

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	19/12/2018 17:49
Date Of Accident	18/12/2018 18:30
Exact Location Of Accident	ALONG SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7274X
Insured/Policyholder	
Name Of Registered Owner	RAYS INN AUTO
Co Reg No	53253976A
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93883026
Alternative Phone No	OFFICE-93883026

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070966143-03
Cover Note Number	

Driver

Name of Driver	GABRIEL TEH ZHONG EN
NRIC No	S95061071
Date Of Birth	16/02/1995
Occupation	INDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93883026
Fax Number	
Contact Number	OTHERS-93883026
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 892A WOODLANDS DRIVE 50 #11-137
Postcode	730892
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : CHARMAINE TEH CGHAI HOON GENDER: : FEMALE
Passenger 2	NAME: : MIKELL NG HONG RUI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181218/2140

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT NOT WORKING
Was there any audio recorded?	NO

Details of Witness 1

Name	CHARLES
Phone Number	91218800
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ727S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FONG FOO YIP
NRIC/Passport Number	S1656726D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHARMAINE TEH NGHAI HOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV7274X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MIKELL NG HONH RUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV7274X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

Vehicle No: _____

DOA: _____

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- 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My Insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

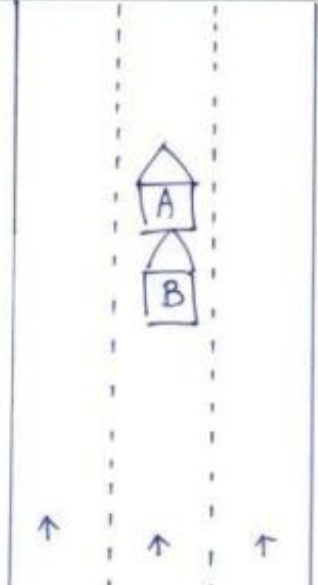
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan

<p>Vehicle A: SJV7274X</p> <p>Vehicle B: 6ZT27S</p> <p>SLE towards BKE</p>	
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Accident Sketch Plan

Describe Circumstances of the Accident

Refer to the Police Report.

T/2018/218/2140

Declaration

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

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Centre
Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181218/2140

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20181218/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 18:31	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: GABRIEL TEH ZHONG EN			APT BLK 892A WOODLANDS DRIVE 50 #11-137 SINGAPORE 730892	
ID Type / ID No.: NRIC NO / S95061071			Contact No.: Home/Office:	Mobile: 93883026
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 16/02/1995	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name: sim
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY ALONG SLE TOWARDS BKE BEFORE THOMSON EXIT				
Weather: Drizzling		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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ727S	Lorry				No Damage	1
SJV7274X	Car				Slightly Damaged	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20181218/2140

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Tel No: 1800-363 9999

Report No. T/20181218/2140

CONTINUATION OF REPORT

Driver			
Name	FONG FOO YIP	ID No.	S1656726D
Related Vehicle	GZ727S (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHARMAINE TEH NGHAI HOON	ID No.	S9208263F
Related Vehicle	SJV7274X (Car)	Contact No.	93361569
Hospital/Clinic	KK HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GABRIEL TEH ZHONG EN	ID No.	S9506107I
Related Vehicle	SJV7274X (Car)	Contact No.	93883026
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MIKELL NG HONG RUI	ID No.	T1833333Z
Related Vehicle	SJV7274X (Car)	Contact No.	NIL
Hospital/Clinic	KK HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181218/2140

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1 Woodlands Street 12 SINGAPORE 738622
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Report No. T/20181218/2140

CONTINUATION OF REPORT

Brief Details.

On 18/12/2018 at about 1540hrs, I was driving a Singapore vehicle bearing registration plate number: SJV7274X along SLE towards BKE. I was driving on the first lane of the three lane road. I have 2 passengers in my vehicle namely: My elder sister and a 1 month old toddler. The traffic flow was slow moving. I noticed that there were space on the second lane and I filtered to the second lane after checking for the blind spots. After filtering, my vehicle was stationary for about 5-10 seconds as the vehicles in front were slowing down. I then felt an impact onto the rear of my vehicle. I then saw a lorry bearing registration plate number GZ727S at the rear of my vehicle. We then shifted to the road shoulder at the outer most left in order to avoid hogging up the traffic. We then exchanged our particulars however he did not give me any contact number as he informed that his company will contact me. Traffic police then came to attend to our scene and followed by paramedics. The paramedics made a check on me and I do not have any injuries. The paramedics then conveyed my sister and the toddler to KK hospital as my sister was suffering pain on her back and the toddler has a minor cut on the right side of his head. They were conscious when they were being conveyed to the hospital. No government properties damaged and nobody else were injured. A witness namely: Charles HP: 91218800 came to approach my vehicle and told me that he saw how the accident happened. I have in-car camera in the front of my vehicle however it is not working. My vehicle rear glass was shattered, the bumper and the boot were dented. Traffic police then advised me to lodge a police report vide F/20181218/0110 with in charge TP IO Sharul Nizam Contact: 65476904.

POLICE REPORT



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T/20181218/2140

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Report No: T/20181218/2140

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:

L /

Sgt 2 JOHNSON SONG ZHI HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2018 18:31

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168

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

