

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 | 25/12/2018 11:05 |
| Date Of Accident | 24/12/2018 16:30 |
| Exact Location Of Accident | SLIP ROAD OF AIRPORT ROAD TOWARDS KPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGQ3331C |
| Insured/Policyholder | |
| Name Of Registered Owner | HENG HUAT HENG |
| NRIC No | S1581916B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82586126 |
| Alternative Phone No | OTHERS-82586126 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | WISH-1.8 (A) |
| 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 | 5087318675-01 |
| Cover Note Number | 11/01/2018 TO 10/01/2019 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | HENG HUAT HENG |
| NRIC No | S1581916B |
| Date Of Birth | 23/08/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/02/1985 |
| Driving Experience | 33 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82586126 |
| Fax Number | |
| Contact Number | OTHERS-82586126 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLOCK 125 BEDOK NORTH ROAD #02-101 |
| Postcode | 460125 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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. | YES |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : HO YAN WAH GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2449999 - FAX NO: 62447258 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Refer to Police Report- T/20181224/2174

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 | SGC665H |
| Vehicle Make/Model/Colour | MAZDA 5 |
| Details Of Properties | MPV |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM1066T
Vehicle Make/Model/Colour HONDA SHUTTLE
Details Of Properties SALOON CAR
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 HENG HUAT HENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGQ3331C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLOCK 125 BEDOK NORTH ROAD
#02-101
Postcode 460125

DETAILS OF INJURED PERSON 2

Name HO YAN WAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGQ3331C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLOCK 125 BEDOK NORTH ROAD
#02-101
Postcode 460125


SKETCH PLAN

IMPORTANT NOTICE

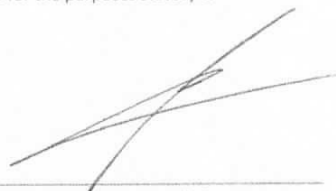
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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 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:


Reporting Centre Personnel's Signature
Name: Lam Wai Sheng
NRIC/FIN No.: G16864052R

SKETCH PLAN

Slip
Road
of
Airport Road
Towards
KPE

A: SGQ3331C
B: SGL665H
C: SLM1066T

A
C
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

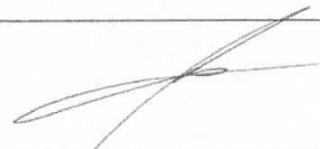
refer to police report:- T/20181224/2174

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: Lim Wei Sheng
NRIC/FIN No.: G6864052R

GAAR&K SketchPlanForm-V01


**SINGAPORE
POLICE FORCE**


T/20181224/2174

1 of 4

Report No. T/20181224/2174

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/12/2018 22:46

Vide Report No.:

Station Diary No.:
122

Informant's Particulars

Name of Informant:
HENG HUAT HENG

Address:
APT BLK 125 BEDOK NORTH ROAD #02-101 SINGAPORE
460125

ID Type / ID No.:
NRIC NO / S1581916B

Contact No.:
Home/Office: Mobile: 8256 6126

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 55 Date of Birth: 23/08/1963

Type of Informant:
Driver

Institution / School Name:

Race:
Chinese

Language:

Occupation:
MAINTENANCE

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:
24/12/2018 16:30

Type of Location:

Location:
Along Road 1
KALLANG PAYA LEBAR EXPRESSWAY

AIRPORT ROAD (KPE TOWARDS TPE)

Weather:

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|------------|-------|----------------------|-----------------|
| SGC665H | Car | | | | | 0 |
| SGQ3331C | Car | TOYOTA | WISH 1.8 A | White | Seriously Damaged | 2 |
| SLM1066T | Car | | | | | 0 |

Details of Vehicle Insurance

Vehicle No. Insurance Company

Insurance No.

Effective

Expiry Date



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20181224/2174

2 of 4

Report No: T/20181224/2174

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | Insurance No | Effective | Expiry Date |
|------------------------------|--|---------------|------------|-------------|
| Policy No. | Insurance Company | 5087316675-01 | 11/01/2018 | 10/01/2019 |
| SGQ3331C | NTUC Income Insurance Co-Operative Limited | | | |

| Details of Person Involved | | Use of Pedestrian Crossing: NA | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | ID No. | 0 |
| Name | CHONG | Contact No | 9821 0101 |
| Related Vehicle | SGC665H (Car) | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Hospital/Clinic | NIL | Date Discharge | NIL |
| Date Treatment | NIL | Degree of Injury | NIL |
| No. of Days granted Medical Leave | NIL | | |
| Driver | | ID No. | S1581916B |
| Name | HENG HUAT HENG | Contact No | 8258 6125 |
| Related Vehicle | SGQ3331C (Car) | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Date Discharge | 24/12/2018 |
| Date Treatment | 24/12/2018 | Degree of Injury | Slight |
| No. of Days granted Medical Leave | 03 | | |
| Passenger | | ID No. | S1738483Z |
| Name | HO YEN WAH | Contact No | 8798 5635 |
| Related Vehicle | SGQ3331C (Car) | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Date Discharge | 24/12/2018 |
| Date Treatment | 24/12/2018 | Degree of Injury | Slight |
| No. of Days granted Medical Leave | 04 | | |



SINGAPORE
POLICE FORCE



1720181224/2174

3 of 4

Report No 1720181224/2174

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Brief Details.

On 24/12/2018 at about 4:30pm, I was driving my car (SGC3331C) along Airport Road and going into KPE towards TPE. While going down the slope, there is a heavy traffic as such I slowed down and stopped behind a car (SLM1066T). My car was in stationary position when suddenly, I felt an impact from behind. I then realised a car (SGC665H) have hit my rear bumper.

Due to the impact, I felt some pain on the neck and shoulder. My wife who was seated beside me also suffered some pain on the right ribs and left leg. Both of us went to the Changi General Hospital and the doctor informed that there are no broken bones. My wife was given 4 days MC and I was given 3 days MC.

Due to the impact, my car was towed away and was badly damaged.



SINGAPORE
POLICE FORCE



T/20181224/2174

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

4 of 4

Report No. T/20181224/2174

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:
G /
SI ABDUL RAHMAN BIN ABDOUL RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2018 22:46

Officer In Charge Of Case
TP / AEIT /
✓ Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
✓ Contact No: 65476204
Authentication Stamp
NP168

Classification Of Case: