

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	23/10/2018 15:37
Date Of Accident	23/10/2018 09:50
Exact Location Of Accident	JUNC OF WOODLANDS AVE 1 & WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8899L
Insured/Policyholder	
Name Of Registered Owner	QUEK WEI LENG
NRIC No	S6849486I
Email Address	HUSKYBOY200@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96849486
Alternative Phone No	OTHERS-96849486

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5101071671
Cover Note Number	

Driver

Name of Driver	QUEK WEI LENG
NRIC No	S6849486I
Date Of Birth	09/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96849486
Fax Number	
Contact Number	OTHERS-96849486
Email Address	HUSKYBOY200@GMAIL.COM

Address	BLK 731 TAMPINES ST 71 #07-125
Postcode	520731
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM2355B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WAH SENG
NRIC/Passport Number	S1325612H
Contact Number	96815813

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	QUEK WEI LENG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SGX8899L
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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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.

Policyholder's Signature

Date & Time: 23/10/18

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-SGR8899L
B-SJM2355B

WOODLANDS
AVE 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WOODLANDS AVE 1

Pls refer to the police report: 7/20181023/2115

DECLARATION

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

Policyholder's Signature

Date & Time: 23/10/18

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**

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



T/20181023/2115

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Report No. T/20181023/2115

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX8899L	NTUC Income Insurance Co-Operative Limited	5101071671	30/05/2018	29/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK WEI LENG	ID No.	S6849486I
Related Vehicle	NIL	Contact No.	96849486
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	TAN WAH SENG	ID No.	S1325612H
Related Vehicle	NIL	Contact No.	96815813
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.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING THE VEHICLE SGX8899L, ALONG WOODLANDS AVENUE 1 AND I WANTED TO MAKE RIGHT TURN ONTO WOODLANDS AVENUE 3. WHILE I WAS WAITING AT THE ROAD POCKET FOR THE GREEN LIGHT TO TURN, THE CAR, SJM2355B, THAT WAS BEHIND ME, SUDDENLY COLLIDED ONTO THE REAR OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD TO THE MIDDLE OF THE OPPOSITE LANE.

AFTER THE COLLISION, BOTH PARTIES ALIGHTED TO TAKE PICTURES AND TALKED BY THE ROADSIDE. THE DRIVER OF SJM2355B TOLD ME THAT HE HAD MISTAKENLY STEPPED ON ACCELERATE INSTEAD OF THE BRAKES WHICH WAS WHAT CAUSED THE ACCIDENT.

I VISITED MOUNT ALVERNIA HOSPITAL AFTER THE ACCIDENT AND WAS GRANTED MEDICAL LEAVE FOR 5 DAYS FROM 23/10/2018 TO 27/10/2018.

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/20181023/2115

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

1 of 4
Report No. T/20181023/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 17:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK WEI LENG			Address: APT BLK 731 TAMPINES STREET 71 #07-125 TAMPINES COURTVIEW SINGAPORE 520731		
ID Type / ID No.: NRIC NO / S6849486			Contact No.: Home/Office: Mobile: 96849486		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 09/10/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2018 09:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 1 WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
SGXB899L	Car	HONDA	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD	White		1
SJM2356B						0

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20181023/2115

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Report No. T/20181023/2115

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX8899L	NTUC Income Insurance Co-Operative Limited	5101071671	30/05/2018	29/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	QUEK WEI LENG		ID No.	S68494861
Related Vehicle	NIL		Contact No.	96849486
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	TAN WAH SENG		ID No.	S1325612H
Related Vehicle	NIL		Contact No.	96815813
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.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181023/2115

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408365
Tel No: 65470000

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Report No: T/20181023/2115

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408885
Tel No. 65470000



T/20181023/2115

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Report No. T/20181023/2115

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:

TP /
ZENG ZI CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
23/10/2018 17:24

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the 2009 Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 0019118134670 Vehicle Registration No: 59X 8899L

Name(s) shown in NRIC: Quak Wei Leng

NRIC/Passport No: 568494861 [*Vehicle Driver ☒ Vehicle Owner ☐] Please delete as appropriate

Address: _____

Contact (Tel): _____ (H/P): _____

(Email): _____

Date of Accident: 20/10/18 Time of Accident: 0950

Place of Accident: Junc of Woodlands Ave 1

Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to inform that the video footage stated in my accident report earlier was unable to retrieve as the video recording had been overwritten.

Signature of Vehicle Owner / Driver: _____
Date: 19/11/18

10 Anson Road #06-16 International Plaza Singapore 079903 Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm