

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	24/05/2019 14:44
Date Of Accident	23/05/2019 10:50
Exact Location Of Accident	AYE HIGHWAY TWDSCTE NEARTO VICTORIA JUNIOR COLLEGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5796C
Insured/Policyholder	
Name Of Registered Owner	ANDY KUAH
NRIC No	S6835193F
Email Address	ANDYKUAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98294427
Alternative Phone No	OTHERS-98294427

Vehicle Particulars

Manufacturer	BMW
Model	525I XL
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	5074135626-03
Cover Note Number	

Driver

Name of Driver	ANDY KUAH
NRIC No	S6835193F
Date Of Birth	24/09/1968
Occupation	INDOOR
Date Of Driving Pass	28/11/1991
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98294427
Fax Number	
Contact Number	OTHERS-98294427
EEmail Address	ANDYKUAH@GMAIL.COM

Address	25 JALAN SEMPADAN #03-05
Postcode	457400
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190523/2120

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	SKG6S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHUN SENG
NRIC/Passport Number	
Contact Number	90029381
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGG8376T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MICHAEL WONG
NRIC/Passport Number
Contact Number 96183501
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLD2227L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR YEO
NRIC/Passport Number
Contact Number 97571045
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ANDY KUAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKW5796C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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)**

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:

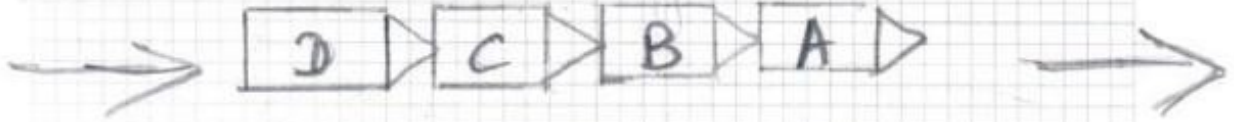
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

AYE highway towards CTE near to Victoria Junior College.
Road Works



A-SKW6796C
B-SKG 6S
C-SGG8376T
D-SLD2227L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20190523/2120

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.:

cosmic SketchPlanForm_02

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190523/2120

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190523/2120

CONTINUATION OF REPORT

Name	Mr Yeo	ID No.	NIL
Related Vehicle	SLD2227L	Contact No.	97571045
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 23/05/2019 at about 1050hrs, I was driving my vehicle bearing SKW5796C, along AYE highway towards CTE near to Victoria Junior College. I was driving at the centre lane. The Traffic is heavy at that point in time. Hence I was travelling slowly. Suddenly, I heard a thud and realised that the vehicle bearing SKG6S hit me from behind. I alighted from the car and realised that the 2 cars (SGG8376T and SLD2227L) behind the second car also got involved in the car accident. Someone else called for the police and ambulance.

The third vehicle bearing vehicle number: SGG8376T, the driver the front tooth broken and the passenger suffered heart problem and both got conveyed through an ambulance.

I also wish to state that my vehicle back bumper badly dented, the airbag system, belt tensioners and belt force limiters faulty. My car have in car camera which the traffic police took the SD card for the in car camera. I exchanged particulars with the other 3 drivers.

The second vehicle, SKG6S, particulars:
Lim Chun Seng
9002 9381

The Third vehicle, SGG8376T, particulars:
• Michael Wong
96183501

The fourth Vehicle, SLD2227L, particulars:
Mr Yeo
97571045

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



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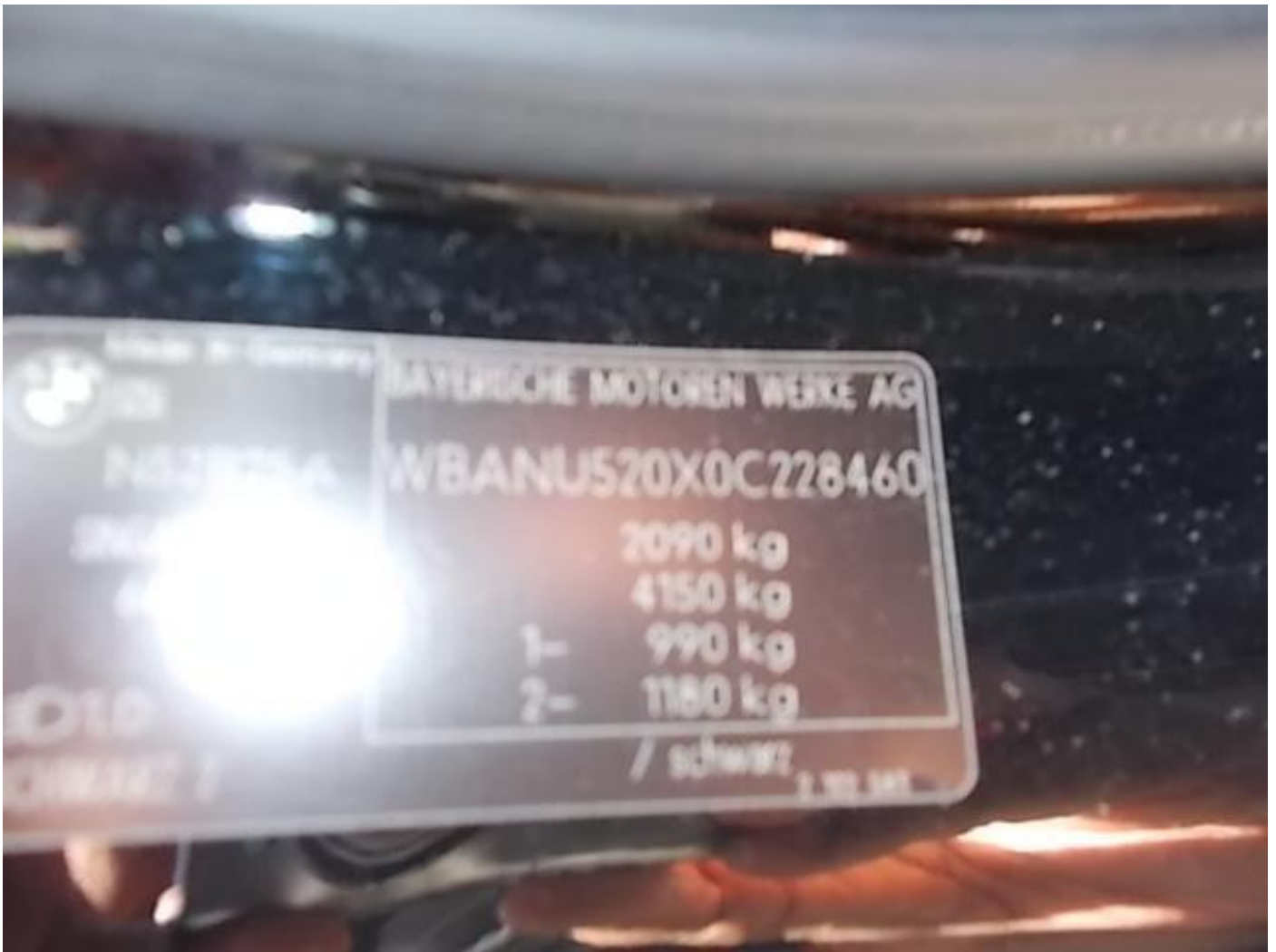
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190523/2120

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20190523/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 17:05	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars

Name of Informant: ANDY KUAH	Address: 25 JALAN SEMPADAN #03-05 SINGAPORE 457400		
ID Type / ID No.: NRIC NO / S6835193F	Contact No.: Home/Office: Mobile: 98294427		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 50	Date of Birth: 24/09/1968	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: IT DIRECTOR	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE highway towards CTE near to Victoria Junior College.				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		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
SGG8376T					Totally Damaged	1
SKG6S	Car				Seriously Damaged	0
SKW5796C	Car	BMW	525i XL	Black	Seriously Damaged	0
SLD2227L					Totally Damaged	0

Police Report



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POLICE FORCE**



T/20190523/2120

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Report No. T/20190523/2120

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW5796C	NTUC Income Insurance Co-Operative Limited	5074135626-03	03/01/2019	02/10/2019

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

Name	Michael Wong	ID No.	NIL
Related Vehicle	SGG8376T	Contact No.	96183501
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

Name	Lim Chun Seng	ID No.	NIL
Related Vehicle	SKG6S (Car)	Contact No.	9002 9381
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	ANDY KUAH	ID No.	S6835193F
Related Vehicle	SKW5796C (Car)	Contact No.	98294427
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

Police Report



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Mr Yeo
97571045

Police Report



SINGAPORE
POLICE FORCE



T/20190523/2120

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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190523/2120

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 CHO JIA LI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

23/05/2019 17:05

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Classification Of Case:

SIGNATURE