

## 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	10/09/2018 11:41
Date Of Accident	08/09/2018 17:45
Exact Location Of Accident	ALONG AMK AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8156E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM, THIAN HUAY
NRIC No	S1268857A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96358772
Alternative Phone No	OFFICE-96358772

### Vehicle Particulars

Manufacturer	GEELY
Model	GEELY MK 1.5 AUTO
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00413365
Cover Note Number	

### Driver

Name of Driver	MENDEL NG
NRIC No	T0018114A
Date Of Birth	29/05/2000
Occupation	INDOOR
Date Of Driving Pass	24/08/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81580726
Fax Number	
Contact Number	OFFICE-81580726
Email Address	NOEMAIL

Address	3 RIVERVALE LINK #15-27
Postcode	545119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	5
Passenger 1	NAME: : DANIA INSYRAH BINTE NORHISHAM GENDER: : FEMALE
Passenger 2	NAME: : ANG GIAN YU GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180908/2175.

#### 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	GBF5404E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOPALAKRISHNAN RAJAPRABU
NRIC/Passport Number	033995261
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	7
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :
Passenger 4	NAME: : GENDER: :
Passenger 5	NAME: : GENDER: :
Passenger 6	NAME: : GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	MENDEL NG
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJK8156E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	DANIA INSYRAH BINTE NORHISHAM
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJK8156E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	ANG GIAN YU
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Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJK8156E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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

SKETCH PLAN

Any No. 10 Ave 6

A: SJKEBGE  
B: ABFEHVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2180408/2175.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180908/2175

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20180908/2175

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 22:09	Vide Report No.:	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: MENDEL NG			Address: 3 RIVERVALE LINK #15-27 SINGAPORE 545119	
ID Type / ID No.: NRIC NO / T0018114A			Contact No.: Home/Office: Mobile: 81580726	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 18	Date of Birth: 29/05/2000	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name: ITE COLLEGE CENTRAL
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/09/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6  ALONG ANG MO KIO AVE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBF5404E	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Slightly Damaged	0
SJK8156E	Car	GEELY	GEELY MK 1.5 AUTO	Silver	Slightly Damaged	4

### Details of Person Involved

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180908/2175

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Report No. T/20180908/2175

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	GOPALAKRISHNAN RAJAPRABU		ID No. 033995261
Related Vehicle	GBF5404E (Lorry)		Contact No. NIL
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	MENDEL NG		ID No. T0018114A
Related Vehicle	SJK8156E (Car)		Contact No. 81580726
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/09/2018	Date Discharge	08/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	DANIA INSYIRAH BINTE NORHISHAM		ID No. T0004346F
Related Vehicle	SJK8156E (Car)		Contact No. 96729645
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/09/2018	Date Discharge	08/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	ANG QIAN YU		ID No. T0037665A
Related Vehicle	SJK8156E (Car)		Contact No. 82181307
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/09/2018	Date Discharge	08/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180908/2175

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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180908/2175

### CONTINUATION OF REPORT

#### **Brief Details.**

On the 8/9/2018 at about 1745hrs, I was driving my vehicle, SJK8156E, along Ang Mo Kio Ave 6 on the left most lane. While approaching the traffic light in front of Yio Chu Kang MRT station, the traffic light turned amber. Hence, I applied the brake so as to stop. However, I was inside the yellow box when I saw the amber light hence, I ended up stopping inside of the yellow box right before the traffic light. My vehicle came to a complete stop and all of a sudden, one lorry, GBF5404E, collided onto the rear of my vehicle. My vehicle then moved forward due to the collision. I have 4 passengers with me at that time. We got down our vehicle to make a check,. The lorry driver is an Indian male and he is a construction workers. There were about 7 or 8 people in the lorry. He is employed by Modern Pools Pte Ltd and his work permit no is 03399526. I did not took a picture of the back of his work permit. No one was injured at that point of time. Hence, we decided to go for insurance claim and left the scene. After a few hours, I felt some pain on my back area. Two of the passengers also informed me that they felt discomfort. I also check with the rest of my passengers and they informed that they were fine. Hence, two of my friend, Dania and Qian Yu went to see a doctor at Mount Alvernia Hospital. Dania and I was given a total of 5 days MC while Qian Yu was given 4 days. Therefore, I am lodging this report so as to assist me to follow up on the insurance proceedings.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180908/2175

Police Station Of Origin:  
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629 Bedok Reservoir Road #01-1620  
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Tel No: 1800-4439999

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Report No. T/20180908/2175

### 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:

G /  
Sgt 2 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2018 22:09

Officer In Charge Of Case:

TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



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