

## 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	25/10/2018 15:24
Date Of Accident	24/10/2018 20:30
Exact Location Of Accident	WEST COAST HIGHWAY TWDS KEPPEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5459H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S MANDAI MOTOR TRADING
Co Reg No	52862320J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67775585

### Vehicle Particulars

Manufacturer	BMW
Model	316
Exact Purpose for which vehicle was being used at time of accident	OTW TO CUST FOR VIEWING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMTPSN1731061801
Cover Note Number	

### Driver

Name of Driver	KOR YEN LING
NRIC No	S8210679J
Date Of Birth	03/04/1982
Occupation	INDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98478755
Fax Number	
Contact Number	
EEmail Address	STASIA_KOR@HOTMAIL.COM

Address	BLK 470A UPPER SERANGOON CRESCENT #08-310
Postcode	531470
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	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?	YES
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181025/2039

#### 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	SKZ303J
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 INJURED PERSON 1**

Name	KOR YEN LING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMC5459H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



Policyholder's Signature  
Date & Time:

*Atama*

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

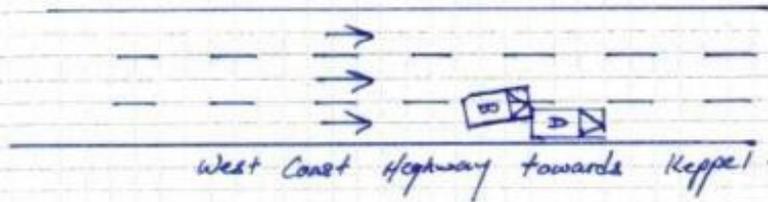
*Juan 25/10/18*

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

Accident Sketch Plan

SKETCH PLAN

(A) SMC 54594  
(B) SKZ 303J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer To Police Report  
No: T/20181025/2039

DECLARATION

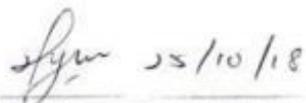
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Name & Title:

 25/10/18

Reporting Centre Personnel's Signature  
Name:  
Address:

**Individual Statement**



**SINGAPORE  
POLICE FORCE**



T/20181025/2039

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3  
Report No. T/20181025/2039

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOR YEN LING	ID No.	S8210679J
Related Vehicle	SMC5459H (Car)	Contact No.	98478755
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/10/2018	Date Discharge	24/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight

**Brief Details.**

On the 24/10/2018 at about 2030hrs, I was driving my company car bearing the registration number SMC5459H along West Coast Highway. I was driving on the 1st lane of the two lane highway.

Out of the sudden, I felt an impact coming from the rear left side of my vehicle. I then checked on the side mirror, and noticed that there was another vehicle coming from the left side of my vehicle. The vehicle then passed my vehicle and I signaled to the driver to stop by the side by pressing the vehicle horn. However, the driver then sped off. I then managed to obtain the vehicle number which was SKZ303J. I tailed the driver which he slowed down and exited the highway. Upon exiting the highway, the driver then picked up the speed and sped off back into the West Coast Highway again.

Subsequently, I stopped at the nearest bus stop and informed my employer regarding the accident and wanted to snap some pictures. I later then felt dizzy and vomited. I later had pain on my neck area. Subsequently, I called for the police and ambulance.

I wish to state that I obtained a 6-day medical certificate dated from 24/10/2018 till 29/10/2018 from Singapore General Hospital. I also wish to state that my company's vehicle sustained damages such as dents and scratches on the rear left bumper. Of which, I do not know the cost of damage to my company's vehicle. I further wish to state that police and ambulance came down to assist me with the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



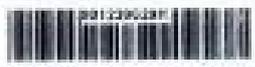
Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8210679J**

Name: **KOR YEN LING**

Birth Date: **03 Apr 1982**  
Issue Date: **31 May 2014**



001239028F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S8210679J**



Name: **KOR YEN LING**

种族: **华 英 玲**

Race: **CHINESE**

Birth Date: **03-04-1982**

Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Issue Date
Class 1	Motor Cars of unladen weight not exceeding 2000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tricycles and Motor Bicycles of unladen weight not exceeding 3000 kg	31 May 2014

NP-004

License No: **S8210679J**

00000110



001239028F



Issue to: **24-05-2010**

**87T BLK 470A UPPER SERANGOON CREST #08-310**  
SINGAPORE 521470

SPIC No: **90138794** Date: **30/07/2014**

**Police Report**



**SINGAPORE  
POLICE FORCE**



T20181025/0039

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8399

1 of 3

Report No. T20181025/0039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2018 11:34	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: KOR YEN LING		Address: APT BLK 470A UPPER SERANGOON CRESCENT #08-310 SINGAPORE 531470	
ID Type / ID No.: NRIC NO / 88210679J		Contact No.: Home/Office:                      Mobile: 98478755	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 36	Date of Birth: 03/04/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/10/2018 20:30	Type of Location: HIGHWAY / EXPRESSWAY
Location: Along Road 1 WEST COAST HIGHWAY  WEST COAST HIGHWAY TOWARDS KEPPEL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ303J	Car	BMW	216D ACTIVE TOURER DAB LED	White		0
SMC5458H	Car	BMW	316I 1.8 AT DAB 4DR ABS HID	White	Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181025/2036

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No: T/20181025/2036

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOR YEN LING	ID No.	58210679J
Related Vehicle	SMC5458H (Car)	Contact No.	98478755
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/10/2018	Date Discharge	24/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight

#### Brief Details.

On the 24/10/2018 at about 2030hrs, I was driving my company car bearing the registration number SMC5458H along West Coast Highway. I was driving on the 1st lane of the two lane highway.

Out of the sudden, I felt an impact coming from the rear left side of my vehicle. I then check on the side mirror, and notice that there was another vehicle coming from the left side of vehicle. The vehicle then passed by my vehicle and I signal to the driver to stop by the side by pressing the vehicle horn. However, the driver then sped off. I then manage to obtain the vehicle number which was SKZ303J. I tailed the driver which he slowed down and exit the highway. Upon, exiting the highway, the driver then picks up the speed and sped off back into the West Coast Highway again.

Subsequently, I stopped at the nearest bus stop and informed my employer regarding about the accident and wanted to snap some pictures. I later then felt dizzy and vomited. I later that there pain on my neck area. Subsequently, I called for the police and ambulance.

I wish to state that I obtained 6-day medical certificate dated from 24/10/2018 till 29/10/2018 from Singapore General Hospital. I also wish state that my company's vehicle sustained damages such as dents and scratches on the rear left bumper. Of which, I do not know the cost of damage to my company's vehicle. I further wish to state that police and ambulance came down to assist me with the accident.

Police Report



SINGAPORE  
POLICE FORCE



T201810252038

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8988

3 of 3  
Report No.: T201810252038

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD YUSOFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2018 11:34
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65478144	Classification Of Case: 

Authentication Stamp  
SP188

