

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	14/01/2019 11:11
Date Of Accident	11/01/2019 16:30
Exact Location Of Accident	PIE TWDS TUAS AFTER STEVEN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9747L
Insured/Policyholder	
Name Of Registered Owner	SNG HOCK SIONG
NRIC No	S0180534G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94232096
Alternative Phone No	OFFICE-94232096

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3091121802
Cover Note Number	-

Driver

Name of Driver	SNG HOCK SIONG
NRIC No	S0180534G
Date Of Birth	01/11/1952
Occupation	INDOOR
Date Of Driving Pass	22/02/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94232096
Fax Number	
Contact Number	OFFICE-94232096
EEmail Address	NOEMAIL

Address	BLK 173 AMK AVE 4 #09-711
Postcode	560173
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	4
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)	2
Passenger 1	NAME: : CHNG SIEW LIAN CHRISTINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SBA22H
Vehicle Make/Model/Colour	
Details Of Properties	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGM6988J
Vehicle Make/Model/Colour
Details Of Properties
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJP1957E
Vehicle Make/Model/Colour
Details Of Properties
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 SNG HOCK SIONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKJ9747L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHNG SIEW LIAN CHRISTINE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKJ9747L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

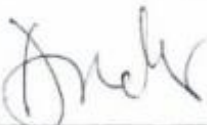
SKETCH PLAN

IMPORTANT NOTICE

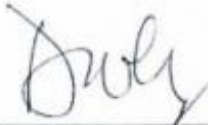
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:



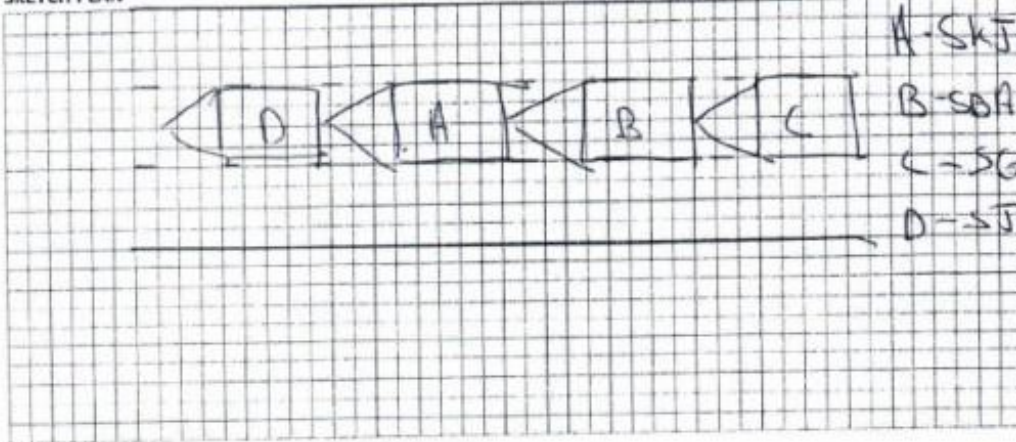
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A-SKJ9747L

B-SOA22H

C-SGM6988J

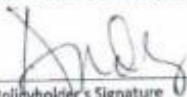
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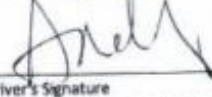
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Veh A on the above mentioned date & time
The veh in front stop & I slow down & stop. A
few second later I felt an impact when I awoke
I notice I was involve in a 4 car chain collision.
Both me & the passenger was each given 5 days
Mr from Mount Alvernia Hospital.

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:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190111/2170

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4
Report No (T/20190111/2170)

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2019 21:11		Vide Report No.:		Station Diary No.: 118	
Informant's Particulars					
Name of Informant: SNG HOCK SIONG			Address: APT BLK 173 ANG MO KIO AVENUE 4 #09-711 SINGAPORE 560173		
ID Type / ID No.: NRIC NO / S0180534G			Contact No.: Home/Office: Mobile: 94232096		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 01/11/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 11/01/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE heading towards Tuas after Stevensroad				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SBA22H	Car	MINI	Cooper	Red		0
SGM6988J	Car	TOYOTA	Harrier	Black		0
SJP1957E	Car	MITSUBISHI	Lancer	Black		0
SKJ9747L	Car	VOLKSWAGO N	TOURAN 1.4L AT TSI 1T32B4	Grey	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
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T/20190111/2170

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Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190111/2170

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ9747L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3091121802	28/01/2018	27/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SNG HOCK SIONG	ID No.	S0180534G
Related Vehicle	SKJ9747L (Car)	Contact No.	94232096
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2019	Date Discharge	11/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	CHNG SIEW LIAN CHRISTINE	ID No.	S1342841G
Related Vehicle	SKJ9747L (Car)	Contact No.	92333239
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2019	Date Discharge	11/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/01/2019 at about 1630hrs, I was driving my vehicle, SKJ 9747L/Volkswagen/Touran along PIE expressway heading towards Tuas after Stevens Road. I was driving on the centre lane of the 3 lane road. There was a vehicle in front of me, V1) SJP 1957E/ black Mitsubishi/Lancer, had come to a stop. I was driving behind and slow down until I came to a stop. Subsequently, about a few seconds later, I felt an impact from my rear. There were two vehicles behind me namely, V3) SBA 22H / red/mini cooper/ hp: 96902002, which was directly behind me and another vehicle behind V3 namely, V4) SGM 6988J/Toyota/Black/Harrier.

I alighted and noticed I was involved in a 4 car chain Collision. Both me and my passengers namely, Chng Lian Christine, HP:92333239 felt some pain after the accident. We proceeded to Mount Alvernia to have a check up and both of us was given 5 days of MC. Subsequently, we proceeded to Bukit Panjang NPC to lodge a police report after informing my insurance agent.

POLICE REPORT



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T/20190111/2170

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T/20190111/2170

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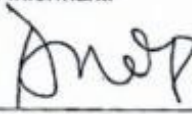
Report No T/20190111/2170

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

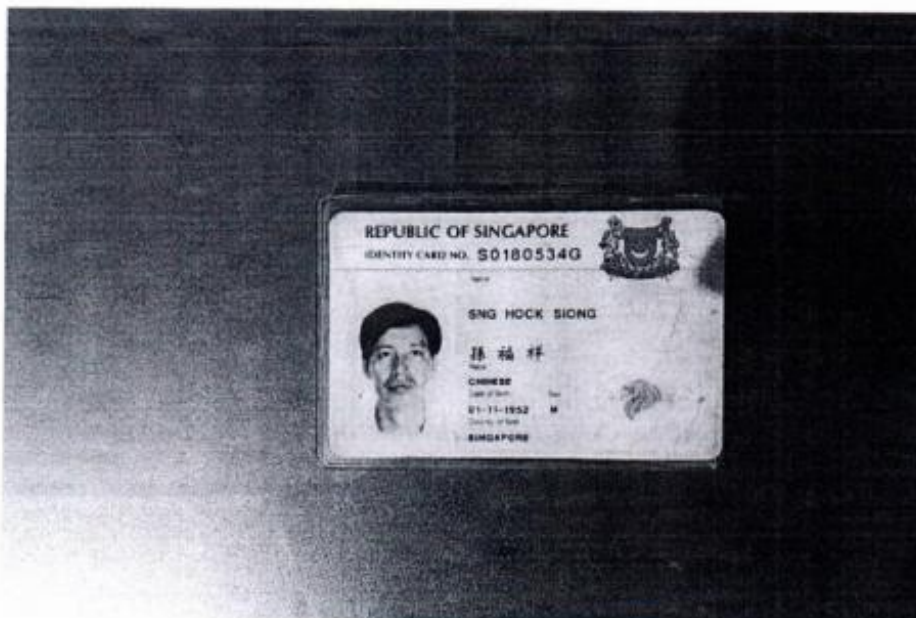
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2019 21:11
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65476204 Authentication Stamp NP168	Classification Of Case:

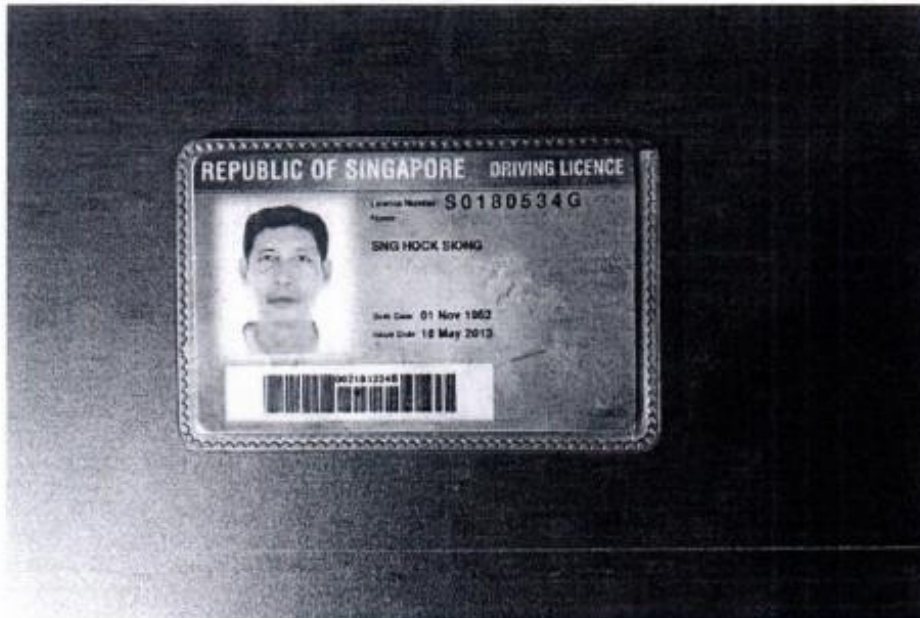
SN 117



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Accident Photo



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