

## 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	01/12/2018 10:48
Date Of Accident	01/12/2018 04:30
Exact Location Of Accident	NEW MARKET ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	E20R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ER SUNG CHOON
NRIC No	S1230348C
Email Address	SCE20R@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97703012
Alternative Phone No	OTHERS-97703012

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	5097478937
Cover Note Number	

### Driver

Name of Driver	ER SUNG CHOON
NRIC No	S1230348C
Date Of Birth	17/10/1957
Occupation	INDOOR
Date Of Driving Pass	01/07/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97703012
Fax Number	
Contact Number	OTHERS-97703012
Email Address	SCE20R@YAHOO.COM.SG

Address	BLK 101B UPPER CROSS STREET #23-04
Postcode	058359
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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?	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: : LIM LIAN KEE GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <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/20181201/7002

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE4723P
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 LIM LIAN KEE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? E20R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ER SUNG CHOON  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? E20R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?

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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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:

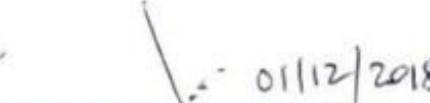
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:



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

  
01/12/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20181201/7002

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

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

01/12/2018

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20181201/7002

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

2 of 3

Report No. T/20181201/7002

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E20R	NTUC Income Insurance Co-Operative Limited	5097478937	21/12/2017	20/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Lim Lian Kee	ID No.	S1310667C
Related Vehicle	E20R (Car)	Contact No.	98270808
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ER SUNG CHOON	ID No.	S1230348C
Related Vehicle	E20R (Car)	Contact No.	97703012
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

#### Brief Details.

On 1st December 2018 at about 0430hrs i was driving my car (Hyundai, Car No. E20R) along New Market Road. My wife was with me in the car. I stopped at the cross junction between New Market Road and Havelock Road as the traffic light was red. When the traffic light turned green, I proceeded to drive forward towards the direction of Merchant Road when suddenly a car (Audi, Car No. SKE4723P) rammed into my front passenger door. The driver of SKE4723P had beat the red light and smelled of alcohol when i spoke to him. After inspecting the damage to my car and taking photographs, I called the police. My wife and I sustained injuries from the accident and we both was given a 5 days MC.



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



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181201/7002

1 of 3

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

Report No. T/20181201/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 09:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ER SUNG CHOON			Address: APT BLK 101B UPPER CROSS STREET #23-04 SINGAPORE 058359		
ID Type / ID No.: NRIC NO / S1230348C			Contact No.: Home/Office: Mobile: 97703012		
Nationality: SINGAPORE CITIZEN			Email: sce20r@yahoo.com.sg		
Sex: Male	Age: 61	Date of Birth: 17/10/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General information of the Accident

Type of Accident: Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 01/12/2018 04:30	Type of Location: X-Junction
Location:  NEW MARKET ROAD			
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
E20R	Car	HYUNDAI	ELANTRA+AD+1.6+GLS+AT	Blue	Seriously Damaged	1
SKE4723P	Car	AUDI	A4	Grey	Seriously Damaged	0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181201/7002

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

2 of 3

Report No. T/20181201/7002

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E20R	NTUC Income Insurance Co-Operative Limited	5097478937	21/12/2017	20/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Lim Lian Kee	ID No.	S1310667C
Related Vehicle	E20R (Car)	Contact No.	98270808
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ER SUNG CHOON	ID No.	S1230348C
Related Vehicle	E20R (Car)	Contact No.	97703012
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181201/7002

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

3 of 3

Report No. T/20181201/7002

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MU WEI JUN  
Contact No.: 65476225

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
01/12/2018 09:49

Classification Of Case: