

## 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	05/07/2019 15:20
Date Of Accident	04/07/2019 09:00
Exact Location Of Accident	TPE (SLE) TWDS PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK600T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GQUEST PTE LTD
Co Reg No	200700882D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62968394

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5 CVT S/R
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	5090487036-02
Cover Note Number	

### Driver

Name of Driver	CHRISTOPHER KANG SHUUI SHENN
NRIC No	S8542414I
Date Of Birth	26/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81858585
Fax Number	
Contact Number	OFFICE-81858585
Email Address	NOEMAIL

Address	BLK 540 ANG MO KIO AVENUE 10 #10-2404
Postcode	560540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORIZE DRIVER
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	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190705/2058.

#### 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	SH8727S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 2

Vehicle Registration Number SMG8003Z

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 INJURED PERSON 1

Name CHRISTOPHER KANG SHUUI SHENN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLK600T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

Handwritten labels in the sketch plan:

- A: 5LK6WT
- B: 548729S
- C: JM68003Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7th 19 07 05 / 2018.

## 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.:

Handwritten signature of Reporting Centre Personnel.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190705/2058

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20190705/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2019 14:03	Vide Report No.:	Station Diary No.: 22
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### Informant's Particulars

Name of Informant: CHRISTOPHER KANG SHUUI SHENN	Address: APT BLK 540 ANG MO KIO AVENUE 10 #10-2404 SINGAPORE 560540
ID Type / ID No.: NRIC NO / S8542414I	Contact No.: Home/Office: Mobile: 81858585
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 33 Date of Birth: 26/12/1985	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Self-Employed	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

### General Information of the Accident

Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2019 09:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY Punggol Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SH8727S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SLK600T	Car	TOYOTA	VELLFIRE 2.5 CVT S/R	Black	Seriously Damaged	0
SMG8003Z	Car	HONDA	FIT HYBRID 1.5F AUTO	White	Seriously Damaged	0

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Report No. T/20190705/2058

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHRISTOPHER KANG SHUUI SHENN	ID No.	S8542414I
Related Vehicle	SLK600T (Car)	Contact No.	81858585
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	MOHAMED HAZRI BIN HASNAN	ID No.	S7319222F
Related Vehicle	NIL	Contact No.	0
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	TAY HOCK LENG	ID No.	S7700775Z
Related Vehicle	NIL	Contact No.	84909649
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 04/07/2019 at about 0900hrs, I was traveling along TPE (exit punggol). The bus lane is on the left lane, I was traveling on the right lane. The vehicle (SMG8003Z) in front of me suddenly jammed brake to stopped to give way to a bus in front of the give way to bus box and I manage to jammed brake my vehicle and stopped on time. All of a sudden, a taxi (SH8727S) came from the rear of my vehicle and collided onto the rear of my vehicle causing my vehicle to jerk forward and collided onto the front vehicle. We immediately stopped our vehicles and alight to make a check. We proceed to take photos and exchange particulars. As the damages on the front vehicle SMG8003Z and my vehicle looks severe, we decide to call for towing services. For taxi, he just drove off his car after exchanging particulars and taking

Police Report



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Report No. T/20190705/2058

CONTINUATION OF REPORT

photos.

On the same day, I proceed to Mount Alvernia Hospital for medical treatment and received 7 days of MC. I wish to state that the front and rear part of my vehicle are badly damaged. I felt pain and sore on the whole right side of my body.



Police Report



SINGAPORE  
POLICE FORCE



T/20190705/2058

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Report No. T/20190705/2058

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 3 SAM YEO WEN MING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 14:03
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 90020518	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo





Accident Photo



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