

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	29/01/2019 18:18
Date Of Accident	25/01/2019 23:30
Exact Location Of Accident	PUNGGOL ROAD EXIT TO SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2782D
Insured/Policyholder	
Name Of Registered Owner	FRANCIS TRANSPORT
Co Reg No	53336293L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96247369

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101065879
Cover Note Number	

Driver

Name of Driver	LIE CHEE KIANG
NRIC No	S6821577C
Date Of Birth	16/06/1968
Occupation	INDOOR
Date Of Driving Pass	18/05/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96247369
Fax Number	
Contact Number	
E-Mail Address	LIECHEEKIANG@GMAIL.COM

Address BLK 265D PUNGGOL WAY #13-348
 Postcode 824265
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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? YES
 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) 5
 Passenger 1
 NAME: : ONG TOH HUAY
 GENDER: : FEMALE
 Passenger 2
 NAME: : NG SOH KHENG
 GENDER: : FEMALE
 Passenger 3
 NAME: : NG SOH TIN
 GENDER: : FEMALE
 Passenger 4
 NAME: : NG SOH AI
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name PUNGGOL N.P.C
 Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SHC2248D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	ONG TOH HUAY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA2782D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG SOH KHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA2782D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	NG SOH TIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA2782D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	NG SOH AI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA2782D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name LIE CHEE KIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMA2782D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

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:

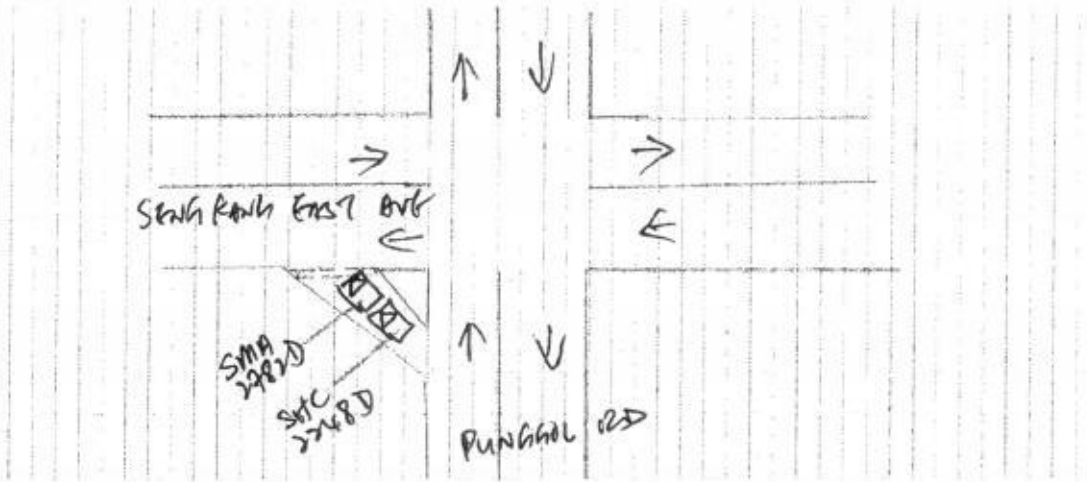


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 29/1/19 C1030A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report no: 7/20190126/2177

DECLARATION

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

Policyholder's Signature
Date & Time:

© 2008-2014 by the Singapore Police Force

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 79/1 C10-30A



SINGAPORE POLICE FORCE



T/20190126/2177

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190126/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 22:34	Vide Report No.:	Station Diary No.: 111
Informant's Particulars		
Name of Informant: LIE CHEE KIANG	Address: APT BLK 265D PUNGGOL WAY #13-348 SINGAPORE 824265	
ID Type / ID No.: NRIC NO / S6821577C	Contact No.: Home/Office:	Mobile: 96247369
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 50	Date of Birth: 16/06/1968
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Cook	Driving Licence Information: Class: 2B,2A,2,3	
Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2019 23:30	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL ROAD SENGKANG EAST AVENUE Slip Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2248D	Car				Slightly Damaged	0
SMA2782D	Car				Seriously Damaged	4



**SINGAPORE
POLICE FORCE**



T/20190126/2177

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190126/2177

CONTINUATION OF REPORT

Brief Details.

On 25/01/2019 at around 2330hrs, I was travelling along my vehicle (SMA2782D, Silver in color Honda Shutter Hybrid 1.5) Punggol Road towards Seng Kang East AVE. I then filter left to the slip road towards Seng Kang East AVE. I then made a gradual stop at the give way line. I then checked for approaching vehicles. When I was about to move off, I felt an impact and my head knock towards the steering wheel. There were 4 passengers (Ong Toh Huay, IC: S0438309E, Ng Soh Kheng, IC: S1819488J, S6910205J, Ng Soh Ai, IC: S7032639F, HP:97569945 with me as well.) Their address is Blk107 Potong Pasir AVE 1 #03-470 Singapore 350107.

All four passengers and myself sustain injury and thus, I called for ambulance. All of us exited the vehicle and sit at the roadside for ambulance. At that point of time, I realized that is a taxi (SHC2248D, Blue in color comfort taxi) hit onto the back of my vehicle. My Car boot was severely damaged and it was dented it.

Ambulance came to the scene and attended to us. Concurrently, the traffic police arrived and took down all our particulars. The four passengers and myself was conveyed to Seng Kang General Hospital and was given a 3 days MC by the doctor.

I wish to state that my in charge case is IO YUS Nastari, Contact: 65476214). I wish to state that I have in-car camera at the front and back of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190126/2177

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190126/2177

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 /
Sgt 2 GOH JUN JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/01/2019 22:34

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force