

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 | 23/09/2019 11:06 |
| Date Of Accident | 22/09/2019 15:20 |
| Exact Location Of Accident | PUNGGOL WEST FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMH2819X |
| Insured/Policyholder | |
| Name Of Registered Owner | FOCUS RENTALS PTE LTD |
| Co Reg No | 201836450G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98888885 |
| Alternative Phone No | OFFICE-98888885 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | FREED HYBRID 1.5G AUTO |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5106629800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | TAN HONG TONG (CHEN HONGDONG) |
| NRIC No | S7715927D |
| Date Of Birth | 11/06/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/05/2008 |
| Driving Experience | 11 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91008109 |
| Fax Number | |
| Contact Number | OFFICE-91008109 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 97 WHAMPOA DRIVE #10-216 |
| Postcode | 320097 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190922/2034.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SKN836B |
| Vehicle Make/Model/Colour | TOYOTA ESTIMA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM BOON LIAN |
| NRIC/Passport Number | S8852759C |
| Contact Number | 81808112 |
| Address | |
| Postcode | |

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

| DETAILS OF INJURED PERSON 1 | |
|---|-------------------------------|
| Name | TAN HONG TONG (CHEN HONGDONG) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMH2819X |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

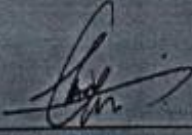
IMPORTANT NOTICE

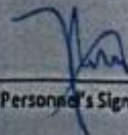
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

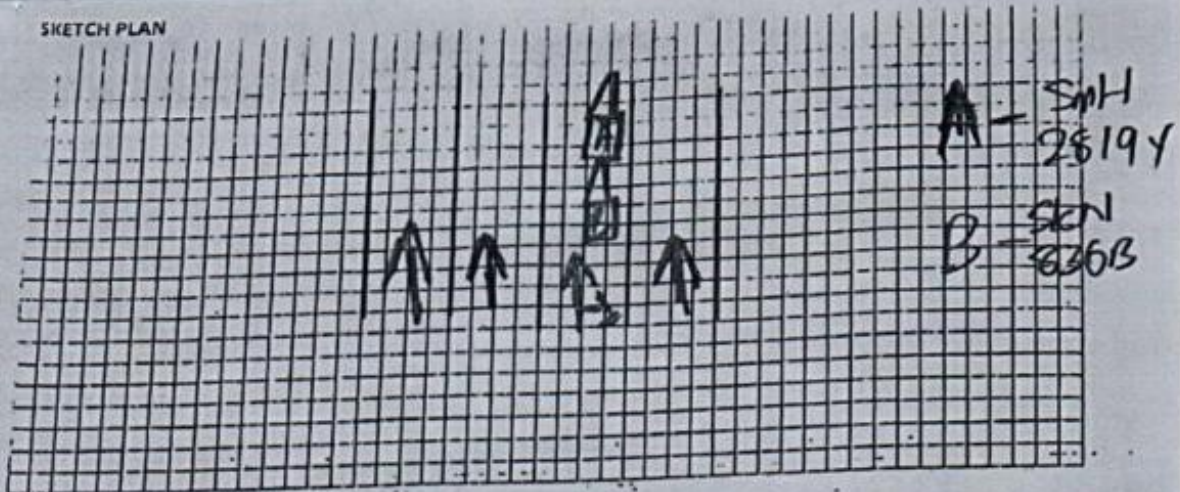

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police Report.

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190922/2034

1 of 3

Report No. T/20190922/2034

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 22/09/2019 10:32 | | Vide Report No.: | | Station Diary No.: 23 |
| Informant's Particulars | | | | |
| Name of Informant: TAN HONG TONG | | Address: APT BLK 97 WHAMPOA DRIVE #10-216 SINGAPORE 320097 | | |
| ID Type / ID No.: NRIC NO / S7715927D | | Contact No.: Home/Office: Mobile: 91008109 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 11/06/1977 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: PRIVATE HIRE 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: 22/09/2019 03:20 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 PUNGGOL WAY CENTRAL EXPRESSWAY Punggol West Flyover towards CTE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: No Traffic | |
| 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 |
|-------------|------|--------|------------------------|-------|------------------|-----------------|
| SKN836B | Car | TOYOTA | ESTIMA AERAS 2.4 A | White | Slightly Damaged | 0 |
| SMH2819X | Car | HONDA | FREED HYBRID 1.5G AUTO | White | 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**



T/20190922/2034

2 of 3

Report No. T/20190922/2034

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|------------------|---|
| Driver | | | |
| Name | TAN HONG TONG | | ID No. S7715927D |
| Related Vehicle | SMH2819X (Car) | | Contact No. 91008109 |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 22/09/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | Lim Boon Lian | | ID No. S8852759C |
| Related Vehicle | NIL | | Contact No. 81808112 |
| 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 the 22/09/2019 at about 3.20am, I was driving my car of plate number SMH2819X at along Punggol West Flyover, going towards CTE. I was at the second lane, which allows vehicles to turn right into CTE or go straight towards Sengkang East Rd. I had signaled right. However, while I was turning, I felt and impact on the rear left of my car. I discovered a car of plate number SKN836B behind me had collided into the rear of my car. Due to the collision, I stopped my car and since it was at the middle of the road, I drove my car towards CTE, and turn left (against the flow of Traffic) at the filter lane from Sengkang East Rd, and back onto Sengkang East Rd before making a U-turn to meet up with the other vehicle. I had to do so, else I will drive into CTE, and the car had already gone straight ahead.

I then met up with the driver, and the driver told me that she did not notice that I had signaled to the right and thought that I was going straight, so she sped up, and collided into me when my car slowed down to turn right. At that point of time, no one was injured, and both cars were slightly damaged. We then exchanged particulars and left the scene.

Later, as I felt some sprain on my neck, I went to Intemedical 24Hr Clinic and attained a 5 days MC from the 22/09/2019 to the 26/09/2019. I wish to state that I do not have any in-car camera.

Police Report



SINGAPORE
POLICE FORCE



T/20190922/2034

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No: T/20190922/2034

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 ELLIE PRATIWI RAHMASARIYANTI BINTI
MOHAMED YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

22/09/2019 10:32

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

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

