

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	17/11/2018 13:53
Date Of Accident	16/11/2018 23:55
Exact Location Of Accident	PIE TOWARDS JURONG AFTER ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7255K
Insured/Policyholder	
Name Of Registered Owner	KEE YEK PHU
NRIC No	S8265171C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98509985
Alternative Phone No	OTHERS-98509985

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100954288
Cover Note Number	

Driver

Name of Driver	KEE YEK PHU
NRIC No	S8265171C
Date Of Birth	04/09/1982
Occupation	INDOOR
Date Of Driving Pass	19/04/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98509985
Fax Number	
Contact Number	OTHERS-98509985
Email Address	NOEMAIL

Address	BLK 438 CHOA CHU KANG AVENUE 4 #09-475
Postcode	680438
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	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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181117/2030

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	SHC59X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDQ8979L
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	KEE YEK PHU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJY7255K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

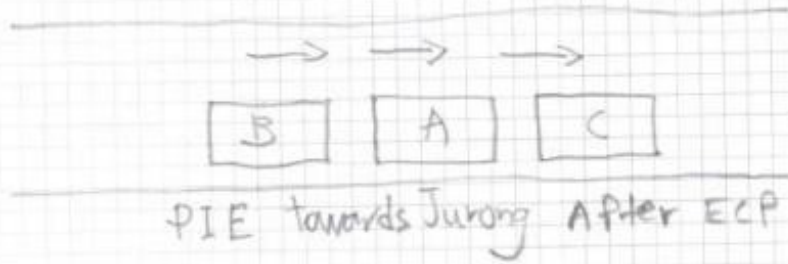

Driver's Signature
(if driver is not the policyholder)
Date & Time:

 19/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SJY7255K
B - SHC 59X
C - SDQ 8979L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report -
T/20181117/2030

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/20181117/2030

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181117/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY7255K	NTUC Income Insurance Co-Operative Limited	5100954288	25/05/2018	24/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEE YEK PHU		ID No. S8265171C
Related Vehicle	SJY7255K (Car)		Contact No. 98509985
Hospital/Clinic	DRS KOO & NEOH MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	17/11/2018		Date Discharge 17/11/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On 16/11/2018 at 2355hrs, I was driving on the first lane of PIE towards Jurong after ECP Exit. As I was driving, vehicle in front SDQ8979L applied jam brakes. I applied brakes and I was able to stop on time. However, vehicle behind SHC59X did not stop in time and collided at the back of my vehicle. My vehicle was pushed forward and collided onto the back of SDQ8979L. It was a down hill road which might cause my vehicle to be pushed forward. I have injuries and I have visited doctor.

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



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181117/2030

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20181117/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2018 11:12		Vide Report No.:		Station Diary No.: 30
Informant's Particulars				
Name of Informant: KEE YEK PHU		Address: APT BLK 438 CHOA CHU KANG AVENUE 4 #09-475 SINGAPORE 680438		
ID Type / ID No.: NRIC NO / S8265171C		Contact No.: Home/Office: Mobile: 98509985		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 04/09/1982	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2018 23:55	Type of Location: Gradient
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS JURONG AFTER ECP				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SDQ8979L	Car				Slightly Damaged	3
SHC59X	Car				Slightly Damaged	1
SJY7255K	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB	Grey	Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20181117/2030

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20181117/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY7255K	NTUC Income Insurance Co-Operative Limited	5100954288	25/05/2018	24/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEE YEK PHU		ID No. S8265171C
Related Vehicle	SJY7255K (Car)		Contact No. 98509985
Hospital/Clinic	DRS KOO & NEOH MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	17/11/2018		Date Discharge 17/11/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

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Police Report



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T/20181117/2030

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20181117/2030

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:

J /

Sgt 3 NUR RAQIB BIN RASMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2018 11:12

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65478438

Signature:

Classification Of Case:

Authentication Stamp

NP158

Singapore Police Force