

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	23/04/2019 16:11
Date Of Accident	22/04/2019 12:05
Exact Location Of Accident	ORANGE GROVE ROAD TO STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6538U
Insured/Policyholder	
Name Of Registered Owner	SOONG SOON HEE
NRIC No	S1656821Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97704448
Alternative Phone No	OFFICE-97704448

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION-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	5105763616
Cover Note Number	

Driver

Name of Driver	SOONG SOON HEE
NRIC No	S1656821Z
Date Of Birth	25/11/1964
Occupation	INDOOR
Date Of Driving Pass	17/08/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97704448
Fax Number	
Contact Number	OFFICE-97704448
Email Address	NOEMAIL

Address	BLK 816 JURONG WEST STREET 81 #07-56
Postcode	640816
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	3
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB3818Y
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	

Vehicle Category	PRIVATE HIRE
Name of Driver	LOW CHI HOW
NRIC/Passport Number	S7502338C
Contact Number	92381768
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV9779U
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	SOONG SOON HEE
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJL6538U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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)**

(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:

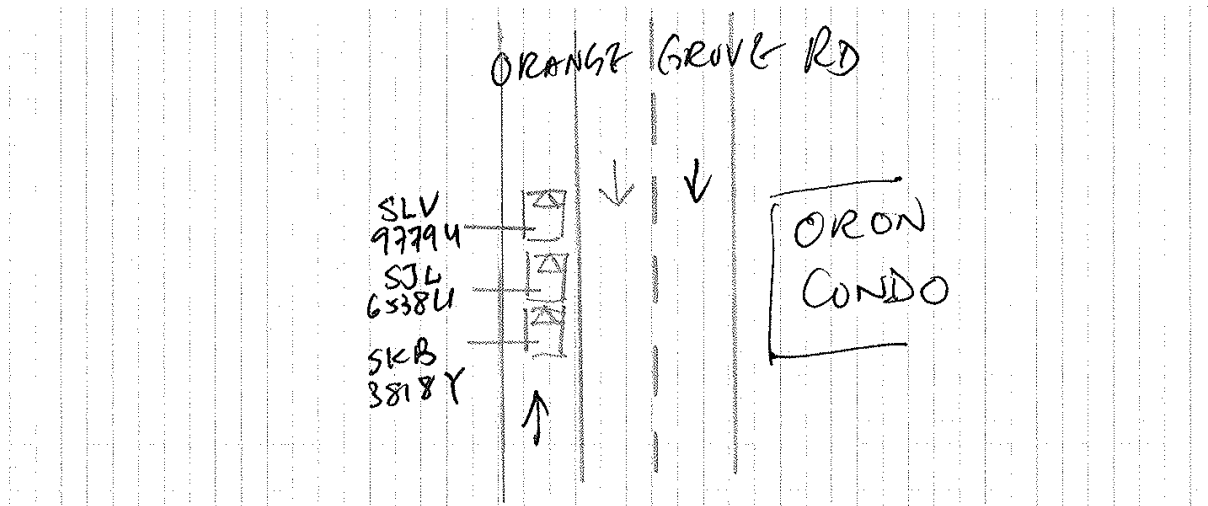
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

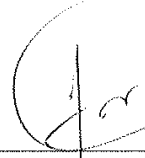
ON 22-6-2019 AT AROUND 12.05 NOON, I WAS DRIVING ALONG ORANGE GROVE RD TO STEVENS RD SENDING PASSENGER TO MARILYN, TRAFFIC WAS MODERATE, AND WHEN THE VEHICLE IN FRONT OF ME SLOW TO STOP, I FOLLOW AND STOP BEHIND SLV 97794. THE MOMENT I HAD STOPPED MY VEHICLE, SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE, AND THE IMPACT PUSH MY VEHICLE TO HIT INTO THE REAR OF SLV 97794, UPON ALIGHTING AND REALISED THAT VEHICLE SKB 3818Y COLLIDED INTO THE REAR OF MY VEHICLE. AFTER THE ACCIDENT WE EXCHANGE PARTICULAR, AND ACCORDING TO THE FRONT VEHICLE SAYING HIS VEHICLE NO DAMAGED. SO I DID NOT ASK FOR PARTICULAR. BUT MY VEHICLE FRONT SUSPENSION SUSPECT DAMAGED, I FELT MY BACK WAS UNCOMFORTABLE AFTER THE ACCIDENT, NEED TO CONSULT DOCTOR.

DECLARATION

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

Soong
Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190422/2119

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190422/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2019 17:02		Vide Report No.:		Station Diary No.: 165	
Informant's Particulars					
Name of Informant: SOONG SOON HEE			Address: APT BLK 816 JURONG WEST STREET 81 #07-56 SINGAPORE 640816		
ID Type / ID No.: NRIC NO / S1656821Z			Contact No.: Home/Office: Mobile: 97704448		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 25/11/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2019 12:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ORANGE GROVE ROAD STEVENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SJL6538U	Car	TOYOTA	ALLION 1.5 A	White		0
SKB3818Y	Car					0
SLV9779U	Car					3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



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Report No. T/20190422/2119

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL6538U	NTUC Income Insurance Co-Operative Limited	5105763616	26/11/2018	25/11/2019

Limited			
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOONG SOON HEE		ID No. S1656821Z
Related Vehicle	SJL6538U (Car)		Contact No. 97704448
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	22/04/2019		Date Discharge 22/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 22/04/2019 at around 1205hrs, I was driving along Orange Grove Road towards Stevens Road sending passengers to Marsiling.

Traffic conditions were moderate, and when the car; SLV9779U in front of me slow to a stop. I followed suit and stopped behind SLV9779U. The moment I had stopped my car, suddenly I felt a strong impact from the rear of my vehicle, and the impact propelled my vehicle into SLV9779U.

Upon alighting, I realized that another car; SKB3818Y collided into the rear of my vehicle. After the accident, I exchanged particulars with the driver of SKB3818Y and according to the driver of SLV9779U, his vehicle sustained no damage and he drove off.

I wish to state that my car front sustained slight damage and the rear of my car was badly damaged. I also felt that my back hurt after the accident, to which I proceeded to A Life Clinic Pte Ltd and acquired 07 days MC.

I wish to state that I did not consume any intoxicating substances prior to the accident.



**SINGAPORE
POLICE FORCE**

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20190422/2119

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Report No. T/20190422/2119

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 CHIANG WEI TONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP/AEIT /

SLANG YI-TING-STEPHANIE

Contact No.: 85476414

SN 126



Authentication Stamp

Signature :

Singapore Police Force

Signature Of Informant:

Swong

Date/Time:
22/04/2019 17:02

Classification Of Case:

Accident Photo

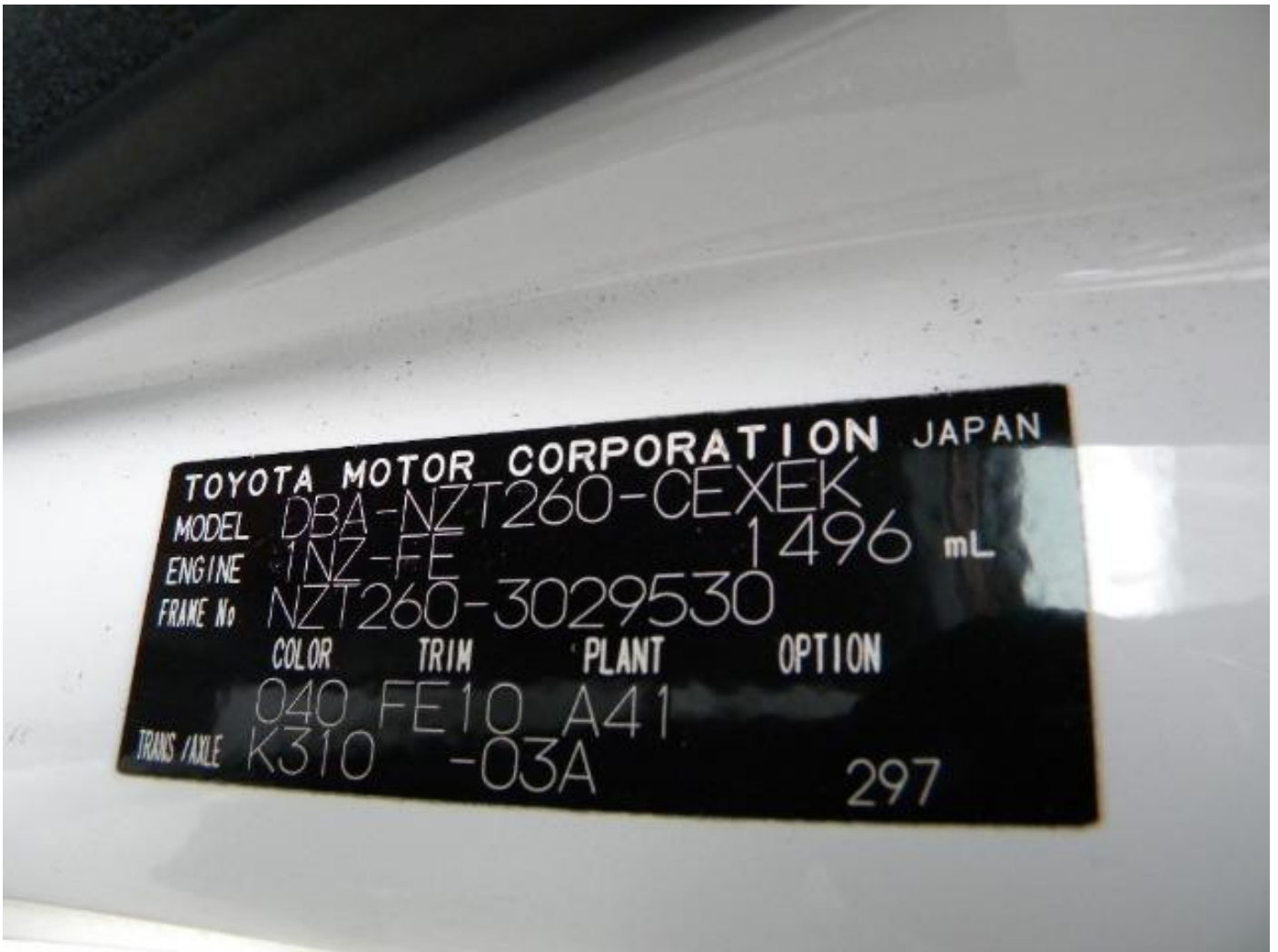


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

