

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	11/07/2019 09:53
Date Of Accident	10/07/2019 08:20
Exact Location Of Accident	ECP EXIT TWD MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6931X
Insured/Policyholder	
Name Of Registered Owner	CHANG YEE LIK, ERIC
NRIC No	S8771242G
Email Address	ERICYLCHANG87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98008973
Alternative Phone No	OFFICE-98008973

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	5096643501-01
Cover Note Number	

Driver

Name of Driver	KOH KAI SI, KALIS
NRIC No	S8809613D
Date Of Birth	26/03/1988
Occupation	INDOOR
Date Of Driving Pass	12/11/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98437794
Fax Number	
Contact Number	
Email Address	KALISKOH@GMAIL.COM

Address	BLK 492G TAMPINES ST 45 #04-612
Postcode	527492
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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)	3
Passenger 1	NAME: : CHANG YEE LIK ERIC GENDER: : MALE
Passenger 2	NAME: : CHANG YI RUI DECLAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE 10 UBI AVE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20190710/7033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7873B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	GRACE
NRIC/Passport Number	S7638612I
Contact Number	91189559

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS8029Z
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver BEN TAN
NRIC/Passport Number
Contact Number 98263254
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJH900S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 83230099
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMD8129K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 98338219
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLK7873B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLS8029Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

KOH KAI SI KALIS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLU6931X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

CHANG YI RUI DECLAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLU6931X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name

CHANG YEE LIK ERIC

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLU6931X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode


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:

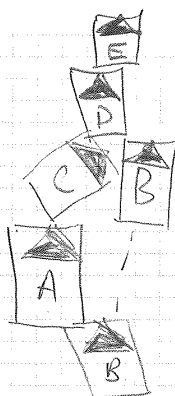
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 11/7/19


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


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

SKETCH PLAN



A: SLU 6931X
B: SLK 7873B
C: SLS 8029Z
D: SJH 900S
E: SMD 8129K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

see attached Police Report.

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190710/7033

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

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Report No. T/20190710/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 23:13		Vide Report No.: A/20190710/0035		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KAI SI, KALIS			Address: APT BLK 492G TAMPINES STREET 45 #04-612 SINGAPORE 527492		
ID Type / ID No.: NRIC NO / S8809613D			Contact No.: Home/Office: Mobile: 98437794		
Nationality: SINGAPORE CITIZEN			Email: kaliskoh@gmail.com		
Sex: Female	Age: 31	Date of Birth: 26/03/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Civil Servant			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/07/2019 08:20	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH900S	Car	MERCEDES BENZ	S300	Brown		0
SKM1161M	Car	HONDA	Accord	Grey	No Damage	0
SLK7873B	Car	BMW		Black	Seriously Damaged	2
SLS8029Z	Car	TOYOTA	Altis	Silver	Seriously Damaged	0
SLU6931X	Car					0



**SINGAPORE
POLICE FORCE**



T/20190710/7033

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

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Report No. T/20190710/7033

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD8129K	Car	HONDA	HRV	Black	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GRACE	ID No.	S763861211
Related Vehicle	SLK7873B (Car)	Contact No.	91189559
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	CHANG YI RUI DECLAN	ID No.	T1734616J
Related Vehicle	SLU6931X (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2019	Date Discharge	10/07/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	CHANG YEE LIK ERIC	ID No.	S8771242G
Related Vehicle	SLU6931X (Car)	Contact No.	98008973
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2019	Date Discharge	10/07/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190710/7033

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

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Report No. T/20190710/7033

CONTINUATION OF REPORT

Driver			
Name	KOH KAI SI, KALIS	ID No.	S8809613D
Related Vehicle	SLU6931X (Car)	Contact No.	98437794
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/07/2019	Date Discharge	10/07/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

I was driving along ECP and was about to exit towards MCE when a car hit my rear, thereby causing my car to swerve to the left nearing the shoulder lane. Airbags were not deployed upon impact. There were four or five other cars involved in the chain collision. Looking at the cars involved in the accident, the BMW's (SLK7873B) front was badly damaged, and I suspect it had hit my car before it swerved to the other lane and hit the other cars.

The traffic police were notified as there were reported injuries - child (son of the BMW driver SLK7873B) and man (passenger of SLS8029Z). The ambulance conveyed them to the hospital.

When the accident occurred, my husband and son were in the car. My son (age 19 months) was buckled in the rear-facing child seat directly behind me while my husband was seated beside him. As I am currently 25 weeks pregnant and was experiencing some cramps, we decided to go to the hospital for a check-up. We were conveyed to NUH by the ambulance. My husband sustained a bruise on his forehead and whiplash. Doctor did not spot any visible injury but we were kept under observation for internal traumatic injury.

The memory card from the in-car camera was handed over to the traffic police at the scene.



**SINGAPORE
POLICE FORCE**



T/20190710/7033

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

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Report No. T/20190710/7033

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 / TPB /
YEO CHUN JIAN
Contact No.: 65476213

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:
10/07/2019 23:13

Classification Of Case:

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

