

## 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	14/08/2018 15:09
Date Of Accident	13/08/2018 20:45
Exact Location Of Accident	QUEENSWAY TWDS FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4053M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOON TAI KIANG
NRIC No	S0137031F
Email Address	TAIKIANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83331681
Alternative Phone No	OTHERS-83331681

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120034461800
Cover Note Number	

### Driver

Name of Driver	HOON TAI KIANG
NRIC No	S0137031F
Date Of Birth	18/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83331681
Fax Number	
Contact Number	OTHERS-83331681
Email Address	TAIKIANG@HOTMAIL.COM

Address	BLK 507 JELAPANG ROAD #10-02
Postcode	670507
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?	NO
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: : ER CHIM HONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180813/2203

#### 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	FY2209A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WOH CHIANG
NRIC/Passport Number	
Contact Number	91389951
Address	
Postcode	

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

## 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.
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 liability.
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. 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.
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.

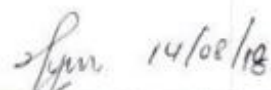
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

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

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

### SKETCH PLAN

QUEENSWAY TOWNS FARRER RD

A - SLC4053m  
B - FY2209A


The diagram shows a road with multiple lanes. At the top, a horizontal line is labeled 'QUEENSWAY TOWNS FARRER RD'. Below this, there are several horizontal lines representing road boundaries and lanes. A dashed line runs across the middle. Arrows indicate traffic flow: two arrows point left in the upper section, and two arrows point right in the lower section. A small box labeled 'A' and a circle labeled 'B' are positioned near the top center. To the left of the diagram, the text 'A - SLC4053m' and 'B - FY2209A' is written.

P/s refer to the police report: T/20180813/2203

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

Policyholder's Signature: \_\_\_\_\_  
Date & Time: 14/8/2018

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

 14/08/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180813/2203

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20180813/2203

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	WOH CHIANG	ID No.	NIL
Related Vehicle	FY2209A (Motorcycle)	Contact No.	91389951
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	Slight
<b>Driver</b>			
Name	HOON TAI KIANG	ID No.	S0137031F
Related Vehicle	SLC4053M (Car)	Contact No.	83331681
Hospital/Clinic	NIL	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	NIL

### Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SLC4053M, along Queensway towards Farrer Road. There were 2 lanes and I was driving on the right side lane. There was a motorcycle, FY2209A, ahead of me. I noticed the motorcycle in front of me was too slow and gave horned him. The motorcycle then switched lanes to the left lane. I then drove my vehicle past it. The road in front of me was clear. All of a sudden I heard and felt a bump on my rear left side of my vehicle. I immediately stopped my vehicle to make a check. I immediately called for the police for assistance. I made a check and found out that the motorcyclist had abrasions to his arms and his passenger was seen leaning against a wall at the side of the road. My passenger and I had no injuries. My vehicle had a dent to its rear left side bumper. There was ambulance and traffic police at scene. I was informed to meet IO Yusmastari at TP HQ on 14/08/2018 at 1000hrs. vide report: E/20180813/0192

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180813/2203

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No: T/20180813/2203

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 23:16		Vide Report No.: E/20180813/0192		Station Diary No.: 192	
<b>Informant's Particulars</b>					
Name of Informant: HOON TAI KIANG			Address: APT BLK 507 JELAPANG ROAD #10-02 SINGAPORE 670507		
ID Type / ID No.: NRIC NO / S0137031F			Contact No.: Home/Office: Mobile: 83331681		
Nationality: SINGAPORE CITIZEN			Email		
Sex: Male	Age: 64	Date of Birth: 18/03/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Property Agent			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2018 20:45	Type of Location: Straight Road
Location: Along Road 1 QUEENSWAY				
Queensway towards Farrer Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FY2209A	Motorcycle					1
SLC4053M	Car	HYUNDAI	ELANTRA AD 1.8 GLS AT	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC4053M	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200344818 00	13/05/2018	12/05/2020

# Accident Photo



**SINGAPORE  
POLICE FORCE**



T/20180813/2203

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20180813/2203

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	WOH CHIANG	ID No.	NIL
Related Vehicle	FY2209A (Motorcycle)	Contact No.	91389951
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	Slight
<b>Driver</b>			
Name	HOON TAI KIANG	ID No.	S0137031F
Related Vehicle	SLC4053M (Car)	Contact No.	83331681
Hospital/Clinic	NIL	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	NIL

### Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SLC4053M, along Queensway towards Farrer Road. There were 2 lanes and I was driving on the right side lane. There was a motorcycle, FY2209A, ahead of me. I noticed the motorcycle in front of me was too slow and gave horned him. The motorcycle then switched lanes to the left lane. I then drove my vehicle past it. The road in front of me was clear. All of a sudden I heard and felt a bump on my rear left side of my vehicle. I immediately stopped my vehicle to make a check. I immediately called for the police for assistance. I made a check and found out that the motorcyclist had abrasions to his arms and his passenger was seen leaning against a wall at the side of the road. My passenger and I had no injuries. My vehicle had a dent to its rear left side bumper. There was ambulance and traffic police at scene. I was informed to meet IO Yusmastari at TP HQ on 14/08/2018 at 1000hrs. vide report: E/20180813/0192

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180813/2203

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20180813/2203

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

FUAD ISKANDAR BIN JUMAT

SN117

Signature Of Interpreter:

Not applicable

Singapore Police Force

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID

Contact No: 65476247

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

13/06/2018 23:16

Classification Of Case: