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 witholding 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. 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/10/2018 14:37
Date Of Accident	05/10/2018 22:50
Exact Location Of Accident	BKE TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFZ7251M
Insured/Policyholder	
Name Of Registered Owner	SAMSUDDIN BIN YUSSOP
NRIC No	S1389789A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96161304
Alternative Phone No	OTHERS-96161304
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5079186641-02
Cover Note Number	
Driver	
Name of Driver	HIEW CHOON KIOW
Passport No/FIN	F7182004K
Date Of Birth	21/03/1968
Occupation	INDOOR

Occupation **INDOOR** Date Of Driving Pass 26/12/2013

Driving Experience 4 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90056797

Fax Number

Contact Number

EMail Address RACHELHIEW@HOTMAIL.COM Address BLK 767 YISHUN AVE 3

#01-309

Postcode 760767

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SAMSUDDIN BIN YUSSOP

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181006/2010

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 JGG7833

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FONG VUI LOONG

NRIC/Passport Number 810515125211

Contact Number 93724632

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ6171E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LUCAS

NRIC/Passport Number

Contact Number 92774996

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGL5922K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver AURELIA YEW YUN RONG

NRIC/Passport Number S9810034B Contact Number 96191686

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.
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- 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.
- 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.
- 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 insurers) 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:
 - 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;
 - 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 Sapature

(If driver is not the policyholder)

Date & Time:

Jym 09/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

-57715/M -	196136 1.47.	NOS CHECKP
SFZ 7351M -	MO HICHARB	4-
1447833		-
SCI 6171E SCI 5933E		
CRIBE CIRCUMSTANCES OF THE	E ACCIDENT	
0/2 11 / /		
Ms regul to t	Le police report.	
LARATION	^	
LARATION declare the foregoing particulars are	e true in every respect.	

Individual Statement





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7678999

3 of 4 Report No. T/20181000/2010

CONTINUATION OF REPORT

Name	LUCAS			ID No		NIL
Related Vehicle	SLJ6171E (Car)		Contact No.		92774996	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry; NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ed Medical Leave NIL Degree			-	-	

Brief Details

On 05/10/2018 at about 2255hrs, I was driving my car (SFZ7521M) on the extreme right of 4 lanes along BKE towards Woodlands Checkpoint, just before Woodlands Checkpoint. My car was stationary as the traffic was building up. Before the collision, I heard vehicle screeching sound lasted about 5-10 seconds. I thought that the sound came from the left lane. Out of the sudden, I felt the impact from the rear of my car. Then realized a car (JGG7833) collided onto my car. At the point of time, I was stepping on the brake however the impact causes my car to move forward hence collided onto the car(SLJ6171E) in front of me. I then came down from my vehicle and check on the damages. My car sustained serious dent and scratches on the rear and dented on the front bumper at the car plate area. Total there were four car involved and I am the 3rd car.and we exchanged particulars on the spot. The first car in front(SGL5922K) then called for Police assistance. Myself and my passenger was not injured. Traffic police then came down to scene. Subsequently, I called for towing service to tow away my car. Traffic police also advised me to lodge a traffic police report within 24hrs.

I wish to state that my car does not have in-car camera. No government property damaged.





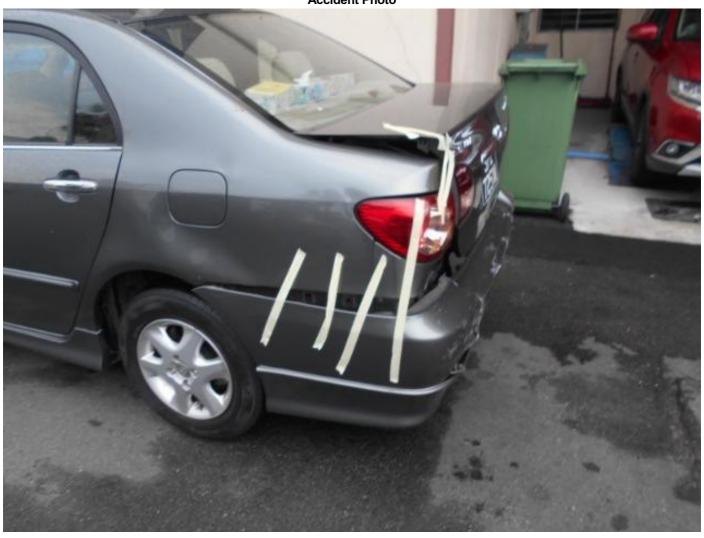
































Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7678999

1 of 4 Report No. 10201819054201g

REPORT OF A TRAFFIC ACCIDENT

Date/Time 06/10/201		Aade:	Vide Report No.: J/20181005/0224	Station Clary No.:			
Informan	t's Partic	ulars 1	VACCOUNTY OF THE WAY				
HIEW CH	nformant: OON KIO		Address: 767 YISHUN AVENUE 3 #01-	SOO SINGADODE ZOODE			
ID Type / NRIC NO	ID No.: / F71820	04K	Cornect No.: Home/Office:				
Nationality: MALAYSIAN Sex: Age: Date of Birth: Female 50 21/03/1668			Email	Mobile: 90056797			
			Type of Informant: Driver				
Race: Chinase	- Lucian		Language: Chinese	Institution / School Name:			
Occupation: OPERATION ASSISTANT		STANT	Orlying Licence Information: Class 28,3	Date of Expiry:			

Type of Accident:	Non-Injury Affended by Police	Delah	Date/Time of Accident	Type of Location Straight Road
	HEXPRESSWAY	knoint her haden v	05/10/2018 22:55	
Clear		Road Surface; Dry	ADDIANCS Checkpoint	Road Speed Limit
Weather Clear Traffic Flow One Way Type of Colls		TOWNS COURTINOS	V 1040 W 1000 CHC 101	Road Speed Limit Traffic Volume: Moderate

JGG7833	Types Car	Make	Model	Color	Condition	No of Passange
		The second second				1
SFZ7251M	Car			+	Seriously	1
9GL5922K	Car				Damaged	
SLJ6171E						1
omailtE	Car			_	_	2





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 53 SINGAPORE 737890 Tel No: 1800-7578999

2 of 4 Report No. TXQ018100592010

CONTINUATION OF REPORT

Any Pedestrian In	n Involved volved No				-		
No. of Pedestrian	s Injured: Nil.		Use of Per	Instrian	Connection	WAS BOOK	
Onver	The state of the state of the state of		Para Charles	2011	O OSS	ing: NA	
Name	FONG VUI LOONG JGG7833 (Car) NIL			ID No.		810615125211	
Related Vehicle			Confact No. Class of Difying License & Expiry Outs		93724632 Class: NIL Date of Expiry: NIL		
Hospital/Clinic							
Cate Treatment	NIL	0-00-	Date Disc	narion	MIL		
	ed Medical Leave	NL	Degree of	Injury	MIL		
Driver					NO.	THE PROPERTY OF	
Name	HIEW CHOON KIOW		ID No.		F7182004K		
Related Vehicle	SFZ7251M (Car)		Contact No.		90056797		
HospitsUClinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL		
Date Treatment	NIL	100	Date Disc				
	led Medical Leave	NIL	Degree of				
Univer		70	A PERSONAL PROPERTY.	100.00	0000	Married at No. of Co.	
lame	AURELIA YEW YUN	AURELIA YEW YUN RONG		ID No.		S9610034B	
Related Vehicle	SGL5922K (Carj		Contact No.		96191686		
Kosp tal/Clinic	NL		Class Drivin Licens Expiry	g Se S	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	acas com	Date Disc] =xpr/	100000000000000000000000000000000000000		
A STATE OF S	Cate Oil		scharge NIL of Injury NIL				





Pelice Station Of Origins Weedlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7678669

Report No. 7,501610050010

CONTINUATION OF REPORT

Name	LUCAS		ID No		NL
Related Vehicle	SLJ6171E (Car)		Contact No.		92774885
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Oisc	Control of the Contro	NIL	
No. of Days gran	ted Medical Leave NIL	Degrae of	logury.	NIL	

Brief Details.

On 05/10/2018 at about 2255hrs, I was driving my car (SF27521M) on the extreme right of 4 lanes along BKE towards Woodlands Checkpoint, just before Woodlands Checkpoint. My car was stationary as the traffic was building up. Before the collision, I heard vehicle screeching sound lasted about 5-10 seconds, I thought that the sound came from the left lane. Out of the sudden, I left the impact from the roar of my car. Then resized a car (JGG7833) collided onto my car. At the point of time, I was stepping on the brake however the impact causes my car to move forward hence collided onto the car(SLJ6171E) in front of me. I then came down from my vehicle and check on the damages. My car sustained serious dent and scratches on the rear and dented on the front bumper at the car plate area. Total there were four car involved and I am the 3rd car, and we exchanged particulars on the spot. The first car in front(SGL6922K) then called for Police assistance. Myself and my passenger was not injured. Traffic police then came down to scene. Subsequently, I called for lowing service to tow away my car. Traffic police also advised me to lodge a traffic police report within 24hrs.

I wish to state that my car does not have in-car camera. No government property damaged.





Police Station Of Origini Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel Not 1800-7679999

4 of 4 Report No. 1320181998/2010

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 starting the report number as reference.

Signature Of Officer Recording The Report:

J / Sgt 2 ZENG YAOSHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NG CHAREE THENG
Cantage No.: 65475397 SN 139

Signature :

Singapore Police Force