

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 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
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
EEmail Address	NOEMAIL

Address	BLK 62 LORONG 4 TOA PAYOH #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

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)	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , 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
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5102X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD ABDUL RAWNI BIN ABDUL AZIZ

NRIC/Passport Number	S8703964A
Contact Number	87527558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

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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.



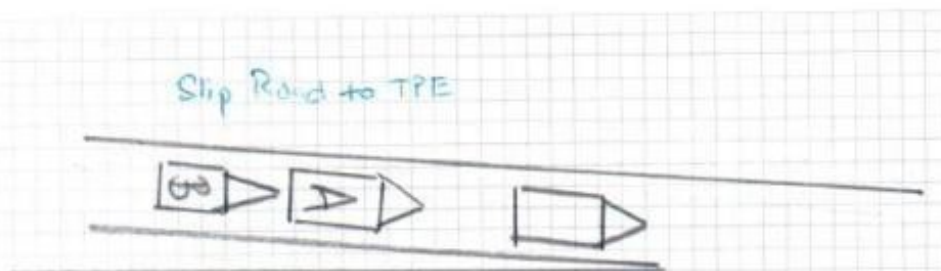
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A-5523192D

TPE

B-GBG 5102X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On date 15 July 2018 at 2.00pm I was driving

Attached Police Report - T/No 180716/2013.

DECLARATION

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



Policyholder Signature
Date & Time:

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

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

Medical Cert

326 AVENUE 3 CLINIC

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

MEDICAL CERTIFICATE

No. 218940

This is to certify that AGNES LIM
is unfit for duty for THREE day(s) from 15.7.18 to 17.7.18 inclusive.

Remarks: Neck strain -
Road Traffic Accident

15.7.18
Date

DR WONG KAM WAH
MBBS (S'PORE)
MCR 05205A

☒ DR. WONG KAM WAH MBBS(S'PORE)
☐ DR. LEONG SENG KEEN MBBS(S'PORE)

326 AVENUE 3 CLINIC

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

MEDICAL CERTIFICATE

No. 218939

This is to certify that QIU JIN JIE
is unfit for duty for THREE day(s) from 15.7.18 to 17.7.18 inclusive.

Remarks: Neck strain -
Road Traffic Accident

15.7.18
Date

DR WONG KAM WAH
MBBS (S'PORE)
MCR 05205A

☒ DR. WONG KAM WAH MBBS(S'PORE)
☐ DR. LEONG SENG KEEN MBBS(S'PORE)

326 AVENUE 3 CLINIC

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

MEDICAL CERTIFICATE

No. 218938

This is to certify that CHONG SOOK FUN JOCELYN CASSANDRA
is unfit for duty for THREE day(s) from 15.7.18 to 17.7.18 inclusive.

Remarks: Neck strain -
Road Traffic Accident

15.7.18

DR WONG KAM WAH
MBBS (S'PORE)
MCR 05205A

Police Report



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 4
Report No: T/20180718/2073

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Station Diary No.:
32

Date/Time Report Made:
16/07/2018 14:05

Informant's Particulars

Name of Informant:
JOCELYN CASSANDRA CHONG
SOOK FUN
ID Type / ID No.:
NRIC NO / S7111361B

Address:
APT BLK 62 LORONG 4 TOA PAYOH #20-107 SINGAPORE
310062

Contact No.:
Home/Office: Mobile: 91527178

Email:

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:
Female 47 05/03/1971

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
PROPERTY AGENT

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: 15/07/2018 14:00	Type of Location: Straight Road
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Location:
Along Road 1
TAMPINES EXPRESSWAY

Loyang Slip Road to TPE towards ECP

Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBG5102X	Van	TOYOTA	HIACE	White	Slightly Damaged	0
SJZ3192D	Car	VOLKSWAGO N	POLO	Silver	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report

Report No. T/20180716/2073

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Passenger		ID No.	S8072378D
Name	QIU JINGJIE	Contact No.	91816262
Related Vehicle	SJZ3192D (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	326 AVENUE 3 CLINIC	Date Treatment	15/07/2018
		Date Discharge	15/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver		ID No.	S7111361B
Name	JOCELYN CASSANDRA CHONG SOOK FUN	Contact No.	91527178
Related Vehicle	SJZ3192D (Car)	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Hospital/Clinic	326 AVENUE 3 CLINIC	Date Treatment	15/07/2018
		Date Discharge	15/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger		ID No.	S7335511G
Name	AGNES LIM	Contact No.	91012082
Related Vehicle	SJZ3192D (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	326 AVENUE 3 CLINIC	Date Treatment	15/07/2018
		Date Discharge	15/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

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 me 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 particulars.

After which my two colleagues and I felt neck and back pain and we went to Clinic to make a check. All of 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.

Police Report

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kampung Ubi Npp
4 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1/20180718/2673

3 of 6
Report No: 1/20180718/2673

CONTINUATION OF REPORT

Police Report

Ubi NPP
Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180716/2073

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
G /
Sgt 3 MUHAMMAD IMRAN HADI BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/07/2018 14:05

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



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



Accident Photo

