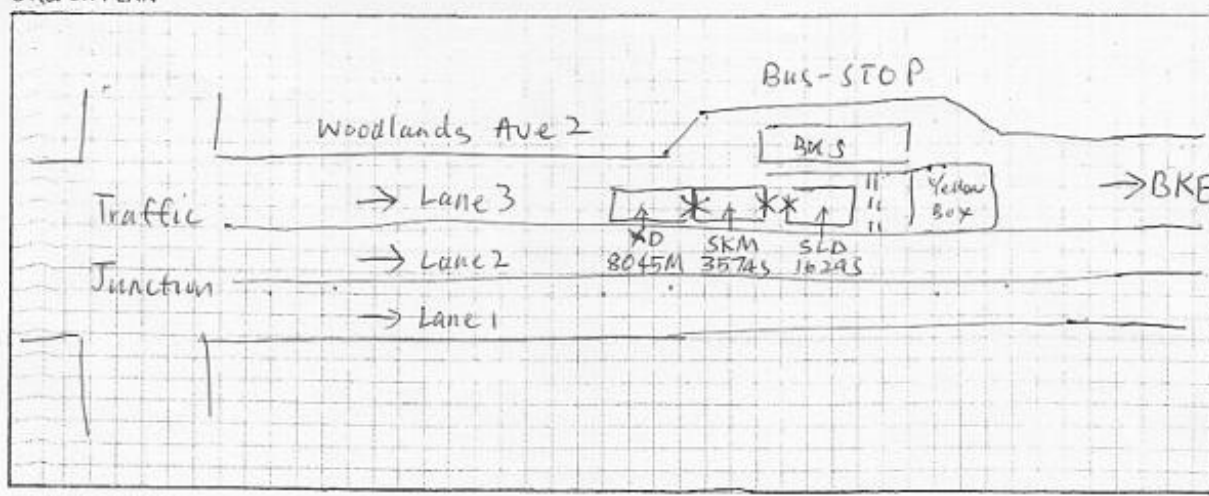
Vehicle Registration Number XD8045M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHONG KUM WENG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

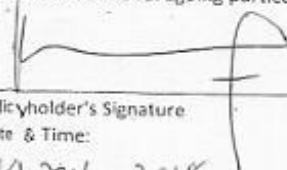


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

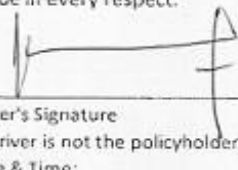
On 13/7/2018 between 1:30pm to 2pm, I was driving along Woodlands Ave 2 towards BKE. This road consists of 3 lanes. I was at the extreme left lane. As I was travelling, towards my left there was a bus-stop (near to Innova Junior College) there was a bus at the bus-stop signalling to move out and in front of me there was a yellow box. As such, I stopped before the yellow box to give way for the bus to move out. After I stopped, I heard somebody honk and then I felt a huge impact of ~~being~~ hit at my car. When I came out of my vehicle, there were two other vehicles behind me which was involved in the accident. The driver of SKM 3574S was directly behind me and he informed he felt giddy. The driver of XD8045M (third vehicle) came out and yelled at me to why I applied emergency brake. I did not exchange particulars. But the driver of XD8045M took my particulars. I felt pain at my shoulders as such went to see a doctor at Yishun polyclinic.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

14 July 2018
10:40am


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

14 July 2018
10:40am



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

SKETCH PLAN

IMPORTANT NOTICE

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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:

14 July 2018
10:40 am

WILLIAM WONG CHIAO CHEN, U3

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

14 July 2018
10:40 am

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



INSURANCE CERT



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. MM-0000040-8

Policy Number	: S100007426		
The Policyholder	: CHONG KUM WENG BLK 348D #12-509 YISHUN AVENUE 11 SINGAPORE 764348		
Period of Insurance	: 06 Jun 2018 To 05 Jun 2019		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (Inclusive GST)	: S\$874.92		
Interest Insured			
Cover Type	: drive PREMIUM		
Primary Driver	: CHONG KUM WENG		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: OPEL/MERIVA	Capacity	: 1400cc
Registration Number	: SLD16295	Registration Year	: 2016
Chassis Number	: W0LSH9EM3D4038079	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE	: Yes
Excess (Section 1)	: S\$600	MCD Entitlement	: 50%
Excess (Section 2)	: N/A	MCD Protection	: Yes (Free)
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unlicensed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: DBS BANK LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : M6, M7

Agency : ALPINE CREDIT PTE LTD (00000615217)
Date of Issue : 18 May 2018 14:47 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed In Singapore by order of the Board of Directors

Chief Executive

Identification Card



[illegible]

Police Report



**SINGAPORE
POLICE FORCE**



T/20180713/2172

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 758827
Tel No: 1800-8529888

1 of 3

Report No. T/20180713/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 22:03		Vide Report No.:		Station Diary No.: 174	
Informant's Particulars					
Name of Informant: CHONG KUM WENG			Address: APT BLK 348D YISHUN AVENUE 11 #12-599 SINGAPORE 764345		
ID Type / ID No.: NRIC NO / S1430216F			Contact No: Home/Office: Mobile: 96860210		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 14/02/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: QSHE EXECUTIVE			Driving Licence Information: Class: 3,4 Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 13:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2				
Accident occurred at Woodlands Ave 2 towards BKE. The lane next to the bus-stop which is near to Innova JC.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

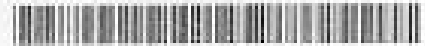
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM3574S	Bus/Coach/Minibus					0
SLD1629S	Car	OPEL	MERIVA 1.4T ENJOY A/T	Green	Seriously Damaged	0
XD6045M	Lorry					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180713/2172

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 758627
Tel No: 1800-8529999

2 of 3

Report No. T/20180713/2172

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD1629S	NTUC Income Insurance Co-Operative Limited	5100807426	06/06/2018	05/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG KUM WENG	ID No.	S1430216F
Related Vehicle	SLD1629S (Car)	Contact No.	96980210
Hospital/Clinic	YISHUN POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20180713/2172

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No: T/20180713/2172

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:
F /
Sr Staff Sgt KAVITHA D/O MAGENDARAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/07/2018 22:03

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

Classification Of Case:

Authentication Stamp
NP100



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

