

## 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	20/08/2019 19:11
Date Of Accident	19/08/2019 06:30
Exact Location Of Accident	MCE TUNNEL TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ9786J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH HWEE SAY
NRIC No	S1635715D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90073377
Alternative Phone No	OFFICE-90073377

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075306861-03
Cover Note Number	

### Driver

Name of Driver	LAW FAI SEM
Passport No/FIN	F2673125U
Date Of Birth	10/03/1967
Occupation	INDOOR
Date Of Driving Pass	01/02/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96978866
Fax Number	
Contact Number	OFFICE-96978866
Email Address	NOEMAIL

Address	BLK 536 HOUGANG STREET 52 #09-100
Postcode	530536
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190820/2008.

#### 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	GBG7980P
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	LAW FAI SEM
Approximate Age	
Injuries Sustain	NECK, BACK & LEG
Injured person in which vehicle?	SGQ9786J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

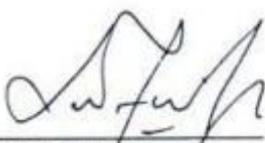
#### IMPORTANT NOTICE

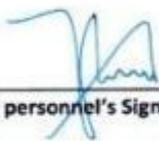
- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) **Any 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

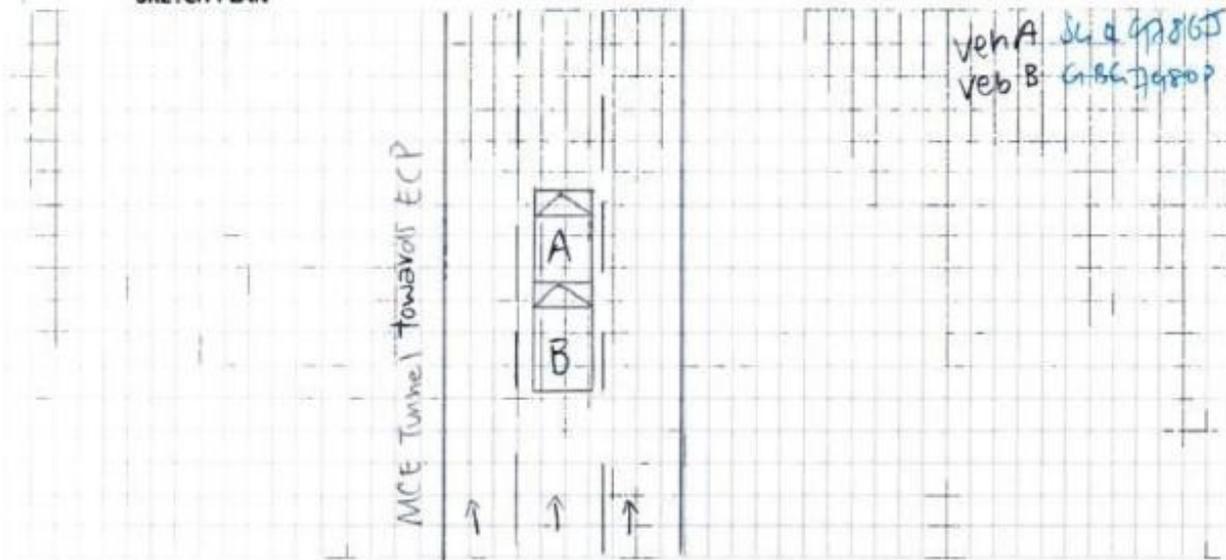
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

Accident Sketch Plan

SKETCH PLAN



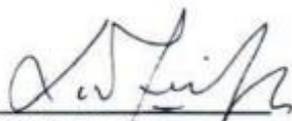
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature  
Date & time:

  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190820/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20190820/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/08/2019 01:28	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: LAW FAI SEM		Address: APT BLK 536 HOUGANG STREET 52 #09-100 SINGAPORE 530536	
ID Type / ID No.: FIN NO / F2673125U		Contact No.: Home/Office:                      Mobile: 96978866	
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 52	Date of Birth: 10/03/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2019 06:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Marina Coastal Expressway (Tunnel) towards East Coast Expressway. Before Fort Road Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7980P	Van				Slightly Damaged	0
SGQ9786J	Car				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190820/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3  
Report No. T/20190820/2003

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOH WAI MENG	ID No.	S8019479Z
Related Vehicle	GBG7980P (Van)	Contact No.	98528948
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
<b>Driver</b>			
Name	LAW FAI SEM	ID No.	F2673125U
Related Vehicle	SGQ9786J (Car)	Contact No.	98978866
Hospital/Clinic	INTERMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/08/2019	Date Discharge	19/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 19/08/2019 at about 0600hrs, I was driving my vehicle - One white Honda Civic (Registration Plate Number: SGQ9786J) along the center lane of Marina Coastal Expressway (MCE). As I was driving on the said road, one vehicle - a grey Toyota Hiace (Registration Plate Number: GBG7980P) collided into the rear of my vehicle. As a result, the rear region of my vehicle was totally dented in. I do not know exactly what the damages to the other vehicle is but I saw that the front region was dented.

Upon collision, I spoke to the other vehicle driver ( Mr Loh Wai Meng - NRIC: S8019479Z, H/P: 98528948). He informed that he will ask his boss to assist to settle the repairs to my vehicle. I did not give him an answer. I informed that I would check with my husband. Eventually both of us agreed to settle the matter through insurance. Subsequently, I went off.

I wish to state that there is n CCTV in my vehicle. I am not sure if the other vehicle or the vicinity of the accident location has any CCTV which secures the vicinity of the accident location. No police or ambulance attended.

After the accident, I started feeling pain on my back region. As such, I went to Intermedical 24Hr Clinic to get myself checked. I was given 5days MC for my injuries.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190820/2008

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190820/2008

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: F / Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN MOHD ZULKEFLEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2019 01:28
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP158	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

