

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	26/08/2019 16:31
Date Of Accident	24/08/2019 11:00
Exact Location Of Accident	CTE TWDS BUKIT TIMAH NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3329D
Insured/Policyholder	
Name Of Registered Owner	JOLIE DION
Co Reg No	53369909J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98530118

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	5101321023
Cover Note Number	

Driver

Name of Driver	DELVIN GOH TOH TWANG
NRIC No	S7534263B
Date Of Birth	19/11/1975
Occupation	INDOOR
Date Of Driving Pass	28/10/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83868281
Fax Number	
Contact Number	
EEmail Address	WOAISHEN66@GMAIL.COM

Address	BLK 357 HOUGANG AVE 7 #06-807
Postcode	530357
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190826/2078

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	SJL5878U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIA HUI
NRIC/Passport Number	S9102542F
Contact Number	91394167
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DELVIN GOH TOH TWANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLZ3329D
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.
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. 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

CTE (ANG MO KID FLYOVER) TOWARDS
BUKIT TIMAH

A-5L23329D

B - SJL 58784

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20190826/2078

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. _____

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190826/2078

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

2 of 4
Report No. T/20190826/2078

CONTINUATION OF REPORT

Driver			
Name	LEE JIA HUI	ID No.	S9102542F
Related Vehicle	SJL5878U (Car)	Contact No.	91394167
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
Driver			
Name	DELVIN GOH TOH TWANG	ID No.	S7534263B
Related Vehicle	SLZ3329D (Car)	Contact No.	83868281
Hospital/Clinic	MEDIPOINT MEDICAL CENTRE (PONGGOL BRANCH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	26/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/08/2019 at about 1100hrs, I was driving my vehicle - One Black BMW 520i (Registration Plate Number: SLZ3329D) along the second lane of Central Expressway (CTE) towards Bukit Timah. Traffic flow was heavy on the said day. As I drove on CTE (near Braddell Exit), my vehicle came to a stop as traffic was heavy. While waiting for traffic to move, one white Toyota (Registration Plate number: SJL5878U) suddenly collided into the rear of my vehicle.

The damage on my vehicle is that the rear bumper was cracked and the reverse/parking sensor was faulty. The damage to the other vehicle is that the front bonnet was dented in. At the point of time I was feeling slight pain in my neck region but did not need medical assistance. The other driver and her passenger was not injured. No ambulance or police attended. There is no CCTV in my vehicle. I am not sure if the other vehicle or the vicinity of the accident location has any CCTV which could have captured footage of the accident.

Upon collision, I got out of my vehicle, spoke and exchange particulars with the other driver - Lee Jia Hui (NRIC: S9102542F, H/P: 91394167). We did not have an agreement at the point of time. I informed that I will get my car checked at the workshop first before contacting her. Subsequently, we got into our respective vehicles and went off.

The pain on my neck and back was getting worse and as such, I went to Medipoint Medical Centre (Punggol Branch) to get myself checked. I was given 3 days MC for my injuries.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



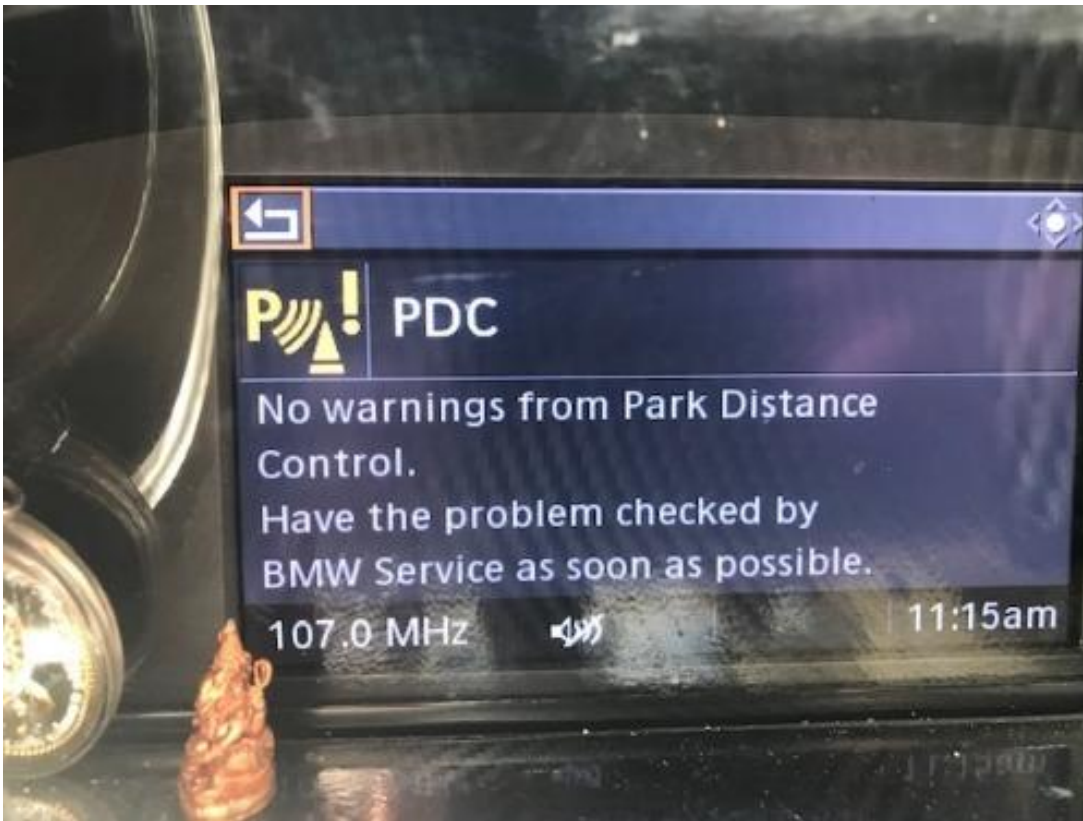
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T000000000000

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-605
SINGAPORE 530357
Tel No: 1800-2860000

1 of 4

Report No: T000000000000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2019 14:07		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: DELVIN GOH TOH TWANG			Address: APT BLK 357 HOUGANG AVENUE 7 #01-607 SINGAPORE 530357		
ID Type / ID No.: NRIC NO / S7534263B			Contact No.: Home/Office: Mobile: 83M08281		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 19/11/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			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: 24/08/2019 11:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards Bukit Timah (Near Braddell Exit)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5878U	Car				Slightly Damaged	1
SLZ3339D	Car				Slightly 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**

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-855
SINGAPORE 530357
Tel No: 1800-2688998



100-1908262078

2 of 4

Report No: 100-1908262078

CONTINUATION OF REPORT

Driver			
Name	LEE JIA HUI	ID No.	S9100542F
Related Vehicle	SJL5878U (Car)	Contact No.	91394167
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
Driver			
Name	DELVIN COH TOH TWANG	ID No.	S1534283B
Related Vehicle	SLZ33290 (Car)	Contact No.	83856281
Hospital/Clinic	MEDIPONT MEDICAL CENTRE (PONGGOL BRANCH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	26/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/08/2019 at about 1100hrs, I was driving my vehicle - One Black BMW 520i (Registration Plate Number: SLZ33290) along the second lane of Central Expressway (CTE) towards Bukit Timah. Traffic flow was heavy on the said day. As I drove on CTE (near Braddell Exit), my vehicle came to a stop as traffic was heavy. While waiting for traffic to move, one white Toyota (Registration Plate number: SJL5878U) suddenly collided into the rear of my vehicle.

The damage on my vehicle is that the rear bumper was cracked and the reverse/parking sensor was faulty. The damage to the other vehicle is that the front bonnet was dented in. At the point of time I was feeling slight pain in my neck region but did not need medical assistance. The other driver and her passenger was not injured. No ambulance or police attended. There is no CCTV in my vehicle. I am not sure if the other vehicle or the vicinity of the accident location has any CCTV which could have captured footage of the accident.

Upon collision, I got out of my vehicle, spoke and exchange particulars with the other driver - Lee Jia Hui (NRIC: S9100542F, HP: 91394167). We did not have an agreement at the point of time. I informed that I will get my car checked at the workshop first before contacting her. Subsequently, we got into our respective vehicles and went off.

The pain on my neck and back was getting worse and as such, I went to Medipoint Medical Centre (Ponggol Branch) to get myself checked. I was given 3 days MC for my injuries.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-815
SINGAPORE 530357
Tel No: 1800-2869509



T100186802602018

3 of 4

Report No: T100186802602018

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T001408260078

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530857
Tel No: 1800-2660099

4 of 4

Report No. T001408260078

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 ZULHIWAN AQMA BIN
MOHD ZULKEFLEE

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
26/08/2019 14:37

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172
Authentication Stamp
since

Classification Of Case: