

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	13/12/2018 12:52
Date Of Accident	12/12/2018 17:15
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 / TOH TUCK ROAD -T JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1266J
Insured/Policyholder	
Name Of Registered Owner	KZ LIMOUSINE
Co Reg No	NA
Email Address	YONGNG16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81990335
Alternative Phone No	OFFICE-81990335

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PPRIVATE 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	5100757243
Cover Note Number	

Driver

Name of Driver	NG HEE YONG
NRIC No	S1818368D
Date Of Birth	14/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81990335
Fax Number	
Contact Number	OFFICE-81990335
Email Address	YONGNG16@GMAIL.COM

Address	BLK 677 CHOA CHU KANG CRESCENT #05-658
Postcode	680677
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4186D
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	CHOI JINHEE
NRIC/Passport Number	G6082059M
Contact Number	93387058
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

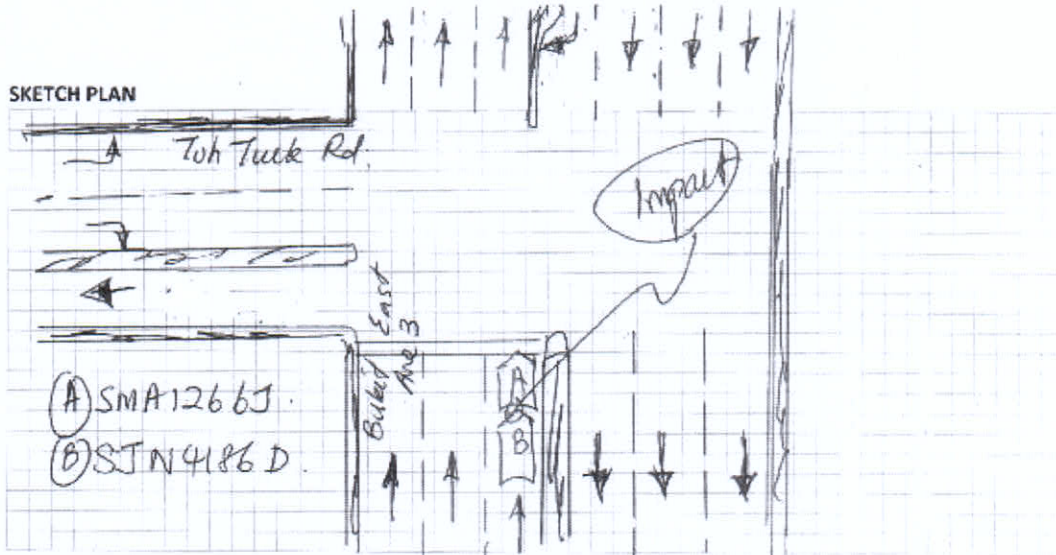
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG HEE YONG
Approximate Age	51
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SMA1266J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 677 CHOA CHU KANG CRESCENT #05-658
Postcode	680677

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

7/2018/213/2028

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.:

13/12/2018

01 AR-OC (Accident Plan Form)_3.1

Sketch Plan #2



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  Driver's Signature 
(If driver is not the policyholder)
Date & Time: 13/12/18 0945 Date & Time: 13/12/18 0945

Reporting Centre Personnel's Signature 
Name: 13/12/2018
NRIC/FIN No.:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181213/2028

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20181213/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 10:55	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars			
Name of Informant: NG HEE YONG		Address: APT BLK 677 CHOA CHU KANG CRESCENT #05-658 SINGAPORE 680677	
ID Type / ID No.: NRIC NO / S1818368D		Contact No.: Home/Office: Mobile: 84990335	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 14/02/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2018 17:15	Type of Location: T-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
SJN4186D	Car	HYUNDAI		Silver	Slightly Damaged	2
SMA1266J	Car	HONDA	SHUTTLE	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Common Statement



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T/20181213/2028

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20181213/2028

CONTINUATION OF REPORT

Driver			
Name	Choi Jinhee	ID No.	G6082059M
Related Vehicle	SJN4186D (Car)	Contact No.	93387058
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
Driver			
Name	NG HEE YONG	ID No.	S1818368D
Related Vehicle	SMA1266J (Car)	Contact No.	84990335
Hospital/Clinic	TEMASEK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	12/12/2018	Date Discharge	12/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/12/2018 at about 1715hours, I was driving my car bearing plate number SMA1266J along Bukit Batok East Ave 3 and I was heading towards PIE. At that point of time, I was at the traffic light junction and the light was changing from amber to red. As such, I stopped my car completely.

Suddenly, I felt an impact from the rear of the car. That was when I realized I got hit from the back of my car. I then went down to have a look and I realized that both my car and the other car bearing plate number SJN4186D was damaged. I was alone at that time and the other car has two passengers and one driver inside.

TP came shortly after however I told the officer that I was not injured.

About an hour later, I felt pain on my neck area and I went to see the doctor. I received three days MC. My car sustained damages on the rear area and I am unsure of the total cost of damages. There is an in-car camera inside my car which is recording.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181213/2028

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20181213/2028

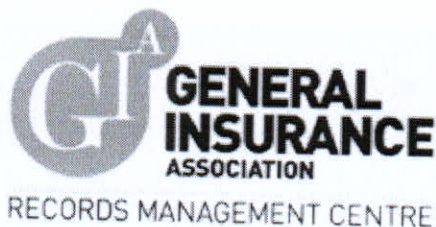
CONTINUATION OF REPORT

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 / Staff Sgt NUR SYAFIAH BINTE ABDUL LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2018 10:55
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 126
Authentication Stamp NP168 Signature : Singapore Police Force	

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-192648
Date of Request: 13/12/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 13/12/2018
Enquiry By Liu Pei Yee
TP Vehicle No. SJN4186D
Accident Date 12/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJN4186D	China Taiping Insurance (Singapore) Pte. Ltd.	29/08/2018-28/08/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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