

## 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	12/12/2018 15:54
Date Of Accident	11/12/2018 17:00
Exact Location Of Accident	PIE (CHANGI) NEAR EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA46X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z A-EDITION A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5075309111-03
Cover Note Number	

### Driver

Name of Driver	WONG LEONG MING (HUANG LIANGMING)
NRIC No	S7638770B
Date Of Birth	24/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209667
Fax Number	
Contact Number	OFFICE-96209667
EEmail Address	NOEMAIL

Address	BLK 163 SIMEI ROAD #08-384
Postcode	520163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181211/2141.

#### 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	SMA5686D
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH KOK KENG
NRIC/Passport Number	S7042112G
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKT6919A  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN  
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 WONG LEONG MING (HUANG LIANGMING)  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLA46X  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 compliance with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

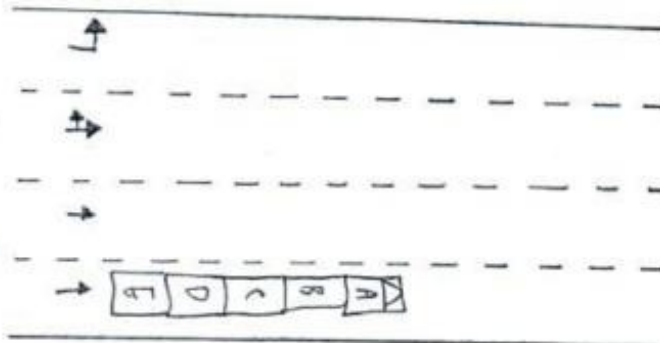
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

A - SLA46X  
B - SMA9686D  
C - UNKNOWN  
D - UNKNOWN  
E - SKF6919A



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:

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181211/2141

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3  
Report No. T/20181211/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 20:56	Vide Report No.:	Station Diary No.: 44
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### Informant's Particulars

Name of Informant: WONG LEONG MING			Address: APT BLK 163 SIMEI ROAD #08-384 SINGAPORE 520163	
ID Type / ID No.: NRIC NO / S7638770B			Contact No.:	Mobile: 96209667
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 42	Date of Birth: 24/11/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: 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: 11/12/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Air port direction, at the Exit to Eunos				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKT6919A	Car					0
SLA46X	Car			Black		1
SMA5686D	Car					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/20181211/2141

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20181211/2141

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG LEONG MING	ID No.	S7638770B
Related Vehicle	SLA46X (Car)	Contact No.	96209667
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2018	Date Discharge	11/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	OH KOK KENG	ID No.	S7042112G
Related Vehicle	SMA5686D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 11/12/2018 I was driving the rented car SLA46X and was sending a passenger to the air port. At about 1700hrs, I was driving along PIE and at the Exit to Eunos, the front vehicle suddenly jammed brake as such I follow suit and managed to stop in time. However, the vehicle behind (SMA5686D) was not able to do so and collided into the rear of my car. I got out to check and noticed that a chain collision of 5 cars had taken place and my car was the first car, the last car is SKT6919A. I took a photo of the second car (SMA5686D) driver's driving license and drove off as I still need to send my passenger to the air port. when my passenger alight, I check with him and he informed that he is fine. After my passenger alighted, I proceed to seek treatment and was given 5 days of medical certificate. I suffered injury on my neck area and also my left thumb. I want to state that I did not managed to see the plate number of the third and fourth car which were involved in the chain collision.



Police Report



SINGAPORE  
POLICE FORCE



T/20181211/2141

3 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20181211/2141

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 /

Staff Sgt LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2018 20:56

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404



Classification Of Case:

SN 076

Authentication Stamp  
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



TOYOTA MOTOR CORPORATION JAPAN  
MODEL DEB-AG-GON-N-XSK-D  
ENGINE 2AR-FE 2493 cc  
FRAME NO. AG-50-0031324  
C31  
202 FD21 C31  
R115 -01A

Accident Photo

