

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	03/08/2018 13:17
Date Of Accident	02/08/2018 14:25
Exact Location Of Accident	100 JURONG EAST STREET 21 ROAD SIDE LAMP POLE 47
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6403X
Insured/Policyholder	
Name Of Registered Owner	LE THI DUNG
NRIC No	G5246086M
Email Address	ENGSENG_CHUA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91220088
Alternative Phone No	OFFICE-91220088

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5079733346-01
Cover Note Number	

Driver

Name of Driver	CHUA ENG SENG
NRIC No	S7519209F
Date Of Birth	05/07/1975
Occupation	INDOOR
Date Of Driving Pass	04/01/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97572742
Fax Number	
Contact Number	
EEmail Address	ENGSENG_CHUA@YAHOO.COM.SG

Address	BLK 748 #03-129 JURONG WEST STREET 73
Postcode	640748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

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	SGK5371E
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 INJURED PERSON 1

Name	CHUA ENG SENG
Approximate Age	43
Injuries Sustain	SLIGHT INJURIES, GIVEN TWO DAYS MC
Injured person in which vehicle?	SKT6403X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 748 #03-129 JURONG WEST STREET 73
Postcode	640748

Sketch Plan Pg. 1


SKETCH PLAN

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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:

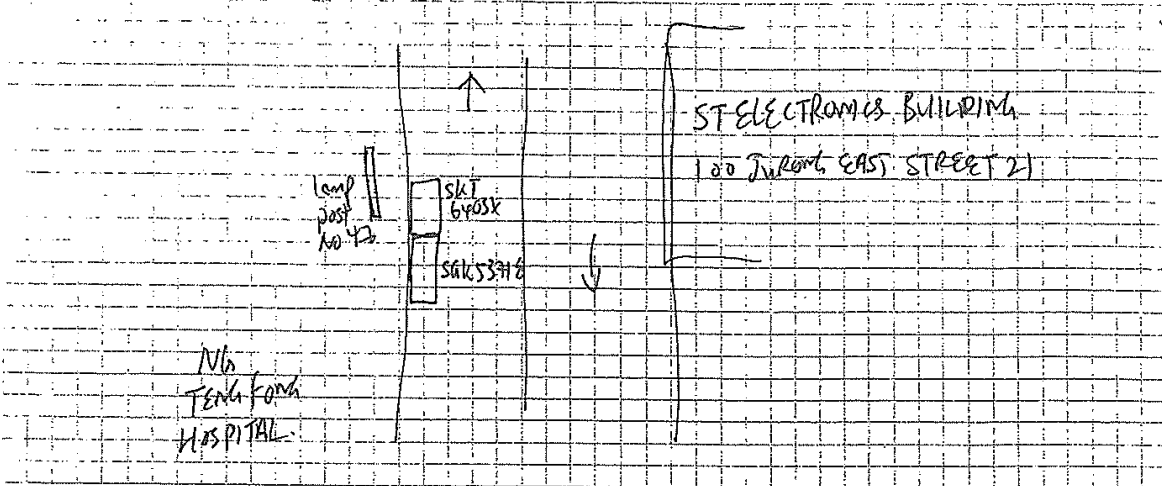
2/8/2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/8/2018 16:00


Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 2/8/2018 2:25pm, I stopped my vehicle outside my company, ST ELECTRONICS, and alight my colleague. I turned on my hazard lights when alight my colleague. Once my colleague alight and close the door, I going to start move. The car SK1 5371E hit onto my vehicle from the rear. I alighted to do a check and discovered serious damage at my rear portion of my car. My car unable to move. CPU officer passing and take down all our particular detail. Call ambulance for the other driver and me. Then police and traffic police arrived and take down my particular detail. I call tow vehicle and tow my car to workshop. The police issue me a case cord vide.

0/2018 0802/0070.


AF.

DECLARATION

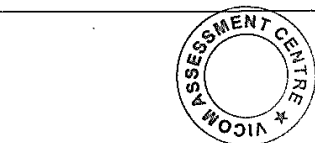
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

2/8/2018


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

2/8/2018



Reporting Centre Personnel's Signature

Name:

NG WING KIN JAMES

NRIC/FIN No.:

S7927881E



**SINGAPORE
POLICE FORCE**



T/20180803/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20180803/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 09:44		Vide Report No.: D/20180802/0070		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: CHUA ENG SENG			Address: APT BLK 748 JURONG WEST STREET 73 #03-129 SINGAPORE 640748		
ID Type / ID No.: NRIC NO / S7519209F			Contact No.: Home/Office: Mobile: 97572742		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 05/07/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2018 14:25	Type of Location:
Location: Along Road 1 JURONG EAST STREET 21 OUTSIDE 100 JURONG EAST ST 21 - ST ELECTRONICS Lamp Post Number: 47				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
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
SGK5371E	Car	TOYOTA	VIOS	Gold		0
SKT6403X	Car	HONDA	STREAM	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180803/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20180803/2025

CONTINUATION OF REPORT

Driver			
Name	CHUA ENG SENG	ID No.	S7519209F
Related Vehicle	SKT6403X (Car)	Contact No.	97572742
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/08/2018	Date Discharge	03/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 02/08/2018 at about 2.25pm, I turned on the hazard lights of my vehicle (SKT6403X) and dropped off my colleague along the left lane of the two lane road along Jurong East Street 21. After my colleague alighted and shut the door, a car (SGK5371E) hit onto my vehicle from the rear.

I alighted to make a check and discovered damages around the rear portion of my car. I then called the towing crew for my vehicle to be towed. I sustained slight injuries and therefore visited Ng Teng Fong Hospital where I was given two days of MC. There is no in-car camera in my vehicle.

There was CPU officers on patrol who rendered their assistance. Subsequently the Police and Traffic Police arrived at scene where I was issued with a case card vide D/20180802/0070 and advised to lodge a Traffic Accident Report.

That's all.



**SINGAPORE
POLICE FORCE**



T/20180803/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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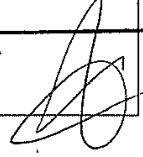
Report No. T/20180803/2025

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: E / Sgt 2 REEMA KAUR SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2018 09:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476292	Classification Of Case:
 	SN 061
Authentication Stamp NP168	
SIGNATURE	

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:44096047)

ORIGINAL

NAME: CHUA ENG SENG

NRIC: S7519209F

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **3/8/2018** to **4/8/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **02/08/2018 21:08** to **03/08/2018 00:38**.

03/08/2018
Date

Dr. Usman Butt MOHAMMAD (15499G)
Issued by


Signature

Location: NTFGH EMERGENCY

STANDARD POLICYWORD

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 507973346 (1)

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

5KT6403X

Chassis Number

HMMRN684085204855

2. Name of Policyholder

LEO THE DUNG

3. Effective Date of Insurance

22 Apr 2017

4. Expiry Date of Insurance

31 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

(a) Use for hire or reward

(b) Use for racing, pace-making, reliability trial or speed testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA ENG SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PART VALUE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LEE CHAN LEONG (00000429597)

Date of Issue : 14 Feb 2017 17:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

