SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	28/01/2019 16:21
Date Of Accident	27/01/2019 17:30
Exact Location Of Accident	JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE
ALLES AND THE STATE OF THE STAT	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME8146E
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98994488
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at ime of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5104922513
Cover Note Number	
Driver	
Name of Driver	NG TOH ZIN @GOH TOH ZIN
NRIC No	S7398055J
Date Of Birth	18/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98994488
ax Number	

NOEMAIL

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
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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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (li) 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/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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.
- 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

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

SKETCH PLAN		
		A 1. SME 8146E
		B-SHD41213
		- E-80FK41816)
		
	CICAKET	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
	Roder Police Report.	
ECLARATION		
We declare the foregoing particular	s are true in every respect.	\ A
(89 Plan		1 mast
	1 W	Harry
1 1500 101	District Single	
olicyholder's Signature ate & Time:		Reporting Centre Personnel's Signature
		NRIC/FIN No.:

GIARMI, SketchPlanForm_93

Address

BLK 633A SENJA ROAD #02-159

SINGAPORE

Postcode

671633

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

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

3

YES

Was any body injured in the Accident? 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)

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?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

YES

NO

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD4121S

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

TAN GIM CHUAN

NRIC/Passport Number

S7131445F

Contact Number Address

98628250

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 24

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF6481G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

TAN CHENG HAN

S7524340E

91364667

DETAILS OF INJURED PERSON 1

Name

NG TOH ZIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

REFER POLICE REPORT

SME8146E





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/20190128/2028

Date/Time Report Made: 28/01/2019 12:01			Vide Report No.:	Station Diary No.: 80			
Informa	nt's Particu	llars					
	Informant:	\$ 0.00 Table 1	Address:	AD #02-159 SINGAPORE 671633			
ID Type / ID No.: NRIC NO / S7398055J		55J	Contact No.: Home/Office:	Mobile: 98994488			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth:		Date of Birth: 18/10/1973	Type of Informant: Driver				
Race: Chinese Occupation: GRAB DRIVER			Language:	Institution / School Name:			
			Driving Licence Information Class: 3,4,5	n: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident:	Date/Time of Accident: 27/01/2019 17:30		
JURONG GA TOH GUAN F OPPOSITE J Weather:	Traveling Toward R TEWAY ROAD ROAD EAST CUBE SHOPPING N	MALL TAXI STAND Road Surface:		Ros	ad Speed Limit:	
Traffic Flow.		Traffic Control: Traffic Light - V		1.00	Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head				yone conveyed by bulance:	

Vehicle No.	Type	Make	Model	Color	LOWER ADMINISTRATION	No of Passenger
SHD4121S	Car	HYUNDAI	SONATA NF 2.0 CRDI:AT ABS 2WD 4DR TURBO		Slightly Damaged	0
SLF6481G	Car	HONDA	VEZEL 1.5S CVT	White	Slightly Damaged	0
SME8146E	Car	HONDA	CITY 1.5L I- VTEC AUTO	Black	Seriously Damaged	0



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

3 of 4 Report No. T/20190128/2028

CONTINUATION OF REPORT

98628250) and the other driver (TAN CHENG HAN, S7524340E, HP: 91364667). After which, I went to seek medical treatment at Ng Teng Fong General Hospital (NTFGH) and was given 3 days medical leave. I have a follow-up appointment next month at NTFGH but I have yet to be informed on the exact date.

I wish to mention I do not have an in-car camera installed in my vehicle and I'm not sure if the other vehicles involved have one installed.



T/20190128/2028

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 4 Report No. T/20190128/2028

CONTINUATION OF REPORT

	i Involved	多种的联系 的形式	and the light of	Pharman / is		White the state of the second second
Any Pedestrian Ir			1		_	
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA				
Driver	海温度温度图 。第二次		有是不是音樂的	INC.		国工业 经工业公司
Name	TAN GIM CHUAN			ID No.		S7131445F
Related Vehicle	SHD4121S (Car)			Conta	ct No.	98628250
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge		
No. of Days grant				of Injury NIL		
Driver		MELLEY.			Annual d	Tional and Times
Name	TAN CHENG HAN			ID No.		S7524340E
Related Vehicle	SLF6481G (Car)			Conta	ct No.	91364667
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis			
	ted Medical Leave	Degree o	of Injury	NIL		
Driver		NIL		OF THE STREET		接受某事的
Name	NG TOH ZIN	ACCRECATION TO THE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ID No		S7398055J
Related Vehicle	SME8146E (Car)			Contact No.		98994488
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL
Date Treatment	27/01/2019		Date Dis	scharge 27/01/2019		1/2019
No. of Days granted Medical Leave 03			Degree of Injury Slight			

Brief Details.

On 27/01/2019 at about 1730hrs, I was driving my vehicle (SME8146E) on the extreme left lane of Jurong Gateway Road towards Toh Guan Road East. Suddenly, the vehicle (SLF6481G) in front of me made a stop. I applied my brakes and managed to stop in time. A few seconds later, I felt something hitting the rear of my vehicle. My vehicle then moved forward and hit the rear of the front vehicle. My head hit the headrest of the driver seat upon impact and I had neck pains. I stepped out to make a check and discovered a Comfort taxi (SHD4121S) had hit the rear portion of my vehicle. My vehicle's front and rear portion are dented and I'm not sure on the estimated cost of repairs. Traffic Police and ambulance were not called to scene. I exchanged particulars with the taxi driver (TAN GIM CHUAN, S7131445F, HP:





4 of 4

Report No. T/20190128/2028

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

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 MUHAMMAD DANIAL ISKANDAR BIN MOHAMED SALIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 12:01
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 Authentication Stamp NP188 Signature:	Classification Of Case: