

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 20:00
Date Of Accident	06/05/2019 20:00
Exact Location Of Accident	KPE ENTRANCE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7756T
Insured/Policyholder	
Name Of Registered Owner	POON KIANG HAU (FANG JIANHAO)
NRIC No	S8030714D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91056810
Alternative Phone No	OFFICE-91056810

Vehicle Particulars

Manufacturer	BMW
Model	520I LED NAV
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	5107349927
Cover Note Number	

Driver

Name of Driver	POON KIANG HAU (FANG JIANHAO)
NRIC No	S8030714D
Date Of Birth	04/10/1980
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056810
Fax Number	
Contact Number	OFFICE-91056810
Email Address	NOEMAIL

Address	8 JALAN TANI
Postcode	548545
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSE5368 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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/20190506/2192.

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	JSE5368
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

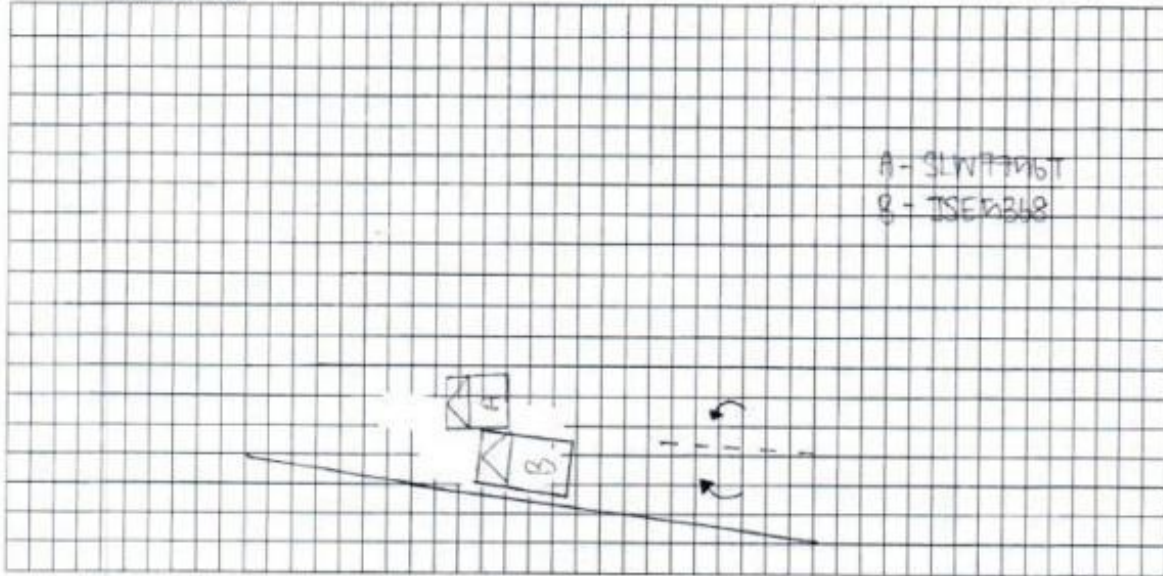
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along on the slip road towards KPE. It was a merging lane and the traffic was heavy and all vehicles are moving slowly. While I was travelling, vehicle B which was on the left side and was slight before my vehicle collided into the left side of my vehicle. When I got down of my vehicle, the vehicle B's window were both covered with curtains and could not notice my vehicle.

Refer to police Report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

reporting centre person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190506/2192

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

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Report No. T/20190506/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 22:44		Vide Report No.: G/20190506/0153		Station Diary No.: 114
Informant's Particulars				
Name of Informant: POON KIANG HAU		Address: 8 JALAN TANI SINGAPORE 548545		
ID Type / ID No.: NRIC NO / S8030714D		Contact No.: Home/Office: Mobile: 91056810		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 38	Date of Birth: 04/10/1980	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: DIRECTOR		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2019 20:00	Type of Location: TUNNEL
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE ENTRANCE TUNNEL (PILLAR P04K)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSE5368	Lorry				No Damage	0
SLW7756T	Car	BMW	520i LED NAV	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW7756T	NTUC Income Insurance Co-Operative Limited	5107349927	28/02/2019	27/02/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190505/2192

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

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Report No. T/20190505/2192

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORAZIZAM BIN JAMIRON	ID No.	8210030159987
Related Vehicle	JSE5368 (Lorry)	Contact No.	126949447
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	POON KIANG HAU	ID No.	S8030714D
Related Vehicle	SLW7756T (Car)	Contact No.	91056810
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/05/2019 I was driving my said vehicle SLW7756T on this merging lane of the KPE tunnel (Pillar P04K), lane number 2 on the right. As there was a traffic jam along KPE, all the vehicle were travelling at a very slow pace and at one point my vehicle was forced to the right side which was nearing the wall of the expressway.

As it was a merging lane, the vehicles on both lane were are taking turns to enter. When it came to my turn just as I was about to enter the expressway, another Malaysia vehicle bearing plate number JSE5368 who was on lane number 1 had the same idea and as such, both of vehicle side swipe against one another. I came out to make a check and observed that there was scratches on my left rear mirror and left vehicle body while there was no damage on the Malaysia Vehicle. I also observed that the Malaysia vehicle have installed curtain/blind on both side of the door, both of which was covered up during the said incident. As I realized that it was a foreign vehicle I got the contact number of the company that he is working for and the boss mentioned that they were not based in Singapore and they have no means to settle the incident. As such, I contacted Traffic Police and they arrived soon after.

When Traffic Police arrived, they interviewed all parties and I was advised to come and lodge a traffic accident report. I also contacted the company boss again and he instructed his worker to lodge a report as well. My in-vehicle camera was not working at this point in time. I also did not suffer from any injuries.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190506/2192

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Report No. T/20190506/2192

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190506/2192

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Tel No: 1800-4890999

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Report No. T/20190506/2192

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 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/05/2019 22:44

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP156



Signature:

Sgt 2 KOH

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

