#### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2018 15:49
Date Of Accident	26/10/2018 10:00
Exact Location Of Accident	KPE / AIRPORT RD SLIP RD INTO KPE ( MCE )
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8349K
Insured/Policyholder	
Name Of Registered Owner	CHIA MUNG LENG JOSEPHINE
NRIC No	S7014269D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92223337
Alternative Phone No	OTHERS-92223337
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059447965-04
Cover Note Number	
Driver	

Name of Driver

NRIC No

S1406493A

Date Of Birth

Occupation

Date Of Driving Pass

SIM KWAI BOON

02/10/1960

OUTDOOR

03/10/2005

Driving Experience 13 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92223337

Fax Number

Contact Number OTHERS-92223337

EMail Address NOEMAIL

Address BLK 862A TAMPINES STREET 83

#11-428

Postcode 521862

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

NO

Was any other material or property damaged? YES

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

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 TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

SINGAPORE SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20181029/2033

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 PC6504T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver BENNY LEE WEE BENG

NRIC/Passport Number S6826859A Contact Number 93877755

Address Postcode

Insurance Company Name

Nature Of Damage

#### No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKA8811M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LOOI CHIN LIANG

NRIC/Passport Number S7900324G
Contact Number 96889679

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number UNKNOWN

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 SIM KWAI BOON

Approximate Age

Injuries Sustain SERIOUS
Injured person in which vehicle? SJL8349K
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 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:
  - 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 Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Sketch Plan #2

KETCH PLAN			
Along Road	1, Kallang Pa	ya leba	V Expressively
[D]	=7 [A]		B-PC6504T C-SKA 8811M D-UNIONOWN Taxi
	5100	house of	KPE /MCE
SCRIBE CIRCUMSTANCES		THE ST. AT CASE 1	Part of the same
			- NY
		1	6601
		Police	33
	X/re	00/2,	,
	yo '81	0.1	
0	Der 120181		
\ \	e, 41		
6/2			
/			
,			
CLARATION			
Ve declare the foregoing particu	lars are true in every respect.		1.29/10/201
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name	ting Centre Personnel's Signature

#### Sketch Plan #3





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181029/2033

CONTINUATION OF REPORT

#### Brief Details.

ON 26/10/2018 AT ABOUT 1000HRS AT THE SLIP ROAD INTO KPE,

I WAS TRAVELLING STRAIGHT WHEN I NOTICED FROM MY MIRROR THAT A BLACK VAN HAD JUST FILTERED INTO MY LANE BEHIND ME. AS I WAS ENTERING THE TUNNEL, I NOTICED THAT THE VEHICLE IN FRONT OF ME WAS STATIONARY AS THERE WAS A CONGESTION. HENCE, I SLOWED DOWN AND SUBSEQUENTLY STOPPED. SUDDENLY, I FELT A VERY BIG IMPACT FROM THE REAR OF MY VEHICLE AND I REALISED THAT ANOTHER VEHICLE HAD RAMMED INTO THE REAR OF MY VEHICLE WITHOUT STOPPING. MY CAR STARTED SMOKING AND THE AIRBAG WAS DEPLOYED BUT I MANAGED TO SWITCH OFF THE ENGINE AND EXIT MY VEHICLE. AFTER I EXIT THE VEHICLE, I REALISED THE SEVERITY OF MY INJURIES AND WAS IN SO MUCH PAIN THAT I WAS UNABLE TO TAKE ANY PICTURES OF THE ACCIDENT. I WAS THEN CONVEYED TO RAFFLES HOSPITAL AND GIVEN ONE MONTH OF MC FOR MY INJURIES



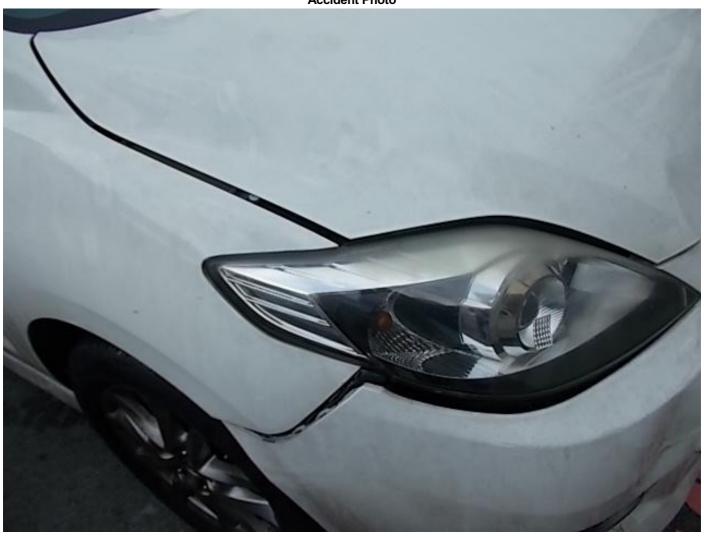


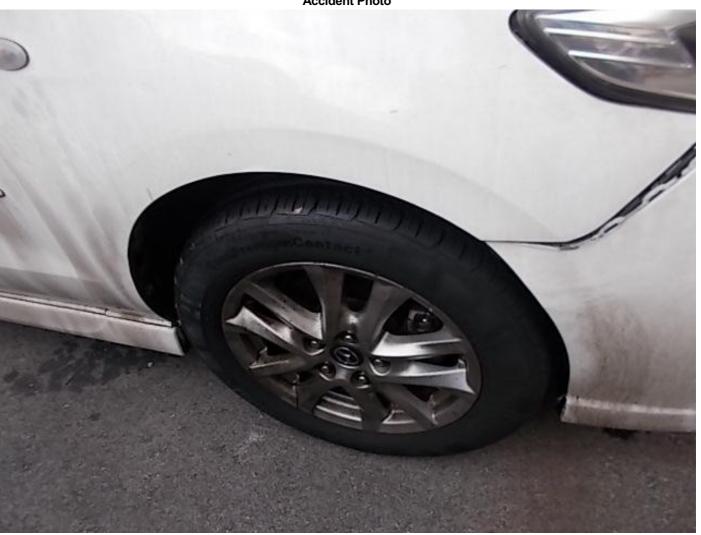




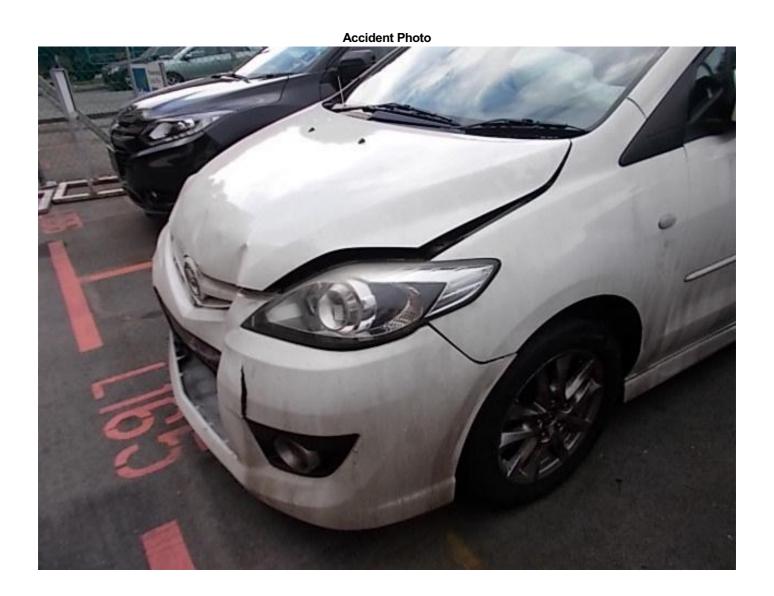






































#### Police Report





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

1 of 3 Report No. T/20181029/2033

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 11:24	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	用型 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
	f Informant: /AI BOON	l i	Address: APT BLK 862A TAMP	INES STREET 83 #11-428 TAMPINES	
	/ ID No.: O / S140649	93A	PARKVIEW SINGAPORE 521862 Contact No.: Home/Office: Mobile: 92223337		
National SINGAR	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 58	Date of Birth: 02/10/1960	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Real estate agent		Driving Licence Information Class:	ation: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 26/10/2018 10:00	Type of Location	
	YA LEBAR EXPRESSWA	***				
Weather:	AD SLIP ROAD INTO KPE	Road Surfa			Road Speed Limit:	
Traffic Flow:		Traffic Control:			Traffic Volume:	
Type of Collis	ion:				Anyone conveyed by ambulance:	

hicle Invo	lved	WAR STREET	The House		
Туре	Make	Model	Color	Condition	No of Passanger
Car	MAZDA	MAZDA5		Condition	0
ľ	Туре	_	Type Make Model	Type Make Model Color	Type Make Model Color Condition

#### **Police Report**





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

2 of 3 Report No. T/20181029/2033

CONTINUATION OF REPORT

#### **Brief Details.**

ON 26/10/2018 AT ABOUT 1000HRS AT THE SLIP ROAD INTO KPE,

I WAS TRAVELLING STRAIGHT WHEN I NOTICED FROM MY MIRROR THAT A BLACK VAN HAD JUST FILTERED INTO MY LANE BEHIND ME. AS I WAS ENTERING THE TUNNEL, I NOTICED THAT THE VEHICLE IN FRONT OF ME WAS STATIONARY AS THERE WAS A CONGESTION. HENCE, I SLOWED DOWN AND SUBSEQUENTLY STOPPED. SUDDENLY, I FELT A VERY BIG IMPACT FROM THE REAR OF MY VEHICLE AND I REALISED THAT ANOTHER VEHICLE HAD RAMMED INTO THE REAR OF MY VEHICLE WITHOUT STOPPING. MY CAR STARTED SMOKING AND THE AIRBAG WAS DEPLOYED BUT I MANAGED TO SWITCH OFF THE ENGINE AND EXIT MY VEHICLE. AFTER I EXIT THE VEHICLE, I REALISED THE SEVERITY OF MY INJURIES AND WAS IN SO MUCH PAIN THAT I WAS UNABLE TO TAKE ANY PICTURES OF THE ACCIDENT. I WAS THEN CONVEYED TO RAFFLES HOSPITAL AND GIVEN ONE MONTH OF MC FOR MY INJURIES

#### **Police Report**





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181029/2033

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.

TP / LEE KWANG HONG KENDRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 11:24
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt LEE GUANG HUI Contact No.: 65476138	SINGAPORE POLICE FORCE
Authentication Stamp NP168	Sinnalius

#### **Addendum Sheet**



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 - Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017736

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM	
(A)	(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No : MNA118140252 Vehicle Registration No: S	JL8349K
	Name(as shown in NRIC):SIM KWAI BOONNRIC/FIN/Passport No :	S1406493A
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	-
	Address : BLK 862A TAMPINES STREET 83, #11-428	Singapore(52/86)2
	Contact (Tel) : Mobile No.: 92223	5337
	Email Address : NOEMAIL	
	Date of Accident : 26/10/2018	10:00
	Place of Accident : KPE / AIRPORT RD SLIP RD INTO	KPE ( MCE
	Insurance Company: NTUC Income Insurance Co-	
	madante company.	APERATIVE CIT
	Amend the TP Vehicle Category.	
	day /	29/10/2018
	Policyholder / Driver's Signature Date:  Reporting Centre Personne Name: NRIC/FIN No.: Date:	l's Signature