

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	16/01/2019 14:06
Date Of Accident	15/01/2019 17:50
Exact Location Of Accident	ALONG CTE TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3134Z
Insured/Policyholder	
Name Of Registered Owner	ADPM
Co Reg No	53367269D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5092963637-01
Cover Note Number	

Driver

Name of Driver	TAN HUI PEOK
NRIC No	S1176160G
Date Of Birth	26/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83328327
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 652 HOUGANG AVENUE 08 #07-355
Postcode	530652
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPIETOR
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)	2
Passenger 1	NAME: : SYAIRAH BINTE ZAINAL ABIDIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190116/2035;

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	SKT869A
Vehicle Make/Model/Colour	KIA CERATO 1.6(A) SX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RUTH CHEW SWEE CHENG
NRIC/Passport Number	S7823628J
Contact Number	96955789
Address	

No. Of Passenger (Including Driver)

Postcode

Postcode

SKETCH PLAN

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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:

16 JAN 2018
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 41004
Reporting Centre Personnel Signature
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN

A - SJU3134Z
B - SKT869A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police Report T/20190116/2035

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:

GIARMC SketchPlanForm V3

16 JAN 2019
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 418993
Name: Singapore
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190116/2035

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190116/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2019 12:22		Vide Report No.:		Station Diary No.: 9
Informant's Particulars				
Name of Informant: TAN HUI PEOK		Address: APT BLK 652 HOUGANG AVENUE 8 #07-355 SINGAPORE 530652		
ID Type / ID No.: NRIC NO / S1176160G		Contact No.: Home/Office: Mobile: 83328327		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 26/10/1956	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GO JEK DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARDS SLE BEFORE MOULMEIN EXIT Lamp Post Number: 494F				
Weather: Clear		Road Surface: Dry	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: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU3134Z	Car				Seriously Damaged	1
SKT869A	Car				Slightly Damaged	0

Details of Person Involved

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

Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20190116/2035

Police Station Of Origin:
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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190116/2035

CONTINUATION OF REPORT

Passenger			
Name	SYAIRAH BINTE ZAINAL ABIDIN	ID No.	S9625368J
Related Vehicle	SJU3134Z (Car)	Contact No.	81257020
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
Driver			
Name	TAN HUI PEOK	ID No.	S1176160G
Related Vehicle	SJU3134Z (Car)	Contact No.	83328327
Hospital/Clinic	S LEE CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	RUTH CHEW SWEE CHENG	ID No.	S7823628J
Related Vehicle	SKT869A (Car)	Contact No.	96955789
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 15.01.2019 at about 1750hrs, I was driving my vehicle bearing plate number SJU3134Z along CTE towards SLE near lamp post 494F. I then stopped my vehicle as the vehicle in front of me had stopped as the traffic flow was heavy at that point in time. Suddenly I felt a knocked at the back of my vehicle. I made a check with my passenger if she was injured after which I went out of my vehicle and discovered that the vehicle behind me bearing plate number, SKT869A, had hit onto the rear of my vehicle. No traffic police or ambulance were at scene. We then exchanged details after which both left the scene. When I was at home I felt pain on my neck and back and as such went to the clinic. The doctor had given me 7 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190116/2035

Police Station Of Origin:
Serangpon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190116/2035

CONTINUATION OF REPORT



Signature: _____

A handwritten signature in black ink, consisting of several loops and a vertical stroke.

SN 161

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20190116/2035

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190116/2035

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: F / Staff Sgt. KHAIRUDDIN BIN MOHD SAMSURI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2019 12:22
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 154
Authentication Stamp NP168	Signature:



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

