

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	15/11/2018 12:35
Date Of Accident	14/11/2018 06:40
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7354S
Insured/Policyholder	
Name Of Registered Owner	ONG JIAQIANG
NRIC No	S8210579D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98349681
Alternative Phone No	OTHERS-98349681

Vehicle Particulars

Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	GOING 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096661787
Cover Note Number	

Driver

Name of Driver	KONG AI FEN(KONG AIFEN)
NRIC No	S8038288Z
Date Of Birth	16/12/1980
Occupation	INDOOR
Date Of Driving Pass	26/09/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96946420
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 663C PUNGGOL DRIVE #10-236
Postcode	823663
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181114/2050

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	YP1888T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	KONG AI FEN(KONG AIFEN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKB7354S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

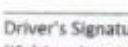
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:


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

 15/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A. 8KB7354Q
B. YP1888T


PIE TOWARDS TUAS.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT.

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:

 15/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20181114/2050

CONTINUATION OF REPORT

Driver			
Name	KONG AI FEN	ID No.	S8038288Z
Related Vehicle	SKB7354S (Car)	Contact No.	96946420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry:
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/11/2018 at about 0640hrs, I was driving my vehicle (SKB7354S) along PIE towards Tuas on the second lane. At that point of time it was raining very heavily as such I was roughly driving at the speed of 60km/hr. After the Eng Neo exit, suddenly a vehicle slowed down as such my vehicle slow down too. Thereafter I felt a collision from the rear and the next instant my vehicle surged forward.

After the accident, I stopped my vehicle and noticed that a lorry collided onto my vehicle. I then called 999 for assistant and waited in my car till Police arrival. Afterwhich the Traffic Police and paramedic arrived, I was then conveyed to NUH for medical assistant. I did not sustain any injuries, however I sore on the right side of my back and currently pregnant for 6 months.

I would like to state that there are no CCTV installed on my vehicle. My vehicle is currently not working and is at Traffic Police compound.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181114/2000

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228882
Tel No: 1800-2958999

1 of 3

Report No: T/20181114/2000
7/201811/1/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 11:51		Vide Report No.: E/20181114/0050		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: KONG AI FEN			Address: APT BLK 663C FUNGGOL DRIVE #10-236 SINGAPORE 823683		
ID Type / ID No.: NRIC NO / 580382882			Contact No.: Home/Office: Mobile: 96946420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 16/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Purchaser			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas, after Eng Neo Exit				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SKB7354S	Car	BMW	X1 SDRIVE18i AT D1AB 2WD SDR GAS/O SR	Blue	Seriously 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/2018/114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
226892
Tel No: 1800-2958999

2 of 3

Report No. T/2018/114/2050

CONTINUATION OF REPORT

Driver			
Name	KONG AI FEN	ID No.	S8038286Z
Related Vehicle	SKB7354S (Car)	Contact No.	96946420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry:
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

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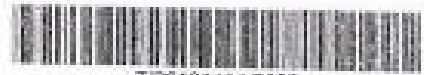
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Police Report



SINGAPORE
POLICE FORCE



T/20181114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No: T/20181114/2050

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

E /

Sgt 1 JANSON CHEW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/11/2018 11:51

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476387

Classification Of Case:

Authentication Stamp

KP185