

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	07/05/2019 13:32
Date Of Accident	07/05/2019 08:15
Exact Location Of Accident	JUNC CHANGI RD & JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7656H
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097296239-01
Cover Note Number	

Driver

Name of Driver	GAN WEILI
NRIC No	S8215736J
Date Of Birth	26/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98893876
Fax Number	
Contact Number	OFFICE-98893876
EEmail Address	NOEMAIL

Address	BLK 703 HOUGANG AVENUE 2 #09-203
Postcode	530703
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
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 CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190507/2059.

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	SKR4078A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED TAHIR BIN AHMAD IBRAHIM
NRIC/Passport Number	S1044619H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 83764959

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GAN WEILI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLG7656H

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:

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: SLG 76564
B: SKR 4678A
C: UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190507/2059.

DECLARATION

I/We declare the following 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/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No: T/20190507/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 12:07	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: GAN WEILI	Address: APT BLK 703 HOUGANG AVENUE 2 #09-203 SINGAPORE 530703		
ID Type / ID No.: NRIC NO / S8215736J	Contact No.: Home/Office: Mobile: 98893876		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 36	Date of Birth: 26/05/1982	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2019 08:15	Type of Location: JUNCTION
Location: Along Road 1 CHANGI ROAD				
CHANGI ROAD TURNING TO JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SKR4078A	Car				Slightly Damaged	0
SLG7656H	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



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T/20190507/2059

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 4

Report No. T/20190507/2059

CONTINUATION OF REPORT

Driver				
Name	MOHAMED TAHIR BIN AHMAD IBRAHIM		ID No.	S1044619H
Related Vehicle	SKR4078A (Car)		Contact No.	NIL
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	GAN WEILI		ID No.	S8215736J
Related Vehicle	SLG7656H (Car)		Contact No.	98893876
Hospital/Clinic	PANHEALTH FAMILY CLINIC (HOUGANG)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2019		Date Discharge	07/05/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 07/05/2019 at about 0817hrs, I was driving along Changi Road, and going to make a right turn to Jalan Eunos. At the traffic junction, the traffic light was red and I stopped my vehicle.

While stationary, I felt an impact on the rear of my vehicle which made my vehicle move forward and hit onto the vehicle in front of me. After which, I got down and make a check and observed one vehicle, SKR4078A, had hit me on the rear and I have hit onto the rear of another vehicle. I wish to state that I do not have the vehicle number as the driver left after I took his number. His handphone number is 83764959.

When the driver of the vehicle that hit onto me, he got down and explain that he had lost control of his vehicle and was very apologetic.

Due to the accident, the rear of my vehicle was dented and damage. The front of my vehicle was just slightly damage. As for the vehicle, SKR4078A, the damage was minimal.

At that point of time, there was no one injured. There was no police or ambulance at scene.

After the incident, I felt discomfort and strain on my neck area and went to consult a doctor and was given 3 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20190507/2059

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20190507/2059

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 3 PHUA JIA JUN, MARK

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:
07/05/2019 12:07

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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