

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 13:44
Date Of Accident	28/08/2018 11:50
Exact Location Of Accident	CTE (CITY) BEFORE BALESTIER EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4677U
Insured/Policyholder	
Name Of Registered Owner	KAM SIEW HONG
NRIC No	S0040485C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84119293
Alternative Phone No	OTHERS-84119293

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	5049840267-07 CLASSIC
Cover Note Number	

Driver

Name of Driver	TAN BOH NIEW
NRIC No	S0083750D
Date Of Birth	08/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98339851
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 515A #17-08 TAMPINES CENTRAL 7
Postcode	521515
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	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)	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 TO POLICE REPORT ATTACHED

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	SHC7127L
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD9722C
Vehicle Make/Model/Colour TOYOTA WISH 1.8 CVT
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGK8087G
Vehicle Make/Model/Colour HONDA CIVIC 1.8L A
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 TAN BOH NIEW
Approximate Age 69
Injuries Sustain ACHE OVER THE BODY
Injured person in which vehicle? SJK4677U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 515A #17-08 TAMPINES CENTRAL 7
Postcode 521515

Sketch Plan Pg. 1


SKETCH PLAN


IMPORTANT NOTICE

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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:

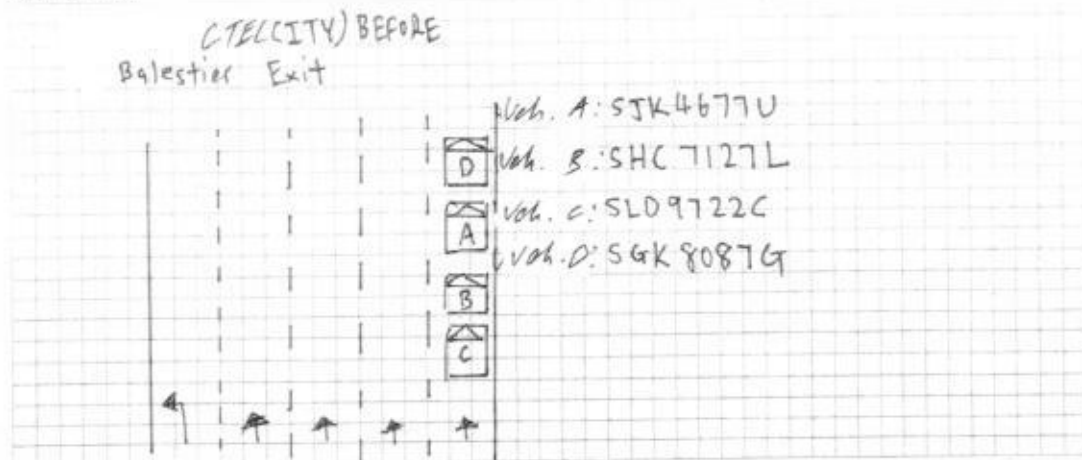

Driver's Signature
(If driver is not the policyholder)
Date & Time:

29 AUG 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vgckb@singnet.com.sg
Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report -

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: 29 AUG 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: info@idac.com.sg

Name:
NRIC/FIN No.:

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180828/2059

1 of 3

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

Report No. T/20180828/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 13:36		Vide Report No.: A/20180828/0064		Station Diary No.: 104
Informant's Particulars				
Name of Informant: TAN BOH NIEW		Address: APT BLK 515A TAMPINES CENTRAL 7 #17-08 SINGAPORE 521515		
ID Type / ID No.: NRIC NO / S0083750D		Contact No.: Home/Office:		Mobile: 98339851
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 69	Date of Birth: 08/11/1948	Type of Informant: Driver	
Race: Chinese		Language: Chinese		Institution / School Name:
Occupation: HARDWARE		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE towards City, before Balestier Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SGK8087G	Car	HONDA	CIVIC 1.8L A	Silver		0
SHC7127L	taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0
SJK4677U	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Beige		0



**SINGAPORE
POLICE FORCE**



T/20180828/2059

2 of 3

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

Report No. T/20180828/2059

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD9722C	Car	TOYOTA	WISH 1.8 CVT	Red		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BOH NIEW	ID No.	S0083750D
Related Vehicle	SJK4677U (Car)	Contact No.	98339851
Hospital/Clinic	INTERMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2018	Date Discharge	28/08/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 28/08/2018 at about 1130hrs, I was driving my vehicle SJK4677U along CTE heading towards City direction. The weather was clear and the road was dry. I was driving along lane 1 before Balestier Exit at the point of time. Suddenly, the vehicle in front (SGK8087G) of me suddenly came to a stop. As such, I followed suit and stopped my vehicle behind him. After stopping my vehicle, I felt an impact from the rear which propelled my vehicle towards the front, colliding onto SGK8087G's rear bumper. I alighted from my vehicle and noted that I was caught in a chain collision involving a total of 4 vehicles.

One taxi SHC7127L had collided onto the rear of my vehicle and SLD9722C had collided onto the rear of the taxi. My vehicle was the second vehicle at the accident scene. We exchanged particulars and took some photographs of the scene. After exchanging particulars, the taxi driver left the scene and traffic police came soon after. No ambulance came to scene.

After leaving the scene, I felt ache all over my body and went to Intamedical 24Hr Clinic to seek medical assistance and was issued with a 7 days MC. I am lodging the report to facilitate insurance claims.



**SINGAPORE
POLICE FORCE**



T/20180828/2059

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

Report No. T/20180828/2059

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 PUA JIAN YAN, JEREMIAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2018 13:36

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No. 65476219



SINGAPORE
POLICE FORCE

SN 061

Authentication Stamp

NP163

SIGNATURE

Classification Of Case: