

## 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	09/07/2019 16:15
Date Of Accident	08/07/2019 15:15
Exact Location Of Accident	EU TONG SEN ST TWDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5219B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM JIA LIANG
NRIC No	S8615484F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199940
Alternative Phone No	OFFICE-98199940

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5106918811
Cover Note Number	

### Driver

Name of Driver	MAX SIM JIA LIANG
NRIC No	S8615484F
Date Of Birth	14/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199940
Fax Number	
Contact Number	OFFICE-98199940
E-Mail Address	NOEMAIL

Address	BLK 602 ANG MO KIO AVENUE 5 #05-2645
Postcode	560602
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)	2
Passenger 1	NAME: : LIN LIYING GENDER: : FEMALE

### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190709/7013.

### 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	SMF7783S
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD2763Z  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE863B  
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)

#### DETAILS OF INJURED PERSON 1

Name MAX SIM JIA LIANG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU5219B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LIN LIYING  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLU5219B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### 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.
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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. 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:

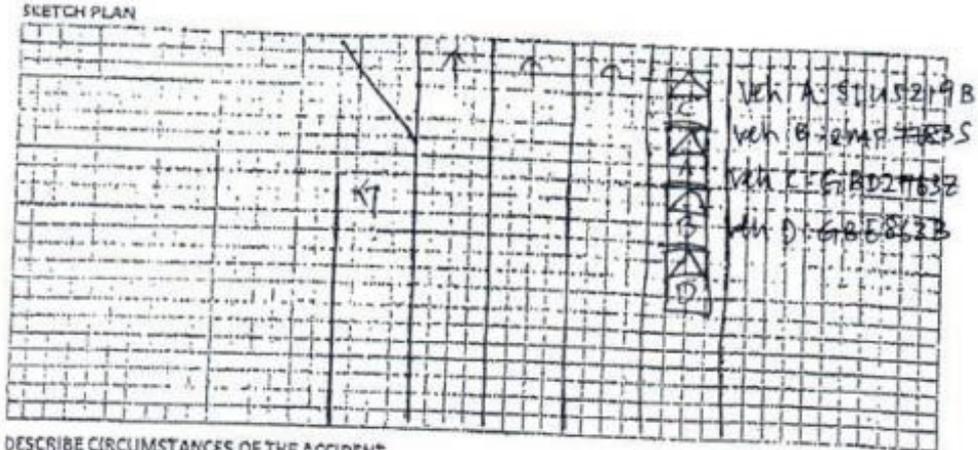
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

(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 Person's Signature  
Name:  
NRIC/PPIN No.:

Police Report

12:42 PM Tue 9 Jul

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**SINGAPORE  
POLICE FORCE**



T/20190709/7013

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

1 of 3

Report No. T/20190709/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2019 12:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MAX SIM JIA LIANG		Address: APT BLK 602 ANG MO KIO AVENUE 5 #05-2645 SINGAPORE 560602	
ID Type / ID No.: NRIC NO / S8615484F		Contact No.:	Mobile: 98199940
Nationality: SINGAPORE CITIZEN		Email: writetomax@live.com	
Sex: Male	Age: 33	Date of Birth: 14/06/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Interior designer		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2019 15:15	Type of Location: X-Junction
Location: EU TONG SEN STREET				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Stationary chain collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2763Z	Van	NISSAN				0
GBE863B	Van					0
SLU5219B	Car	TOYOTA	VIOS+E+AU TO	Silver	Seriously Damaged	1
SMF7783S	Car	VOLKSWAGO N				0

Police Report

12:43 PM Tue 9 Jul

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**SINGAPORE  
POLICE FORCE**



T/20190709/7013

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

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Report No. T/20190709/7013

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU5219B	NTUC Income Insurance Co-Operative Limited	5106918811	18/01/2019	17/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIN LI YING		ID No.	S8978465D
Related Vehicle	SLU5219B (Car)		Contact No.	91289336
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2019		Date Discharge	08/07/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	MAX SIM JIA LIANG		ID No.	S8615484F
Related Vehicle	SLU5219B (Car)		Contact No.	98199940
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2019		Date Discharge	08/07/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the stated time and date, I was travelling on vehicle bearing carplate number SLU5219B along Eu Tong Sen Street towards River Valley Road. I stopped my vehicle while waiting for it to turn green at the junction when suddenly I felt a really huge impact from my rear. I alighted my vehicle and came to realise that vehicle B bearing carplate number SMF7783S had collided head to rear of my vehicle which caused me to propell and hit vehicle A bearing carplate number GBD2763Z who was also stationary in front of me. I alighted from my vehicle and came to realise that it also involves vehicle D bearing carplate number GBE863B who happened to be the last car of the chain collision. Police & 2 ambulance were at the scene where other persons involved were conveyed. Me and my wife suffered pain after the accident and consulted a doctor which we were both given a 3-Days MC.

Police Report

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**SINGAPORE  
POLICE FORCE**



T/20190709/7013

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

3 of 3

Report No. T/20190709/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/07/2019 12:43

Officer In Charge Of Case:  
TP / TP1B /  
NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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