

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	29/08/2018 17:27
Date Of Accident	28/08/2018 16:45
Exact Location Of Accident	YISHUN ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7072M
Insured/Policyholder	
Name Of Registered Owner	88 CARS RENTAL AND MOTOR TRADING
Co Reg No	53233947M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83825855

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101403897
Cover Note Number	

Driver

Name of Driver	LIN KANGMING,EDWIN
NRIC No	S8925978I
Date Of Birth	30/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91009395
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 602 WOODLANDS DRIVE 42 #12-57
Postcode	730602
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180829/7011

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	FBE4699H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RIDHWAN BIN YAAKOP
NRIC/Passport Number	S9125420D
Contact Number	87497388
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIN KANGMING,EDWIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLC7072M
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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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.

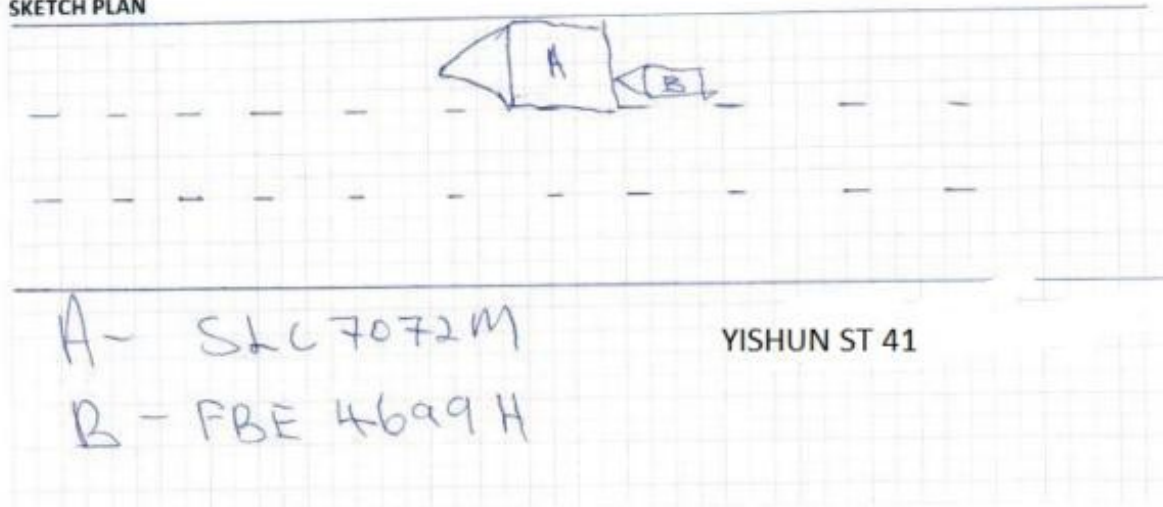
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A - SLC 7072 M

B - FBE 4699 H

YISHUN ST 41

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the above mention rtine n date. I was driving straight. The front veh slow down n I slow down suddenly I felt an impact from the rear. When I a light I notice veh B could not stop in time n hit the rear of my Veh A. Veh B rider wrote a letter admitting his mistake.

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:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180829/7011

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180829/7011

CONTINUATION OF REPORT

Driver			
Name	LIN KANGMING, EDWIN		ID No. S8925978I
Related Vehicle	SLC7072M (Car)		Contact No. 91009353
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	Ridhwan Bin Yaakop		ID No. S9125420D
Related Vehicle	NIL		Contact No. 87497388
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.

Was driving along Yishun Avenue 1, approaching a right turn to Yishun Street 41, there was quite a lot of cars waiting to turn right hence i slowed down when approaching the right turn, a motorcycle FBE4699H failed to stop in time and hit me on the rear of my car. After assisting to him to check on his injury he said he was fine. i asked him what happened he told me that he was dreaming and didnt realise all the cars is moving at a slow speed when approaching the right turn. I have a handwritten document from him which states that he fail to stop in time and caused the accident. Feeling giddy, exceptional fast heart beat and neck pain, i went to the doctor at mount alvernia and was given a 4 days MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/7011

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20180829/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 16:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIN KANGMING, EDWIN			Address: APT BLK 602 WOODLANDS DRIVE 42 #12-57 SINGAPORE 730802		
ID Type / ID No.: NRIC NO / S88259781			Contact No.: Home/Office: Mobile: 91009353		
Nationality: SINGAPORE CITIZEN			Email: edwinn.lin@gmail.com		
Sex: Male	Age: 29	Date of Birth: 30/07/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2018 16:45	Type of Location: Straight Road
Location: YISHUN STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4599H	Motorcycle					0
SLC7072M	Car					0

Details of Person Involved
Any Pedestrian Involved: No

Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/7011

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180829/7011

CONTINUATION OF REPORT

Driver			
Name	LIN KANGMING, EDWIN		ID No. S89259781
Related Vehicle	SLC7072M (Car)		Contact No. 91009353
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	Ridhwan Bin Yaakop		ID No. S9125420D
Related Vehicle	NIL		Contact No. 87497388
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

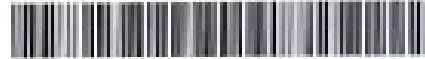
Brief Details

Was driving along Yishun Avenue 1, approaching a right turn to Yishun Street 41, there was quite a lot of cars waiting to turn right hence i slowed down when approaching the right turn, a motorcycle FBE4699H failed to stop in time and hit me on the rear of my car. After assisting to him to check on his injury he said he was fine. i asked him what happened he told me that he was dreaming and didnt realise all the cars is moving at a slow speed when approaching the right turn. I have a handwritten document from him which states that he fail to stop in time and caused the accident. Feeling giddy, exceptional fast heart beat and neck pain, i went to the doctor at mount alvernia and was given a 4 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/7011

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

Report No. T/20180829/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/08/2018 16:28

Classification Of Case: