

## 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	23/08/2019 09:18
Date Of Accident	22/08/2019 06:55
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL858L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	D CARWERKZ
Co Reg No	53326195C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85880858

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	5100350664-01
Cover Note Number	

### Driver

Name of Driver	NG BEE SEE
NRIC No	S1829052I
Date Of Birth	05/06/1967
Occupation	INDOOR
Date Of Driving Pass	09/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96450678
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	23 JALAN SANKAM
Postcode	759036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190822/2072

#### 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	ET8211R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG DEHAO
NRIC/Passport Number	S9415617C
Contact Number	94885383
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR1008J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GURBIND SINGH S/O HARBIR SINGH
NRIC/Passport Number	S9447705J
Contact Number	94230703
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SFR1617Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE YUE CHONG
NRIC/Passport Number	S0006962J
Contact Number	97282990
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NG BEE SEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLL858L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

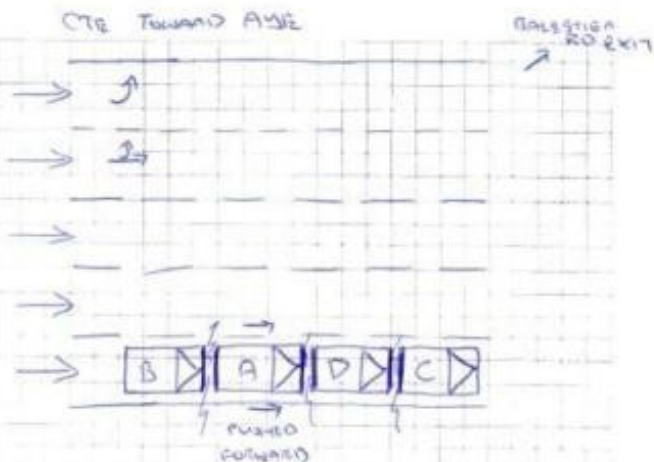
### SKETCH PLAN

Vehicle A - 54L 858L

Vehicle B - ET 8211R

Vehicle C - SJR 1008 J

Vehicle D - SFR 1617 z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

உயிர்நிலை	அளவீடுகள்
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T / 2019 0422 / 2022

Vehicle A - 502 8582

Vehicle B - ET 8211R

Vehicle C - SSR1008J

Vehicle D - SFR 1617Z

## DECLARATION

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



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

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190822/2072

3 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20190822/2072

### CONTINUATION OF REPORT

Driver			
Name	NG BEE SEE	ID No.	S1829052I
Related Vehicle	SLL858L (Car)	Contact No.	96450678
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2019	Date Discharge	22/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 22/08/2019 at about 0656am, I was alone to work, driving my car reg no: SLL858L along CTE towards Town, in 1st lane.

As I was driving, in front of me there was a car and slowly brake as such I also slowly brake and subsequently came to a stop. When I stop my car, suddenly I felt an impact from my rear side. The cause of the impact moved my car forward and hit the front car, rear side.

After which I alighted from my passenger side and discovered that a car had hit onto my rear side. All the driver came out from their cars and checked on their car damages. I also discovered that total of 4 cars was involved and I was the 3rd car.

Subsequently the traffic police and ambulance came. There was also another police car at scene.

It was a first time happened to me and I do not know what to do, as such I asked the 2nd car driver what to do. He told me that to exchange all particulars and to claim our car insurance. All the drivers exchange particulars and took photos of the car damages. At the accident, the traffic police officer gave me a case card E/20190822/0033, I/C: IO Firoz Tel:65476206

The rear car who hit me, the male Chinese driver approached and said that he was unable to break in time.

When the ambulance came, the paramedics check on all the drivers and those involved. I did not sustain any visible injuries however my chest area, neck, back area, left leg pain. I was conveyed by the ambulance, conscious to Tan Tock Seng hospital and was transfer to Mount Elizabeth Hospital. I was discharge on the same day was given 3 days MC.

My car did not install camera at the front and rear.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



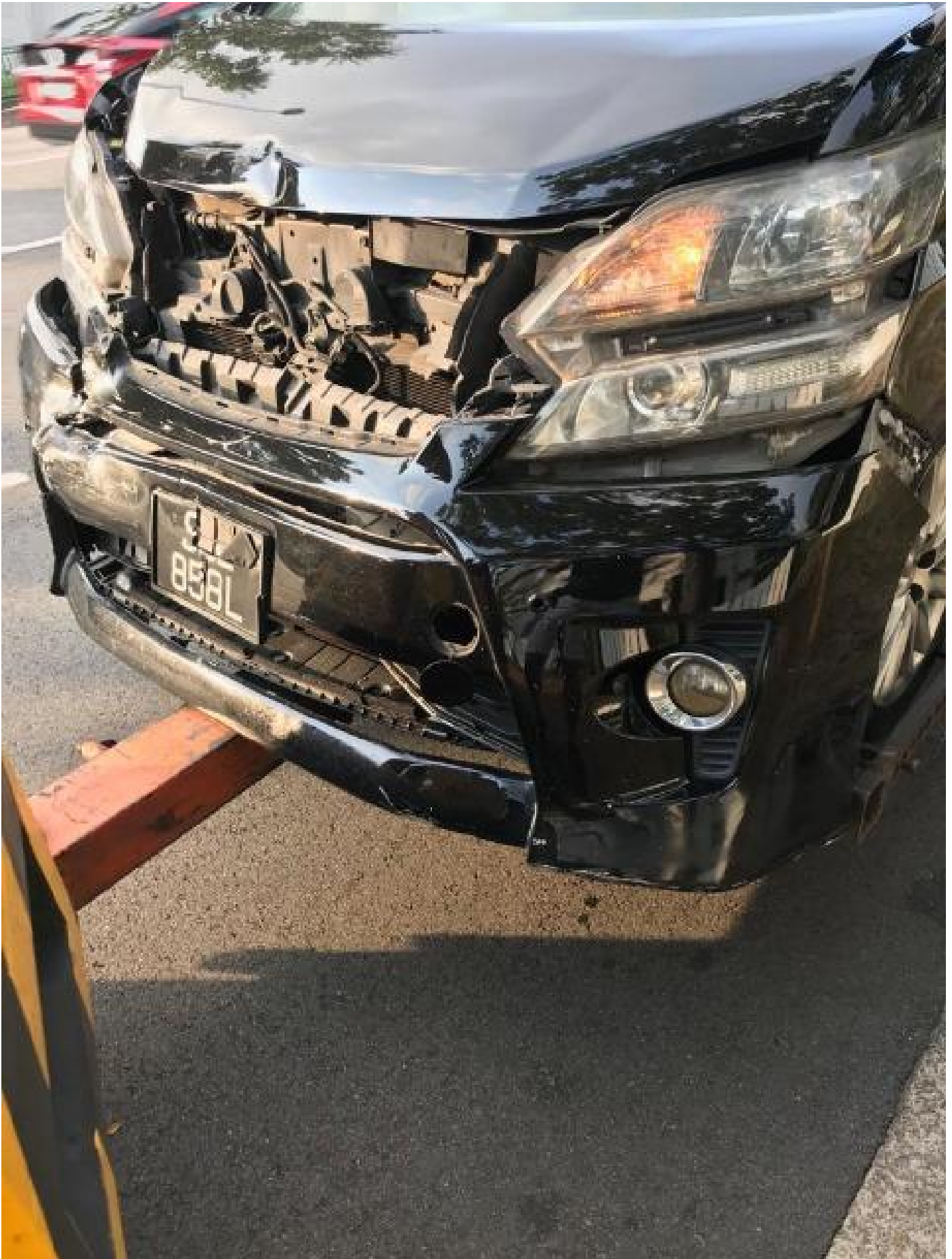
Accident Photo



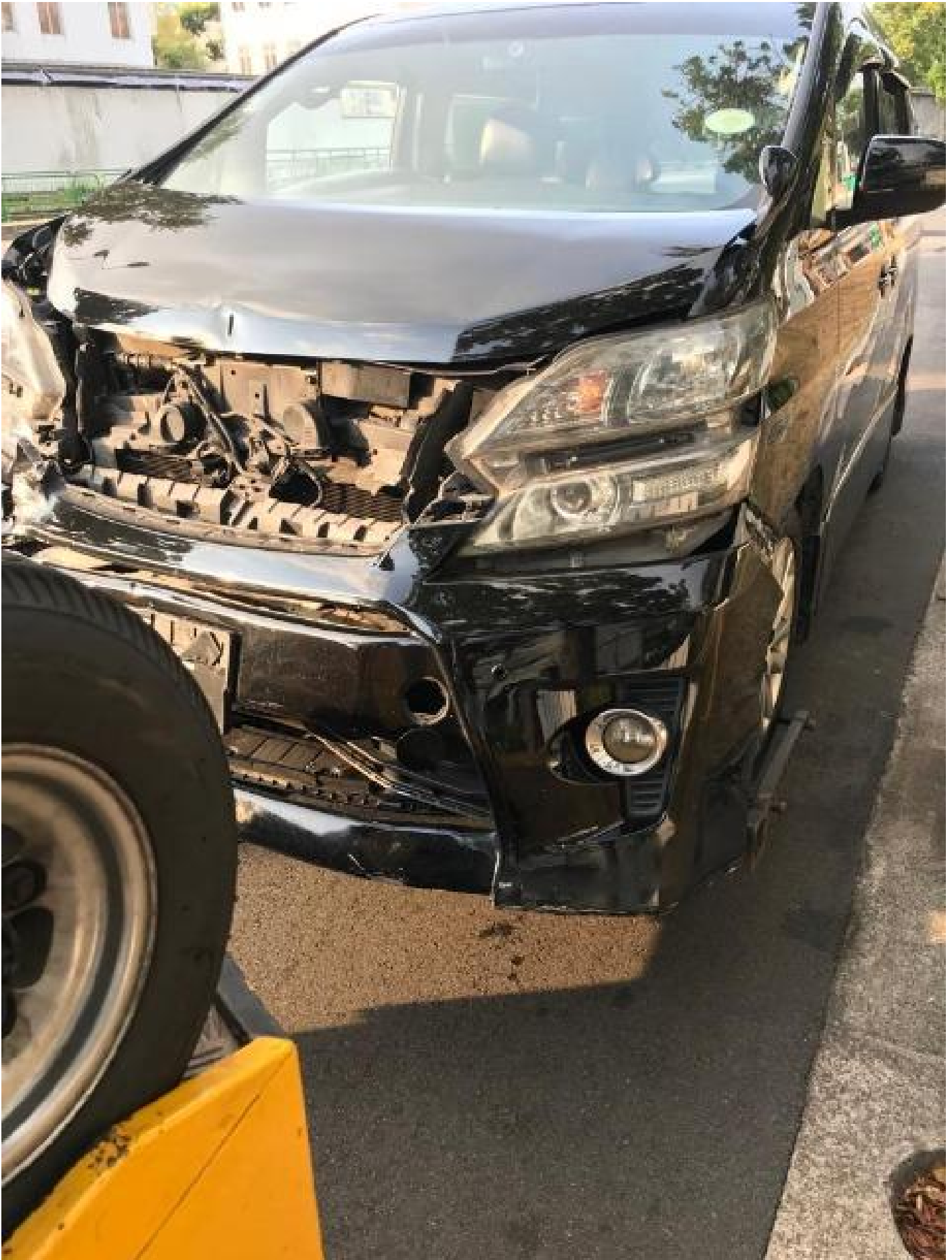
Accident Photo



Accident Photo



Accident Photo



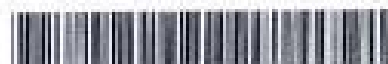
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190822/2072

1 of 4

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

Report No: T/20190822/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 13:58	Video Report No.: E/20190822/0033	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: NG BEE SEE			Address: 23 JALAN SANKAM SINGAPORE 758036		
ID Type / ID No.: NRIC NO / S18290521			Contact No.: Home/Office: Mobile: 96450678		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 05/08/1967	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Secretary			Driving License Information: Class: 3		Date of Expiry

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2019 06:55	Type of Location: Expressway
Location:  CENTRAL EXPRESSWAY  CTE towards AYE 7.5 KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
ET8211R	Car	MITSUBISHI		Grey	Seriously Damaged	0
SFR1617Z	Car	BMW		Grey	Seriously Damaged	0
SJR1008J	Car	VOLKSWAGEN		Red	Slightly Damaged	1
SL1858L	Car	TOYOTA		Black	Seriously Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190622/2072

2 of 4

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1820  
SINGAPORE 470529  
Tel No: 1800-4438999

Report No. T/20190622/2072

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLL858L	NTUC Income Insurance Co-Operative Limited	5100350664-01	30/04/2019	29/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	HUANG DEHAO	ID No.	S9415617C	
Related Vehicle	-SFR4647Z (Car) ET8211R	Contact No.	84885383	
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	LOKE YUE CHONG	ID No.	S0006962J	
Related Vehicle	SFR1617Z (Car)	Contact No.	87282990	
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	GURBIND SINGH S/O HARBIR SINGH	ID No.	S6447705J	
Related Vehicle	SJR1008J (Car)	Contact No.	84230703	
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	

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190822/2072

3 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439899

Report No. T/20190822/2072

## CONTINUATION OF REPORT

Driver			
Name	NG BEE SEE	ID No.	S18290521
Related Vehicle	SLL858L (Car)	Contact No.	86450678
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2019	Date Discharge	22/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

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When the ambulance came, the paramedics check on all the drivers and those involved. I did not sustain any visible injuries however my chest area, neck, back area, left leg pain. I was conveyed by the ambulance, conscious to Tan Tock Seng hospital and was transfer to Mount Elizabeth Hospital. I was discharge on the same day was given 3 days MC.

My car did not install camera at the front and rear.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190822/0072

4 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470529

Tel No: 1800-4438899

Report No. T/20190822/0072

### 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 /

Sr Staff Sgt ZULKANA'EN BIN ENDRA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2019 13:58

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MO

YUSOF

Contact No: 65476358

Classification Of Case:

Authentication Stamp

NP105