

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	11/03/2019 10:48
Date Of Accident	09/03/2019 10:30
Exact Location Of Accident	KPE TWDS CITY B4 TUNNEL AFTER TAMPINES RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3715X
Insured/Policyholder	
Name Of Registered Owner	KWOK YU YING JADE
NRIC No	S9335375G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84305606
Alternative Phone No	OFFICE-84305606

Vehicle Particulars

Manufacturer	SEAT
Model	IBIZA 5DR 1.0 TSI 116 STYLE 7AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104046376
Cover Note Number	-

Driver

Name of Driver	KWOK YU YING JADE
NRIC No	S9335375G
Date Of Birth	30/09/1993
Occupation	INDOOR
Date Of Driving Pass	02/12/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84305606
Fax Number	
Contact Number	OFFICE-84305606
EEmail Address	NOEMAIL

Address	20 UPPER SERANGOON VIEW #01-19
Postcode	534203
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
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?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9999J
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

SFA819D

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

SLS1841R

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

KWOK YU YING JADE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SME3715X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. The 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 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

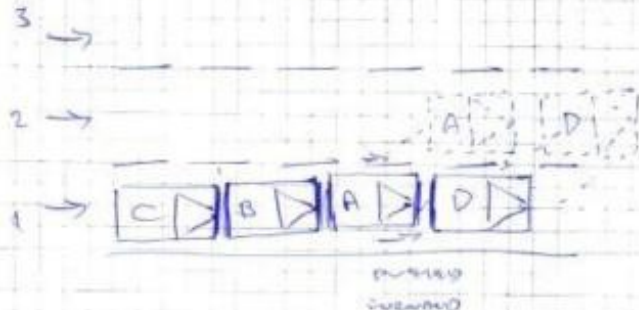
SKETCH PLAN

VEHICLE A
- SM3 3715 X

VEHICLE B
- SLK 9999 J

VEHICLE C
- SFA 819 D

VEHICLE D
- SLS 1841 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG M42 TOWARD CITY DIRECTION,
I WAS ON THE SECOND RIGHT LANE (1st LANE).
WHILE DRIVING STRAIGHT AHEAD AT THE DOWN SLOPE THE
ENTRANCE OF M42 TUNNEL, THE VEHICLE IN FRONT BRAKE
TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO
COMPLETE STOP, WHICH THEN SUDDENLY I FELT A
LARGE IMPACT FROM THE REAR OF MY VEHICLE AND DUE
TO THE IMPACT IT PUSHED ME FORWARD AND HIT INTO
THE VEHICLE IN FRONT, AND TOO WAS THEN MY VEHICLE AND
THE VEHICLE IN FRONT WERE BEING PUSHED TO THE 2nd LANE
MIDDLE LANE. AND MY AIR BAG WAS TOO BEING DEPLOYED DURING
THE ACCIDENT.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
(SLK 9999 J) HAD COLLIDED TO THE REAR OF MY VEHICLE AND
IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.
THIS TO WAS THEN AT SCENE AND MY IN-CAR CAMERA SD CARD
WAS TOOK BY THE TRAFFIC POLICE FOR FURTHER INVESTIGATION.
VEHICLE A - SM3 3715 X VEHICLE B - SLK 9999 J
VEHICLE C - SFA 819 D VEHICLE D - SLS 1841 R

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/20190309/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

1 of 4

Report No. T/20190309/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2019 17:26		Vide Report No.: G/20190309/0094		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: KWOK YU YING, JADE			Address: 20 UPPER SERANGOON VIEW #01-19 SINGAPORE 534203		
ID Type / ID No.: NRIC NO / S9335375G			Contact No.: Home/Office: Mobile: 84305606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 30/09/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DESIGNER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Entrance of KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SFA819D	Car	VOLVO	V40 D2 A/T ABS D/AIRBAG 2WD	Grey		0
SLK9999J	Car	JAGUAR	XF 2.0 I4P TSS	Blue		0
SLS1841R	Car	HONDA	STREAM 1.8L A	White		0
SME3715X	Car	SEAT	IBIZA 5DR 1.0 TSI 116 STYLE 7AT	Orange	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190309/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

2 of 4

Report No: T/20190309/2106

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SME3715X	NTUC Income Insurance Co-Operative Limited	5104046376	27/09/2018	26/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWEK SOO CHUAN	ID No.	S1593008Z
Related Vehicle	SLK9999J (Car)	Contact No.	98442262
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	CHRIS BULACLAC	ID No.	S7567936Z
Related Vehicle	SLS1841R (Car)	Contact No.	96552177
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	KWOK YU YING, JADE	ID No.	S9335375G
Related Vehicle	SME3715X (Car)	Contact No.	84305606
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ HOUGANG PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190309/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 4

Report No. T/20190309/2106

CONTINUATION OF REPORT

Driver			
Name	AARON LIM	ID No.	S7328758H
Related Vehicle	NIL	Contact No.	81828571
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 09/03/2019 at around 1032hrs, I was driving my vehicle SME3715X along KPE at the extreme right lane.

Suddenly the vehicle SLS1841R that was in front of me made a jam break to a complete stop as such I also applied break to a complete stop.

After I stop my vehicle suddenly I felt an impact from the rear of my vehicle and due to the impact my vehicle was push forward and collided to the vehicle that was in front of me. Shortly after there was another impact from the rear and my vehicle together with the vehicle that was in front of me was pushed forward to the middle lane.

I alighted of the vehicle to make a check and discovered it was a chain collision that involved 4 vehicles.

The following is the position of the vehicle:

- SLS1841R
- SME3715X
- SLK9999J
- SFA819D

Shortly police and ambulance came, 2 people that was involved in the accident was conveyed to hospital.

I have a camera installed in my vehicle and captured the traffic accident.

I am lodging this report to submit to my insurance company.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190309/2106

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

4 of 4

Report No. T/20190309/2106

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 CHUA ZI HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/03/2019 17:26

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

