

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	12/01/2019 10:47
Date Of Accident	12/01/2019 03:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TURNING INTO DAIRY FARM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7236S
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088705

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099368818-01
Cover Note Number	

Driver

Name of Driver	TAY CHIN CHYE
NRIC No	S7148203J
Date Of Birth	27/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88202669
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 23 SIN MING ROAD #12-27
Postcode	570023
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190112/2065

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SENT VIDEO TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2723Y
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN HWEE
NRIC/Passport Number	S7835806H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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
Date & Time:



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

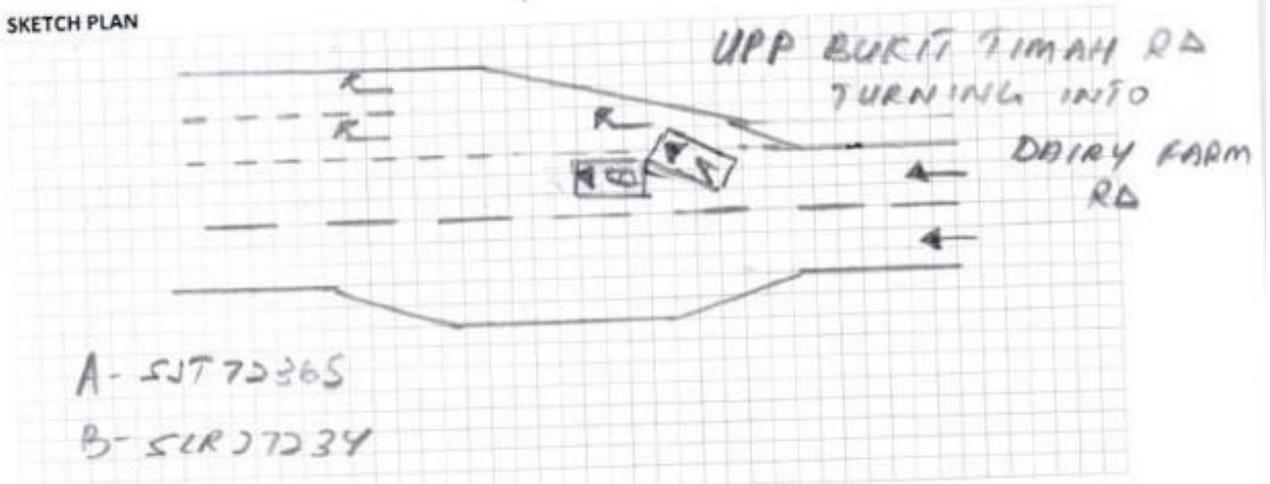
12-01-2019

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

12/01/19

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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:

 12/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

12-01-2019

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190112/2065

2 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20190112/2065

CONTINUATION OF REPORT

Driver			
Name	TAY CHIN CHYE	ID No.	S7148203J
Related Vehicle	SJT7236S (Car)	Contact No.	90466998
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
Driver			
Name	LIM KIAN HWEE (LIN JIANHUI)	ID No.	S7835806H
Related Vehicle	SLR2723Y (Car)	Contact No.	NIL
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 12/01/2019 at about 0300hrs, I was driving along Upper Bukit Timah Road and heading towards Dairy Farm Road. I was on the first lane of the two lane road before a collision happened. My car was lined up behind a white Mazda.

I was lined up behind the said white Mazda on the red light. When the light turned green, the said white car started moving off, however at a slow speed to the point where I felt that he was hogging the lane. I flashed the high beam on the Mazda as I felt that he was blocking and preventing me to filter into the lane that is opening up on the right. There was no traffic at all at that point of time.

The Mazda then started picking up speed. I had one passenger with me.

When I was filtering into the lane that was opening up on the right, the white Mazda made a stop out of a sudden, I pressed on my brakes however I still collided into the said car. No one was injured during the accident. I felt that the white Mazda driver was drink driving, as such I called for police assistance. Before the arrival of the police, two cars came to the scene. I believe that the two drivers who came over are friends of the white Mazda driver. I did not do anything besides waiting for the police to arrive.

Traffic Police came to the scene and tested the alcohol level of the driver. I was informed that said driver did not fail the test.

I reported the accident at about 0930hrs to my insurance and I was advised to lodge a police report. After viewing the dash cam of my car, the insurance company felt that there is a possibility that the white Mazda driver has purposely invited me to collide into him and to also make a false claim.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190112/2065

Police Station Of Origin: *
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 4

Report No. T/20190112/2065

CONTINUATION OF REPORT

The accident resulted to scratches and dents to the left side of the front bumper of my car. The left headlight was also damaged. Scratches and dents were also seen on the right side of the rear bumper of the Mazda.

Accident Photo



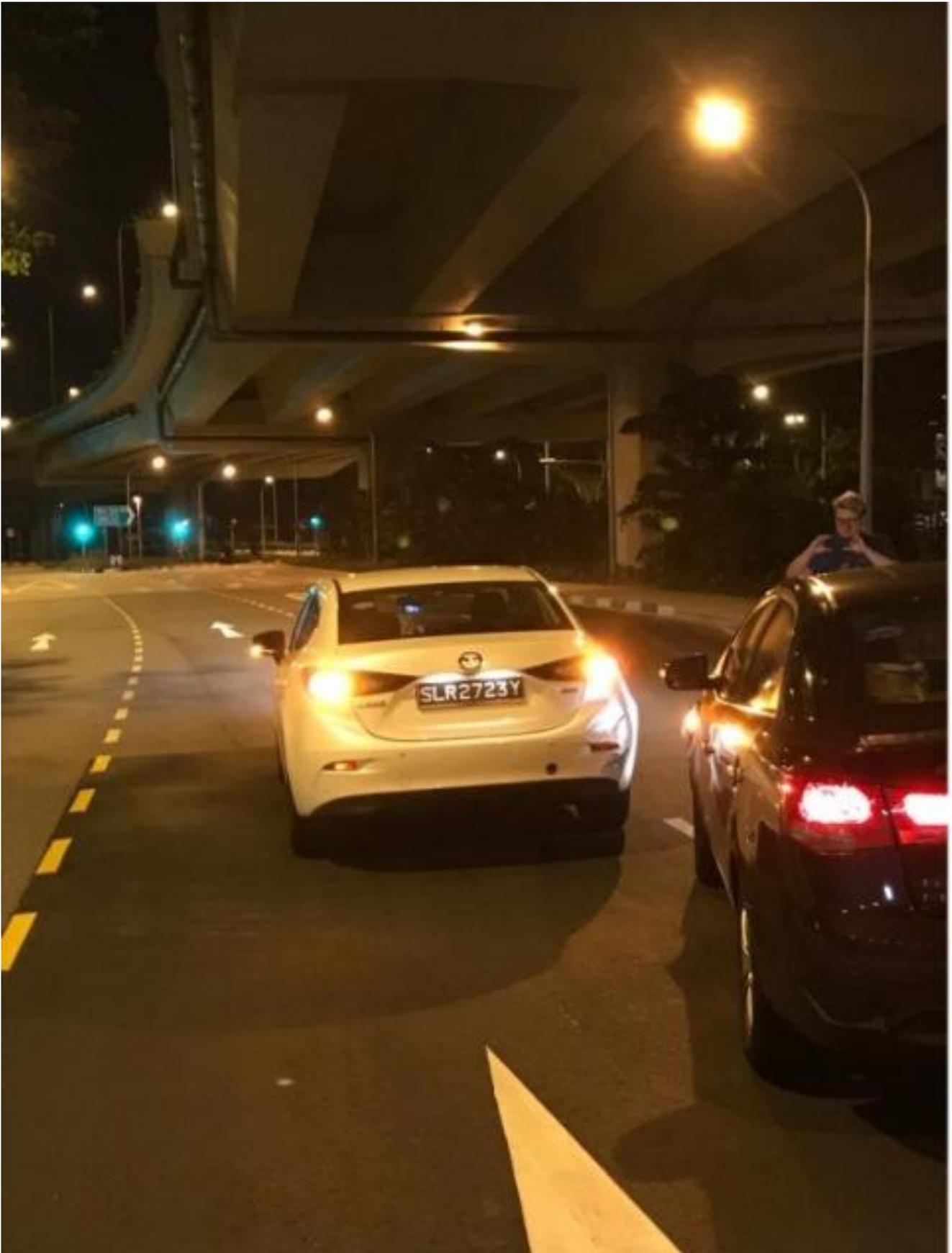
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190112/2065

1 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Euros Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T/20190112/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2019 13:52	Video Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: TAY CHIN CHYE		Address: APT BLK 23 SIN MING ROAD #12-27 SINGAPORE 570023	
ID Type / ID No.: NRIC NO / S7148203J		Contact No.: Home/Office: Mobile: 90488998	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 27/03/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2019 03:00	Type of Location:
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
Heading towards Dairy Farm Road (BKE), opposite Hillview MRT station				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

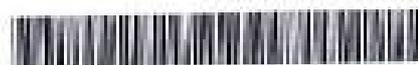
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7236S	Car				Slightly Damaged	1
SLR2723Y	Car				Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T201801122065

2 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T201801122065

CONTINUATION OF REPORT

Driver			
Name	TAY CHIN CHYE	ID No.	S7148203J
Related Vehicle	SJT7236S (Car)	Contact No.	90466998
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
Driver			
Name	LIM KIAN HWEE (LIN JIANHUI)	ID No.	S7835806H
Related Vehicle	SLR2723Y (Car)	Contact No.	NIL
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

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The Mazda then started picking up speed. I had one passenger with me.

When I was filtering into the lane that was opening up on the right, the white Mazda made a stop out of a sudden. I pressed on my brakes however I still collided into the said car. No one was injured during the accident. I felt that the white Mazda driver was drink driving, as such I called for police assistance. Before the arrival of the police, two cars came to the scene. I believe that the two drivers who came over are friends of the white Mazda driver. I did not do anything besides waiting for the police to arrive.

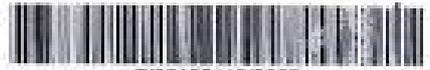
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190112/2085

Police Station Of Origin: *
Kampong Ubi NPP
9 Euros Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479889

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Report No: T/20190112/2085

CONTINUATION OF REPORT

The accident resulted to scratches and dents to the left side of the front bumper of my car. The left headlight was also damaged. Scratches and dents were also seen on the right side of the rear bumper of the Mazda.

Police Report



SINGAPORE
POLICE FORCE



T/20190112/2065

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No: T/20190112/2065

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 /
Sgt 2 MUHAMMAD HAMIZAN BIN RITWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/01/2019 13:52

Officer In Charge Of Case:
• TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No: 65476394
Authentication Stamp
NP162

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119005328 Vehicle Registration No: 5J772365

Name (as shown in NRIC) : TAY CHIN CHYE NRIC/FIN/Passport No : 571482035

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 23 SIN MING RD #12-07 Singapore(570023)

Contact (Tel) : Mobile No.: 88202669

Email Address :

Date of Accident : 12/01/19 Time of Accident : 05:00

Place of Accident : UPP BUKIT TIMAH RD TURNING INTO DIARY FARM RD

Insurance Company: NUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

Policyholder / Driver's Signature: [Signature]
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: