

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	01/07/2019 14:31
Date Of Accident	29/06/2019 13:30
Exact Location Of Accident	CTE (AYE) AFTER AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5068T
Insured/Policyholder	
Name Of Registered Owner	KANG POH SOON
NRIC No	S1574300Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81987372
Alternative Phone No	OFFICE-81987372

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE 1.5L DCI 110 AT GEARBOX EURO 5
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101070423-01
Cover Note Number	

Driver

Name of Driver	KANG POH SOON
NRIC No	S1574300Z
Date Of Birth	13/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81987372
Fax Number	
Contact Number	OFFICE-81987372
Email Address	NOEMAIL

Address	BLK 227 YISHUN STREET 21 #12-512
Postcode	760227
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	5
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190630/7002.

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	SKN9348J
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)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG3713C
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) 6
Passenger 1
NAME: :
GENDER: :
Passenger 2
NAME: :
GENDER: :
Passenger 3
NAME: :
GENDER: :
Passenger 4
NAME: :
GENDER: :
Passenger 5
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKJ1338L
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLE468R

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)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	KANG POH SOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ5068T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

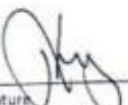
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

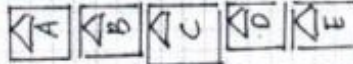
Vehicle A: SLZ 506BT

Vehicle B: SKN 934BJ

Vehicle C: SLG 3713C

Vehicle D: LKJ 133BL

Vehicle E: SLE 468R.



(TECAVE) after AMK Ave 5.

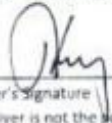
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A',
SLZ506BT, was traveling straight along the stated
route. Front vehicle stopped and I stopped as well.
Suddenly, I felt an impact on my vehicle's rear
portion. Shortly followed by another 3 impacts.
When I got down, I then realised I was
involved in a crash collision of 5 vehicles.

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/20190630/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190630/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2019 14:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KANG POH SOON			Address: APT BLK 227 YISHUN STREET 21 #12-512 SINGAPORE 760227		
ID Type / ID No.: NRIC NO / S1574300Z			Contact No.: Home/Office:		Mobile: 81987372
Nationality: SINGAPORE CITIZEN			Email: simonkang4300@gmail.com		
Sex: Male	Age: 55	Date of Birth: 13/08/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2019 13:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKJ1338L	Car	FORD			Seriously Damaged	0
SKN9348J	Car	BMW			Seriously Damaged	1
SLE468R	Car	TOYOTA			Seriously Damaged	1
SLG3713C	Car	TOYOTA	ESTIMA		Seriously Damaged	5

Police Report



**SINGAPORE
POLICE FORCE**



T/20190630/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190630/7002

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5068T	Car	RENAULT	FLUENCE 1.5L DCI 110 AT GEARBOX EURO 5	Brown	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ5068T	NTUC Income Insurance Co-Operative Limited	5101070423-01	23/06/2019	22/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KANG POH SOON	ID No.	S1574300Z
Related Vehicle	SLZ5068T (Car)	Contact No.	81987372
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2019	Date Discharge	29/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON 29/06/2019 AT ABOUT 13:30HR, I WAS DRIVING MY VEHICLE - SLZ5068T, ALONG CTE IN THE DIRECTION OF AYE WITH A MALE PASSENGER. AFTER THE EXIT TO ANG MO KIO AVENUE 5, FRONT VEHICLE BRAKE & I BRAKED AS WELL. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE'S REAR FOLLOWED BY 3 ANOTHER IMPACTS. WHEN I GOT DOWN OF MY VEHICLE, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 5 VEHICLES.

1ST VEHICLE - SLZ5068T
2ND VEHICLE - SKN9348J
3RD VEHICLE - SLG3713C
4TH VEHICLE - SKJ1338L
5TH VEHICLE - SLE468R

I THEN FELT DISCOMFORT AND SEEK MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC & WAS GIVEN 5DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190630/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190630/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/06/2019 14:45

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

