

## 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	31/12/2018 16:36
Date Of Accident	27/12/2018 18:15
Exact Location Of Accident	ALONG TPE TWDS SLE EXIT PUNGGOL WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8413Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR CONCEPT LEASING
Co Reg No	53361615L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87493960

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5093017849-01 (TP)
Cover Note Number	

### Driver

Name of Driver	SUA FENG AN
NRIC No	S9149352G
Date Of Birth	08/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493960
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 473 SEMBAWANG DRIVE #12-357
Postcode	S750473
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	COLLISION - HEAD TO REAR
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	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 NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20181228/2160

#### 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	SLZ2510C
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIM TAE JIN
NRIC/Passport Number	S7983729F
Contact Number	90665942
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)\*

#### DETAILS OF INJURED PERSON 1

Name	SUA FENG AN
Approximate Age	
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	SJN8413Y
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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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. 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.



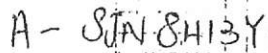
Policyholder's Signature  
Date & Time:

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

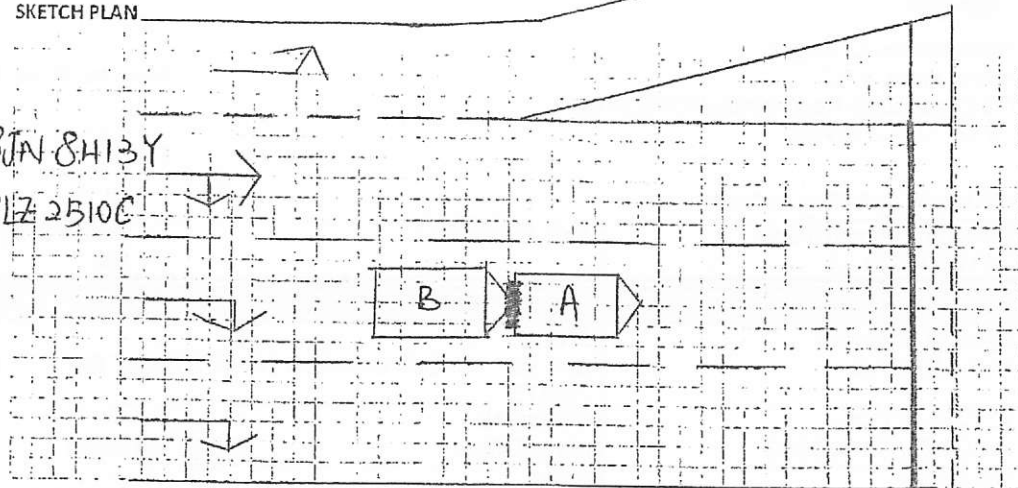
IDAC SIN MING (VAC)  
385 Sin Ming Drive  
Singapore 575718  
Tel: 6465 5358 (ARC)  
Reporting Party Signature  
Name: PAYE BANG 5521  
NRIC/FIN No.:

Along TPE Towards SLE EXIT PUNGGOL WAY

### SKETCH PLAN



B-8LZ-2510C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report during West NPC  
T/2018 1228/2160

Refer to Police Report January 1947 NPC

T/2018 1228/2160

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(if driver is not the policyholder)

Date & Time:

**UAC SIN MING (VAC)**  
385 Sin Ming Drive  
Singapore 575718  
Tel: 6455 5358 (ARC)  
Fax: 6452 6621

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181228/2150

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2639999

1 of 3

Report No. T/20181228/2150

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2018 21:23		Video Report No.:		Station Diary No.: 199	
<b>Informant's Particulars</b>					
Name of Informant: SUA FENG AN			Address: APT BLK 473 SEMBAWANG DRIVE #12-357 SINGAPORE 750473		
ID Type / ID No. NRIC NO / S9149352G			Contact No.: Home/Office: Mobile: 87493960		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 08/05/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY MAN			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: 27/12/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY  ALONG TPE TOWARDS SLE EXIT PUNGGOL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
SJK8413Y	Car				Slightly Damaged	0
SLZ2510C	Car				Slightly Damaged	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/20181228/2160

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

2 of 3

Report No. T/20181228/2160

## CONTINUATION OF REPORT

Driver			
Name	SUA FENG AN	ID No.	S9149352G
Related Vehicle	SJN8413Y (Car)	Contact No.	87493960
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2018	Date Discharge	27/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KIM TAE JIN	ID No.	S7983729F
Related Vehicle	SLZ2510C (Car)	Contact No.	90565942
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 27/12/2018 at 1815hrs, I was driving; SJN8413Y along TPE towards SLE exit Punggol Way, my vehicle was stationary at the traffic junction when another vehicle; SLZ2510C hit me in my rear.

I alighted my vehicle and saw that SLZ2510C had hit the rear of my vehicle. We exchanged particulars for insurance claim. Subsequently, I went to the clinic for medical check up at Access Medical on 28/12/2018 in Jurong West and acquired 03 days MC. As I was in shock at the accident scene, I had not felt the pain however I feel unwell on 28/12/2018.

I wish to state that I did not consume intoxicating substances prior to the accident. I also wish to state that I have not met the other driver before.

NPCO Chiang T160429 wish to state that the correct clinic is Access Medical in Jurong West.

JURONG WEST NPC  
700 Corporation Rd  
Singapore 649818  
Tel : 6268 9999 Fax : 6267 2438

Police Report



SINGAPORE  
POLICE FORCE



T/20181228/2160

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

3 of 3

Report No. T/20181228/2160

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/

Sgt 2 CHIANG WEI TONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

28/12/2018 21:23

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force