

Flying High

## 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	14/09/2019 11:51
Date Of Accident	13/09/2019 10:30
Exact Location Of Accident	ALONG PIE TOWARDS SURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4914U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUM FENG MING
NRIC No	S8619318C
Email Address	KUMFENGMIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92786678
Alternative Phone No	OFFICE-92786678

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112592896
Cover Note Number	

### Driver

Name of Driver	KUM FENG MING
NRIC No	S8619318C
Date Of Birth	20/06/1996
Occupation	INDOOR
Date Of Driving Pass	28/10/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92786678
Fax Number	
Contact Number	OFFICE-92786678
EMail Address	KUMFENGMIN@GMAIL.COM

Address BLK 664A JURONG WEST STREET 64 #07-252 SINGAPORE 641664

Postcode

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 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 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? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: : WONG PEI SHAN FELICIA  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] 6 TAMPINES AVENUE 4 SINGAPORE 529682

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

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 SGF7227C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN CHOONG SHEN BRYAN

NRIC/Passport Number S8824639Z

Contact Number 91544092

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG9810D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KHARTHINI BINTE SALLEH  
NRIC/Passport Number S7632580D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WONG PEI SHAN FELICIA  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



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 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.:

## PIE Towards SURVING

### SKETCH PLAN

A - SML 4914U  
B - SMG 9810D  
C - SGF 7227C

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graph LR; B[B] --> A[A]; A --> C[C];
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## 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.:

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190914/2043

1 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190914/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 10:53		Vide Report No.:		Station Diary No.: 65
<b>Informant's Particulars</b>				
Name of Informant: KUM FENGMING		Address: APT BLK 664A JURONG WEST STREET 64 #07-252 SINGAPORE 641664		
ID Type / ID No: NRIC NO / S8619318C		Contact No.: Home/Office: Mobile: 92786678		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 20/06/1986	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Account manager		Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Jurong, near toa payoh link bridge (opposite Toa Payoh Safra)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGF7227C	Car					0
SMG9810D	Car					0
SML4914U	Car	MERCEDES BENZ	CLA180 (R18 BI)	Brown	Slightly Damaged	1

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20190914/2043

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No. 1800-5871999

Report No. T/20190914/2043

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML4914U	NTUC Income Insurance Co-Operative Limited	5112592896	11/09/2019	05/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAN CHOONG SHEN, BRYAN		ID No.	S8824639Z
Related Vehicle	SGF7227C (Car)		Contact No.	91544092
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	KHARTHINI BINTE SALLEH		ID No.	S7632580D
Related Vehicle	SMG9810D (Car)		Contact No.	90480829
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	KUM FENGMING		ID No.	S8619318C
Related Vehicle	SML4914U (Car)		Contact No.	92786678
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A 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/20190914/2043

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No. 1800-5871999

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Report No. T/20190914/2043

## CONTINUATION OF REPORT

Passenger			
Name	WONG PEISHAN, FELICIA	ID No.	S8829648F
Related Vehicle	SML4914U (Car)	Contact No.	85880019
Hospital/Clinic	CENTRAL 24HR CLINIC (JURONG WEST)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2019	Date Discharge	13/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 13/09/2019 at about 2230hrs, I was driving my personal vehicle (bearing registration plate : SML4914U) and together with me was my girlfriend (Felicia, S8829648F) who was seated on the front passenger seat. I was driving my vehicle along PIE towards Jurong (3-lane road), near toa payoh link bridge on the second lane.

A vehicle in front of me (bearing registration plate SGF7227C) stopped his car in front of me as there was another accident ahead. I then proceed to stopped my vehicle a distance away from SGF7227C. When my vehicle was stationary, I heard a bang and an impact from the rear of my vehicle. My car was then pushed forward and collided into the car in front of me.

I then noticed that a car (bearing registration plate SMG9810D) has collided into the rear portion of my vehicle.

I then alighted from my vehicle and spoke to both drivers. We then exchanged particulars and took photos of the accident, before moving off from the said location. An ambulance came to the scene, but no one was conveyed.

My girlfriend then went to Central 24hr clinic (jurong west) due to dizziness and pain on her back due to the accident and was given 3 days of MC.

I wish to state that I was not injured. I wish to state that my vehicle has an in car camera (facing front and rear) of vehicle but was not operational during the accident.

I wish to state that I am unable to produce a physical copy of the said MC, however only able to produce a picture of it from my handphone.



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T/20190914/2043

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4  
Report No. T/20190914/2043

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 MUHAMMAD SYARAFUDDIN BIN  
SHARIFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/09/2019 10:53

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FAZAN BINTE SYED  
MOHD SAID  
Contact No: 65476172  
Authentication Stamp  
NP165

Classification Of Case:

