

## 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	07/08/2018 10:46
Date Of Accident	06/08/2018 18:20
Exact Location Of Accident	ALONG ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3676Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MACHERE TRANSPORT SERVICES
Co Reg No	53355359L
Email Address	ALECLING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96890500

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096758810
Cover Note Number	

### Driver

Name of Driver	LING KIANG MENG (LIN JIANMIN)
NRIC No	S7112669B
Date Of Birth	13/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890500
Fax Number	
Contact Number	
Email Address	ALECLING@GMAIL.COM

Address	APT BLK 808A CHOA CHU KANG AVENUE 1 #14-560
Postcode	681808
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	4
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER SKETCH PLAN & POLICE REPORT

#### 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	SLX2638D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAROOQ
NRIC/Passport Number	

Contact Number 81331857  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJP9861U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YANG  
NRIC/Passport Number  
Contact Number 98796611  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLG8735G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ALIP  
NRIC/Passport Number  
Contact Number 97762992  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LING KIANG MENG(LIN JIANMIN)  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLV3676Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**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.

**Machere Transport Services**  
Business Reg. No.: S33553598

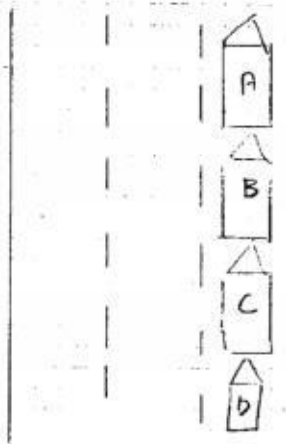
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan Pg. 1

### SKETCH PLAN



A - SLV 36764

B- SLX 26380

C - SJP 9861U

D - SLG 87356

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time : 6/AUG/18 1820

Accident Location : ECP Towards City

I was driving straight along the mentioned vehicle in front stopped, and I managed to stop in time.

Suddenly I felt an impact from the rear. I noted that vehicle B had rear-ended into my vehicle. I also noted that I am part of a 4-vehicle collision.

I felt pain on my body & I will be visiting a doctor later

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

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

\* IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

**Machere Transport Services**  
Business Reg. No.: 53355359L

Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20180807/2110

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

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Report No. T/20180807/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2018 15:54	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: LING KIANG MENG			Address: APT BLK 808A CHOA CHU KANG AVENUE 1 #14-560 SINGAPORE 681808		
ID Type / ID No.: NRIC NO / S7112669B			Contact No.: Home/Office: Mobile: 96890500		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 13/04/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2018 18:20	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY  toward City, near signboard 8KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SJP9861U	Car					0
SLG8735G	Car					0
SLV3676Y	Car					2
SLX2638D	Car					0

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180807/2110

Police Station Of Origin:  
Kreta Ayer NPP  
32 North Canal Road SINGAPORE 059282  
Tel No: 1800-5359999

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Report No. T/20180807/2110

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YANG	ID No.	NIL
Related Vehicle	SJP9861U (Car)	Contact No.	98796611
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
Name	ALIP	ID No.	NIL
Related Vehicle	SLG8735G (Car)	Contact No.	97762992
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
<b>Driver</b>			
Name	LING KIANG MENG	ID No.	S7112669B
Related Vehicle	SLV3676Y (Car)	Contact No.	96890500
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	07/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight



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POLICE FORCE**



T/20180807/2110

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Kreta Ayer NPP  
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Tel No: 1800-5359999

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Report No. T/20180807/2110

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	FAROOQ	ID No.	NIL
Related Vehicle	SLX2638D (Car)	Contact No.	81331857
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 06/08/2058 at about 1820hrs, I was driving on first lane of ECP going towards City. When the vehicle in front of me stop I also come to a stop. When I stopped the car (SLX2638D) collided on to the rear of my car. SJP9861U then collided on to SLX 2638D and SLG8735G collided onto SJP9861U. We alighted and exchanged particulars and left. The damages on my car were, my car rear bumper dent in causing the boot cannot be close tightly.

On 07/08/2018, I felt pain on my lower back and right ankle. I went to see a doctor and was given 5 days MC.



POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180807/2110

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Report No. T/20180807/2110

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:

A /

Sgt 2 LOO CHIN HWEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2018 15:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168