

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/10/2018 15:25
Date Of Accident	21/10/2018 01:00
Exact Location Of Accident	PIE TWDS TUAS BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5545S
Insured/Policyholder	
Name Of Registered Owner	KENCHONG CONSTRUCTION & LOGISTIC
Co Reg No	53343923W
Email Address	KEN.KEN.WONG3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98893733
Alternative Phone No	OFFICE-98893733

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086708326-01
Cover Note Number	

Driver

Name of Driver	WONG TUCK KEONG
NRIC No	S7009938A
Date Of Birth	01/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98893733
Fax Number	
Contact Number	OTHERS-98893733
Email Address	KEN.KEN.WONG3@GMAIL.COM

Address	BLK 428 WOODLANDS STREET 41 #05-242
Postcode	730428
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181022/2012

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	SKE3788J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8296A

Vehicle Make/Model/Colour

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 INJURED PERSON 1

Name WONG TUCK KEONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLJ5545S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.
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 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. 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.

KENCHONG CONSTRUCTION & LOGISTIC

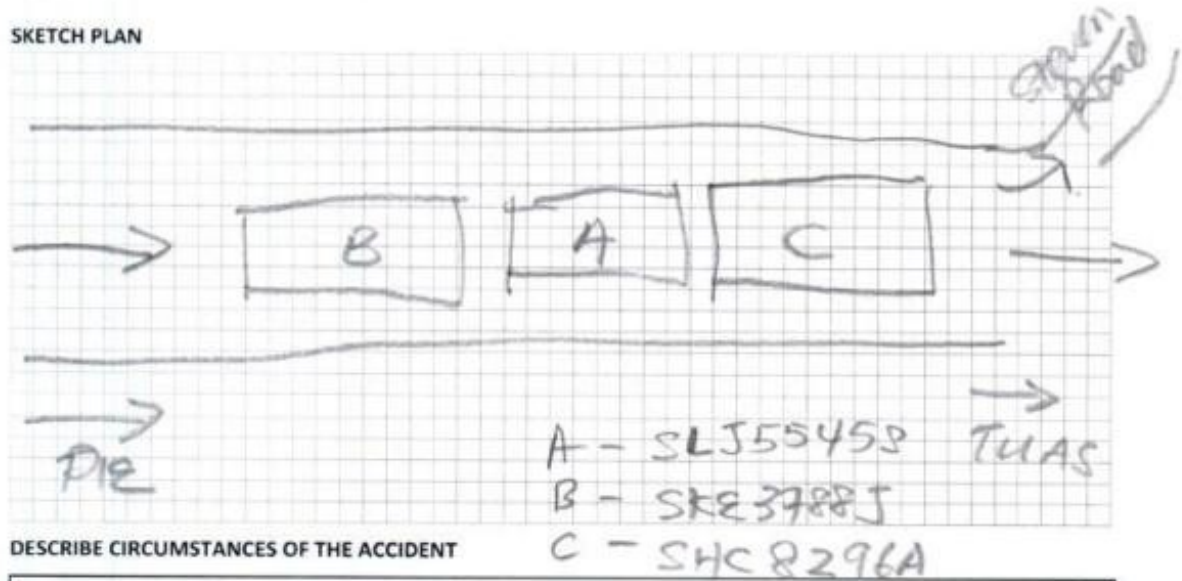
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s Refer to the Police Report
 T/20181022/2012

DECLARATION

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

KENCHONG CONSTRUCTION & LOGISTIC

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.:

GLP500, Version 1.0, 1/1

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181022/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181022/2012

CONTINUATION OF REPORT

Driver			
Name	WONG TUCK KEONG		ID No. S7009938A
Related Vehicle	SLJ5545S (Car)		Contact No: 98893733
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2018	Date Discharge	21/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 22/10/2018 at about 0100hrs, I was travelling on my vehicle "SLJ5545S" along Pan-island Expressway towards TUAS when I arrived near to the Stevens Road exit. AT that point in time, the extreme right lane was under road work. Infront my vehicle was a Comfort Taxi bearing "SHC8296A" and behind my vehicle was a black Mercedes "SKE3788J". Suddenly a white vehicle pass by fro the right side and cut into the our lane infront of the Taxi. The Taxi then jam brake and I also brake my vehicle. The vehicle behind me was unable to break in time and collided into my vehicle. I then alighted my vehicle and took photos of the accident scene. I left after the traffic police have arrived. I went to the Mount Alvernia Hospital and obtain 5days of medical leave. I sustained neck aches and felt giddiness. Both my wrist is also swollen. My vehicle front and rear bumper is both dented and damaged, it is also unable to start after the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

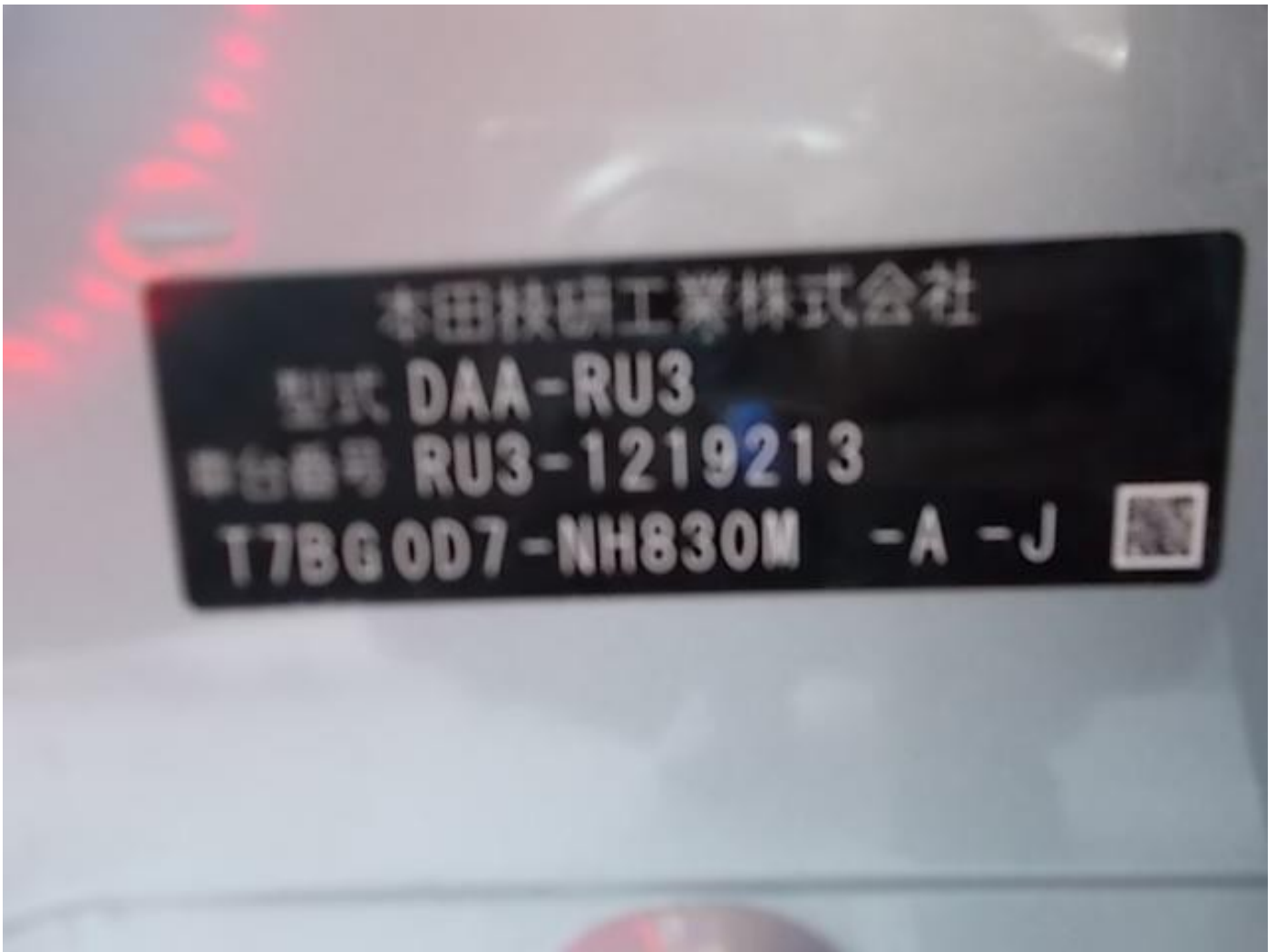


Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20181022/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3
Report No. T/20181022/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 09:07	Vide Report No.:	Station Diary No.: 36
--	------------------	--------------------------

Informant's Particulars

Name of Informant: WONG TUCK KEONG	Address: APT BLK 460 SEGAR ROAD #11-193 SINGAPORE 670460		
ID Type / ID No.: NRIC NO / S7009938A	Contact No.: Home/Office: Mobile: 98893733		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 01/04/1970	Type of Informant: Driver
Race: Chinese	Language: Chinese	Institution / School Name:	
Occupation: Construction	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2018 01:00	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards TUAS before Stevens Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHC8296A	Car				Slightly Damaged	2
SKE3788J	Car				Slightly Damaged	1
SLJ5545S	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181022/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181022/2012

CONTINUATION OF REPORT

Driver			
Name	WONG TUCK KEONG	ID No.	S7009938A
Related Vehicle	SLJ5545S (Car)	Contact No.	98893733
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2018	Date Discharge	21/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 22/10/2018 at about 0100hrs, I was travelling on my vehicle "SLJ5545S" along Pan-island Expressway towards TUAS when I arrived near to the Stevens Road exit. AT that point in time, the extreme right lane was under road work. Infront my vehicle was a Comfort Taxi bearing "SHC8296A" and behind my vehicle was a black Mercedes "SKE3788J". Suddenly a white vehicle pass by fro the right side and cut into the our lane infront of the Taxi. The Taxi then jam brake and I also brake my vehicle. The vehicle behind me was unable to break in time and collided into my vehicle. I then alighted my vehicle and took photos of the accident scene. I left after the traffic police have arrived. I went to the Mount Alvernia Hospital and obtain 5days of medical leave. I sustained neck aches and felt giddiness. Both my wrist is also swollen. My vehicle front and rear bumper is both dented and damaged, it is also unable to start after the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20181022/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20181022/2012

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:

J /

Sgt 3 CHUA CHUEN LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/10/2018 09:07

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

SN 117



Signature :

Classification Of Case:

Singapore Police Force