

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	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	SIM KWAI BOON
NRIC No	S1406493A
Date Of Birth	02/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92223337
Fax Number	
Contact Number	OTHERS-92223337
EEmail 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
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	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 : 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

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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:

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

Along Road 1, Kallang Paya Lebar Expressway

A - SSL 8349K
B - PC6504T
C - SKA 8811M
D - unknown Taxi

Stop lines KPE / MCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181029/2033

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)
Date & Time:

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181029/2033

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

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



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2033

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

Date/Time Report Made: 29/10/2018 11:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM KWAI BOON			Address: APT BLK 862A TAMPINES STREET 83 #11-428 TAMPINES PARKVIEW SINGAPORE 521862		
ID Type / ID No.: NRIC NO / S1406493A			Contact No.: Home/Office: Mobile: 92223337		
Nationality: SINGAPORE CITIZEN			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: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2018 10:00	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY AIRPORT ROAD SLIP ROAD INTO KPE (MCE)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL8349K	Car	MAZDA	MAZDA5	White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2033

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.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2033

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.

Signature Of Officer Recording The Report:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Yang Siu

Date/Time:
29/10/2018 11:24

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

[Signature]

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: SG6550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118140252 Vehicle Registration No: SJL8349K
Name (as shown in NRIC) : SIM KWAI BOON NRIC/FIN/Passport No : S1406493A
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 862A, TAMPINES STREET 83, #11-428 Singapore 521862
Contact (Tel) : - Mobile No. : 92223337
Email Address : NOEMAIL
Date of Accident : 26/10/2018 Time of Accident : 10:00
Place of Accident : KPE / AIRPORT RD SLIP RD INTO KPE (MCE)
Insurance Company : NTUC Income Insurance Co-operative Ltd.

(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:

Amend the TP Vehicle Category.

Policyholder / Driver's Signature
Date:

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