

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	05/08/2019 17:43
Date Of Accident	03/08/2019 12:50
Exact Location Of Accident	AYE TWDS CITY AFTER CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9171X
Insured/Policyholder	
Name Of Registered Owner	TAN KOK HENG
NRIC No	S1321283Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160285
Alternative Phone No	OFFICE-98160285

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5106982713
Cover Note Number	-

Driver

Name of Driver	TAN KOK HENG
NRIC No	S1321283Z
Date Of Birth	12/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98160285
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 285 CCK AVE 3 #07-298
Postcode	680285
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	COLLISION - HEAD TO REAR
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	2
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)	3
Passenger 1	NAME: : BENJAMIN PANG GENDER: : MALE
Passenger 2	NAME: : FION KOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	SKJ1875C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KOK LEONG

NRIC/Passport Number	S7627657I
Contact Number	97438487
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KOK HENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH9171X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	BENJAMIN PANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH9171X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3


Name	FION KOH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH9171X
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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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 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer To Attach

Accident Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report T/20190803/2152

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



Witnessed by Reporting Centre
Personnel

Accident Sketch Plan



Sensor Solutions
Motion Control
Vision Technologies
Process Instrumentation

AYE Toward City

(After Clementi Road Exit)

(A)

SLH 9171 X

(B)

SKJ 1875 C

Unknown



Time 12:50 hrs.

Date: 3/8/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190803/2152

1 of 4

Report No. T/20190803/2152

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 19:22		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAN KOK HENG			Address: APT BLK 285 CHOA CHU KANG AVENUE 3 #07-298 SINGAPORE 680285		
ID Type / ID No.: NRIC NO / S1321283Z			Contact No.: Home/Office: Mobile: 98160285		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 12/09/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE TOWARDS CITY AFTER CLEMENTI ROAD EXIT				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ1875C	Car	AUDI	A6 2.0 TFSI MU	White	Slightly Damaged	0
SLH9171X	Car	HONDA	HONDA CIVIC 1.8L 5AT	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190803/2152

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Police Station Of Origin:
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Tel No: 1800-4439999

Report No. T/20190803/2152

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH9171X	NTUC Income Insurance Co-Operative Limited	5106982713	12/01/2019	11/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM KOK LEONG	ID No.	S7627657I	
Related Vehicle	SKJ1875C (Car)	Contact No.	97438487	
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	
Passenger				
Name	BENJAMIN PANG	ID No.	T0320830Z	
Related Vehicle	SLH9171X (Car)	Contact No.	91372370	
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	Slight	
Driver				
Name	TAN KOK HENG	ID No.	S1321283Z	
Related Vehicle	SLH9171X (Car)	Contact No.	98160285	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	03/08/2019	Date Discharge	03/08/2019	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190803/2152

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Police Station Of Origin:
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SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190803/2152

CONTINUATION OF REPORT

Passenger				
Name	FION KOH		ID No.	T0304033F
Related Vehicle	SLH9171X (Car)		Contact No.	NIL
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 03/08/2019 at around 1250hrs, I (SLH9171X) was travelling along AYE towards City on the first lane. As I just passed Clementi Exit, a car in front of me had jammed his brake thus I jammed my brake as well however moments later, I felt an impact from the rear. I alighted to see what happened and saw that one white car (SKJ1875C) had collided onto the rear of my vehicle. I then checked on my two passengers (Benjamin Pang T0320830Z 91372370, Fion Koh T0304033F) and saw that one of them is bleeding at his mouth area (Benjamin). The passenger then refused medical assistance and requested to be alighted at the nearest MRT as he said he had urgent business. Thus I exchanged particulars with the other driver and sent the passengers to One North MRT station. I am lodging this report for insurance claims.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190803/2152

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Tel No: 1800-4439999

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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 LIEW CHONG XIANG, VINCENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2019 19:22

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP188

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

