

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	12/07/2018 14:07
Date Of Accident	11/07/2018 15:20
Exact Location Of Accident	THOMSON FLYOVER TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1268C
Insured/Policyholder	
Name Of Registered Owner	CHANG HEW KIEN
NRIC No	S1593818H
Email Address	AMYCHANGCHK00@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96409807
Alternative Phone No	OTHERS-92712207

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 CVT SR
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	5088536382-01
Cover Note Number	

Driver

Name of Driver	CHANG HEW KIEN
NRIC No	S1593818H
Date Of Birth	01/03/1963
Occupation	INDOOR
Date Of Driving Pass	13/06/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96409807
Fax Number	
Contact Number	OTHERS-92712207
Email Address	AMYCHANGCHK00@YAHOO.COM.SG

Address	BLK 255 BANGKIT ROAD #11-418
Postcode	670255
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	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS 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	SLM7176U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ONG KWAN BOON, IVAN
NRIC/Passport Number	S8840952C
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHANG HEW KIEN
Approximate Age	55
Injuries Sustain	SLIGHT DEGREE OF INJURY
Injured person in which vehicle?	SLM1268C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 255 BANGKIT ROAD #11-418
Postcode	670255

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:

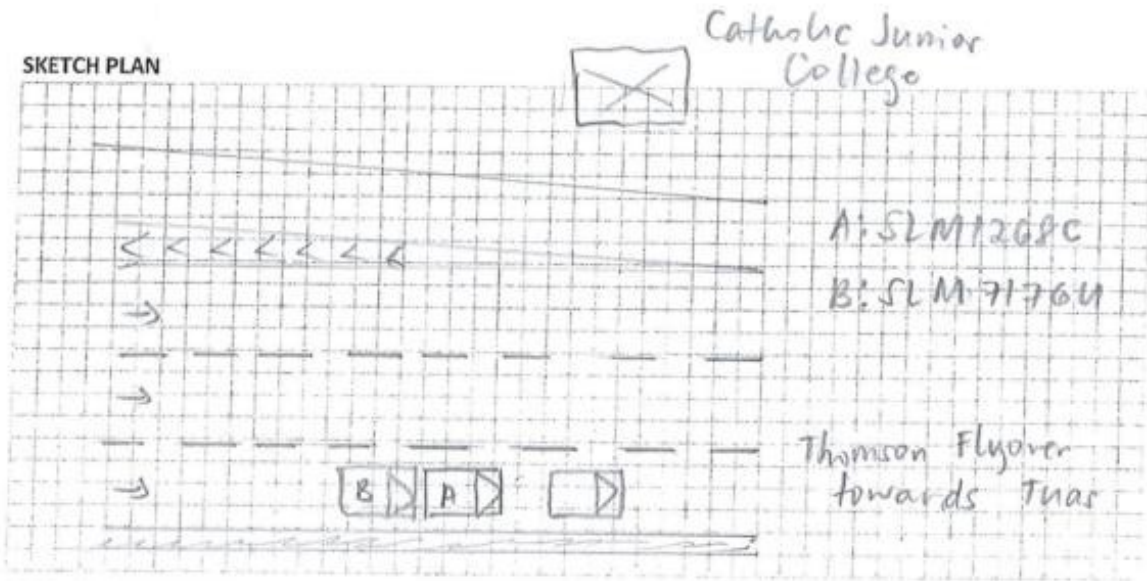
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: **Joelle Tan**
NRIC/FIN No.: **AMK AUTOPPOINT PTE LTD**
12.07.2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/07/2018 at about 1520 hours, I was driving my vehicle (A: SLM1268C) on the extreme right lane along Thomson Flyover towards Tuas. A vehicle in front of me, which is estimated to be about 200 meters away from me, slowed down. I followed suit and manage to stop on time. In just a split of seconds, I felt a great impact from behind twice. I alighted to check & realized that a vehicle (B: SLM7176U) had hit onto my vehicle's rear portion which caused serious damage. No injury arises at the material time of accident. I have 1 female passenger onboard to my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK AUTOPPOINT PTE LTD
12.07.2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2095

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180712/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2018 15:33	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: CHANG HEW KIEN			Address: APT BLK 255 BANGKIT ROAD #11-418 SINGAPORE 670255		
ID Type / ID No.: NRIC NO / S1593818H			Contact No.: Home/Office: Mobile: 96409807		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 01/03/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE, Thomson Flyover towards Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLM1268C	Car	TOYOTA	HARRIER ELEGANCE 2.0 CVT SR	Black	Seriously Damaged	1
SLM7176U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM1268C	NTUC Income Insurance Co-Operative Limited	5088536382-01	21/03/2018	20/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2095

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20180712/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANG HEW KIEN	ID No.	S1593818H
Related Vehicle	SLM1268C (Car)	Contact No.	96409807
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	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	Slight
Driver			
Name	ONG KWAN BOON IVAN	ID No.	S8840952C
Related Vehicle	SLM7176U (Car)	Contact No.	87498335
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 11/07/2018 at about 1520hrs, I was driving my vehicle on the extreme right lane along the incident location. A vehicle in front of me which estimated to be about 200m away from me slowed down. I followed suit and manage to stop on time. In just a split second, I felt a great impact from behind twice. I alighted to check and realized that a vehicle had hit onto my vehicle's rear portion which caused serious damage. At the time no injury arose from the accident. I had a female passenger on board but she is not injured. No police or ambulance called to scene.

Later I went to see a doctor as I was suffering from some pains on my body and received 3 days MC. My female passenger has yet to inform me if she receive any injuries.

Police Report



SINGAPORE
POLICE FORCE



T/20180712/2095

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20180712/2095

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/
Sgt 2 MOHAMED ALI S/O MUBARAK HUSSAIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2018 15:33

Officer In Charge Of Case:
TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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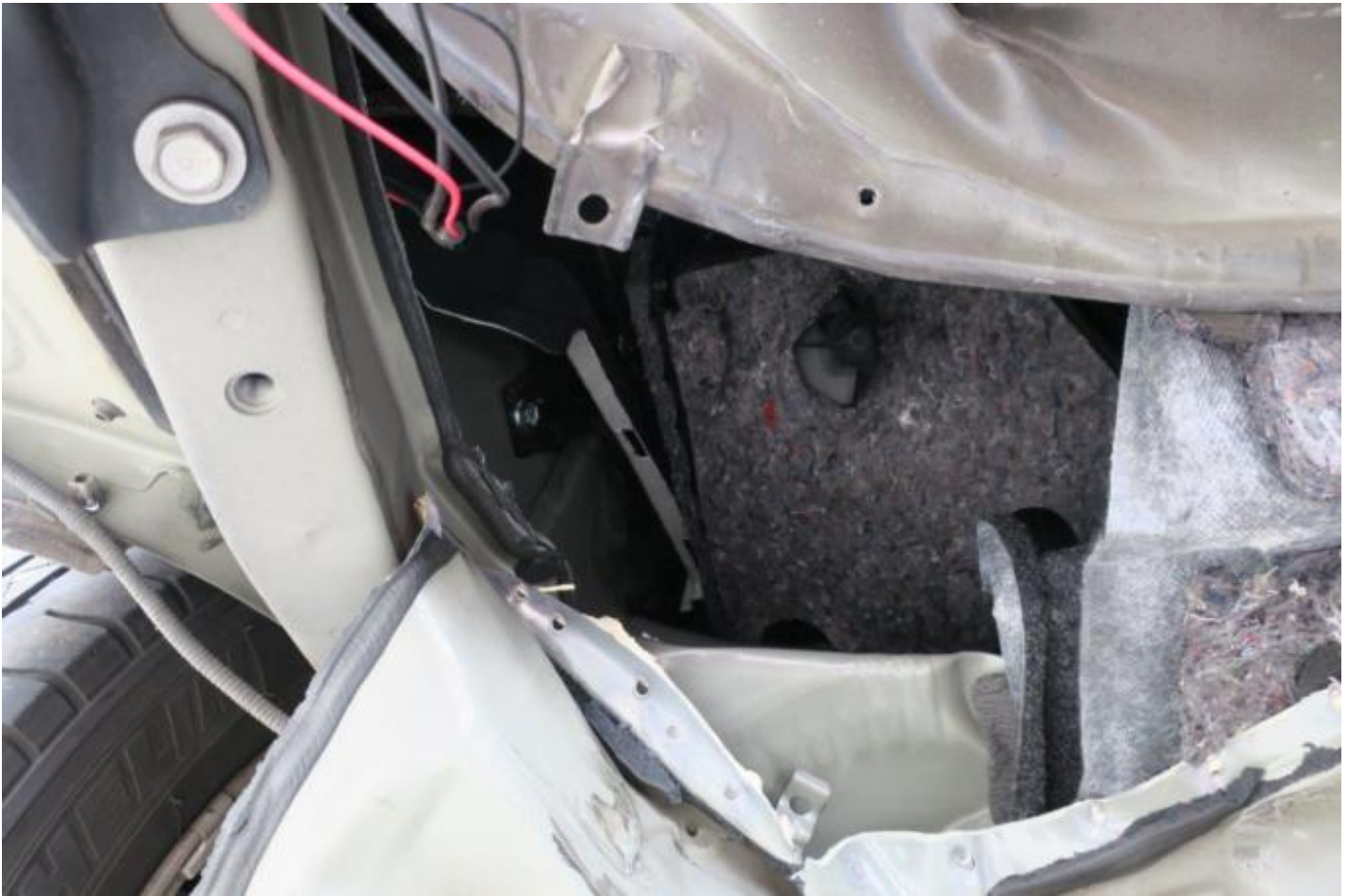
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