

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	23/02/2019 10:39
Date Of Accident	22/02/2019 17:30
Exact Location Of Accident	KPE TUNNEL B4 EXIT PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS9840A
Insured/Policyholder	
Name Of Registered Owner	TAN LIK SENG
NRIC No	S1100340J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349282
Alternative Phone No	OFFICE-96349282

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5100989165
Cover Note Number	-

Driver

Name of Driver	TAN LIK SENG
NRIC No	S1100340J
Date Of Birth	09/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1973
Driving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349282
Fax Number	
Contact Number	OFFICE-96349282
EEmail Address	NOEMAIL

Address	20A JALAN PARAS
Postcode	418883
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: : ETHAN YONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG KPE INSIDE THE TUNNEL B4 THE PIE(CHANGI) EXIT. THE TRAFFIC WAS CONGESTED, WHEN I NOTICED VEH C (BEARING NO SFE2201B) STOP, AS SUCH I FOLLOW TO STOP, ALL OF SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJS6772Y) HIT ONTO MY VEH REAR PORTION, VEH B ALSO HIT BY ANOTHER VEH D(BEARING NO SFX66M). TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS6772Y
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 SFE2201B
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 SFX66M
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 TAN LIK SENG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SGS9840A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

23/2/2019

GIA TheC SketchPlanForm_V03


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= SGS 9840A
B= STS 6772Y
C= SFE 2201B
D= SFX 66M

KPE turned left Exit PIE (Changi)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

Policyholder's Signature

Date & Time:
23/2/2019

QUARTZ SIGNATURE FORM 03

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/20190223/2068

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190223/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 13:07	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: TAN LIK SENG		Address: 20A JALAN PARAS SINGAPORE 418883	
ID Type / ID No.: NRIC NO / S1100340J		Contact No.: Home/Office: Mobile: 96349282	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 09/03/1955	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE Tunnel before exit to PIE (Changi)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SFE2201B	Car					0
SFX66M	Car					0
SGS9840A	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	1
SJS6772Y	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2068

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190223/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGS9840A	NTUC Income Insurance Co-Operative Limited	5100989165	25/05/2018	28/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Fazlin		ID No.	NIL
Related Vehicle	SFE2201B (Car)		Contact No.	96545794
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	Molly		ID No.	NIL
Related Vehicle	SFX66M (Car)		Contact No.	92379660
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 LIK SENG		ID No.	S1100340J
Related Vehicle	SGS9840A (Car)		Contact No.	96349282
Hospital/Clinic	NUFFIELD MEDICAL SIGLAP PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/02/2019		Date Discharge	23/02/2019
No. of Days granted Medical Leave		03	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2068

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190223/2068

CONTINUATION OF REPORT

Driver			
Name	Mas	ID No.	NIL
Related Vehicle	SJS6772Y (Car)	Contact No.	94893110
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 the 22/02/2019 at about 1730hrs, I was driving my vehicle, a silver in colour Hyundai Elantra bearing plate number SGS9840A along KPE tunnel before the PIE (Changi) exit. At that time, the traffic was heavy and congested and I had 01 passenger with me. I was travelling on the second lane.

While travelling, the vehicle ahead of mine bearing plate number SFE2201B (Veh C) stopped and as such, I followed suit. That was when suddenly, I felt an impact from the rear and it cause my vehicle to move forward and hit onto Veh C's rear. I alighted from my vehicle and realized that the vehicle on my rear, bearing plate number SJS6772Y (Veh B) hit onto my vehicle's rear. Veh B was hit in the rear by another vehicle, bearing plate number SFX66M (Veh D).

All of us managed to exchange each other's particulars and subsequently drove off after doing the needful. I had also reported the accident to my insurance.

I wish to state that due to the accident, I felt some pain around my left neck area already had medical check up. The doctor diagnose me with whiplash around my left neck area and was given 3 days MC. I had an in-car camera installed facing the front in my vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2068

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20 Chai Chee Drive SINGAPORE 469045
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Report No. T/20190223/2068

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 NUR ISKANDAR BIN MUHD
NUR GHAZALI LIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/02/2019 13:07

Classification Of Case:

NUFFIELD MEDICAL SIGLAP

914 East Coast Road, #01-03, The Domain, Singapore 459108
Tel: 66363083 Fax: 66363084

Medical Certificate

Date : 23 Feb 2019

MC No. : 0000002534

This is to certify that:

Name : TAN LUK SENG

NRIC : S1100340J

is Unfit for Duty for 3 days

from 23/02/2019 to 25/02/2019 inclusive.

DIAGNOSIS:
WHIPLASH INJURY
LEFT NECK
DUE TO ROAD TRAFFIC ACCIDENT.
(22 FEB 2019)


LIN KAI WEI

MBChB (UK), GDFM (Singapore)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Dr. Lin Kai Wei
MBChB (UK) GDFM (Singapore)
MCR: M10328D


Nuffield Medical Siglap Private Limited
Co. Reg. No. 202502443Z
914 East Coast Road, #01-03, The Domain, Singapore 459108
Tel: 6636 3083 Fax: 6636 3084
siglap@nuffieldmedical.com.sg
www.nuffieldmedical.com.sg

NUFFIELD MEDICAL SIGLAP

914 East Coast Road, #03-03 The Domain, Singapore 459108
Tel: 66363083 Fax: 66363084

GST Reg No : 2015014432

Co Reg No : 2015014432

TAX INVOICE

TAN LIK SENG
20A JALAN PARAS
YONG SENG ESTATE
S#418883

Invoice No. : 13540
Our Reference : 01989
Date : 23 Feb 2019

Patient : TAN LIK SENG (S#1003401)

Doctor : LIN KAI WEI

DESCRIPTION	QTY	FEE (S\$)
ANALYSIS	20.00 labs	14.00
CONSULTATION		35.00
Sub-Total		49.00
Add GST 7.0%		3.43
Rounding Adjustment		-0.03
Total Amount Payable		52.40
Receipt No. 12873 - CARD VISA Payment Received		52.40
Outstanding Balance		0.00

All cheques should be crossed and made payable to :

NUFFIELD MEDICAL SIGLAP PRIVATE LIMITED

This is a computer generated invoice which does not require a signature
E. & O.E.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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: S665500206 / 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

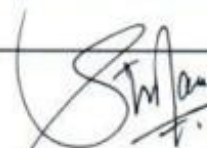
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA 1190 25172 Vehicle Registration No: SGS 9840A
Name(as shown in NRIC) : Tan Lix Seng NRIC/FIN/Passport No : S1100340J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9634 9282
Email Address : _____
Date of Accident : 22/2/19 Time of Accident : 17:30
Place of Accident : KPE tunnel B4 Exit PIE (Changi)
Insurance Company: MTUC

(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:

Amend Add In. Police Report & Doctor Medical
Certificate.


Policyholder / Driver's Signature
Date: 25/2/2019


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 25/2/19