

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	17/12/2018 17:30
Date Of Accident	16/12/2018 16:30
Exact Location Of Accident	TUAS SECOND LINK BEFORE MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3873Z
Insured/Policyholder	
Name Of Registered Owner	WOO KOK YEW
NRIC No	S2569640I
Email Address	KOKYEWWOOGMAIL.COM
Mobile Phone No	(LOCAL) +65-97573570
Alternative Phone No	OTHERS-97573570

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	REPORTING ONLY
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	5084563123-02
Cover Note Number	

Driver

Name of Driver	WOO KOK YEW
NRIC No	S2569640I
Date Of Birth	09/08/1960
Occupation	INDOOR
Date Of Driving Pass	04/11/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97573570
Fax Number	
Contact Number	OTHERS-97573570
EEmail Address	KOKYEWWOOGMAIL.COM

Address	BLK 116 CLEMENTI STREET 13 #12-88
Postcode	120116
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	CLEAR
Road Surface	DRY

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?	NO
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181217/2122

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	SLF39R
Vehicle Make/Model/Colour	BMW M4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JUNRONG

NRIC/Passport Number	S9802668A
Contact Number	98525220
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

Accident Sketch Plan

SKETCH PLAN

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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: 17/12/2018
4:15 PM

Driver's Signature

(if driver is not the policyholder)

Date & Time: 17/12/2018
4:15 PM

Reporting Centre Personnel's Signature

Name: Rose Lim

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Tuas Second Link Before Malaysia Customs



A = my car
SLG 3873Z

B = other car
SLF 39R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/2018 at about 1630hr, I was heading back to Singapore from Malaysia via Tuas Second Link. The traffic heading back to Singapore was heavy and it was bumper to bumper situation. We were queuing to clear the Malaysia Customs.

As I was waiting, the driver in front suddenly came down from his vehicle. He walked towards me and informed me that my vehicle had come into contact with the rear of his vehicle. I alighted from my vehicle to make a check, and discovered that the front of my vehicle's number plate is indeed in contact with the rear bumper of his vehicle. I then apologized to him.

We took some photographs and also exchanged our particulars.

On 17/12/2018 at about 0930hr, the driver called and informed me that he will be claiming against my vehicle insurance. I contact my insurance company and I was advised to lodge a police report before making a GI report as the incident had happened overseas.

POLICE REPORT T/2018/12/17/2122

DECLARATION

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

Policyholder's Signature

Date & Time: 16:15 hr.

Driver's Signature
(If driver is not the policyholder)

Date & Time: 16:15 hr.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181217/2122

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181217/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 15:29	Vide Report No.:	Station Diary No.: 155
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Informant's Particulars

Name of Informant: WOO KOK YEW		Address: APT BLK 116 CLEMENTI STREET 13 #12-88 SINGAPORE 120116	
ID Type / ID No.: NRIC NO / S2569640I		Contact No.: Home/Office: Mobile: 97573570	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 09/08/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2018 16:30	Type of Location:
Location: Along Road 1 SECOND LINK			
Before Malaysia Customs			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
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
SLF39R	Car	BMW	M4	Silver	No Damage	1
SLG3873Z	Car	TOYOTA	SIENTA 1.5G HYBRID CVT ABS D/AIRBAG	Silver	No Damage	2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181217/2122

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181217/2122

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG3873Z	NTUC Income Insurance Co-Operative Limited	5084563123-02	28/09/2018	27/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM JUNRONG		ID No.	S9802668A
Related Vehicle	SLF39R (Car)		Contact No.	98525220
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	WOO KOK YEW		ID No.	S2569640I
Related Vehicle	SLG3873Z (Car)		Contact No.	97573570
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 16/12/2018 at about 1630hrs, I was heading back to Singapore from Malaysia via Tuas Second link. The traffic heading back to Singapore was heavy and it was a bumper to bumper situation. We were queueing to clear the Malaysia Customs.

As I was waiting, the driver in front suddenly came down from his vehicle. He walked towards me and informed me that I my vehicle had came into contact with the rear of his vehicle. I alighted from my vehicle to make a check and discovered that the front of my vehicle's number plate is indeed in contact with the rear bumper of his vehicle. I then apologized to him.

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181217/2122

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20181217/2122

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181217/2122

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No: T/20181217/2122

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:
D /
Sgt 2 PAY ZHIQIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/12/2018 15:29

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP165

	SINGAPORE POLICE FORCE	SN 37
		
SIGNATURE		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

