

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	30/09/2019 14:30
Date Of Accident	27/09/2019 22:20
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8593D
Insured/Policyholder	
Name Of Registered Owner	JIANN HAW
Co Reg No	53365986L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90174361
Alternative Phone No	OFFICE-90174361

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092439850-01
Cover Note Number	

Driver

Name of Driver	BOON TOW NGEE
NRIC No	S2645159J
Date Of Birth	30/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90174361
Fax Number	
Contact Number	OFFICE-90174361
Email Address	NOEMAIL

Address	BLK 740 WOODLANDS CIRCLE #12-409
Postcode	730740
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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)	2
Passenger 1	NAME: : CHEE XIU XIAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/2010.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT261R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG6863X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 BOON TOW NGEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT8593D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEE XIU XIAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT8593D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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 filed 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.



born
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

veh A - SJT 2593D
veh B - F1T 265R
veh C - SMG 686BX

A
B
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

• We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Title

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/20190928/2010

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190928/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 02:02	Vide Report No.: E/20190927/0172	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: BOON TOW NGEE		Address: APT BLK 740 WOODLANDS CIRCLE #12-409 SINGAPORE 730740	
ID Type / ID No.: NRIC NO / S2645159J		Contact No.: Home/Office: Mobile: 90174361	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 30/07/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2019 22:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARDS SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SJT8593D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Green	Slightly Damaged	1
SLT261R	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Green	Slightly Damaged	0
SMG6863X	Car	TOYOTA	VIOS 1.5 E (AUTO)	Grey	Slightly Damaged	1

Police Report



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132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T/20190928/2010

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Report No. T/20190928/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BOON TOW NGEE	ID No.	S2645159J
Related Vehicle	SJT8593D (Car)	Contact No.	90174361
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/09/2019	Date Discharge	27/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	CHEE XIU XIAN	ID No.	S8820824B
Related Vehicle	SJT8593D (Car)	Contact No.	84981696
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/09/2019	Date Discharge	27/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHAMED AMIR AMZAH BIN MOHAMED ALI	ID No.	S8437441E
Related Vehicle	SLT261R (Car)	Contact No.	NIL
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/20190928/2010

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190928/2010

CONTINUATION OF REPORT

Driver				
Name	LEE WEI KIAT		ID No.	S8616460D
Related Vehicle	SMG6863X (Car)		Contact No.	NIL
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 27/09/2019 at about 2220hrs, I was travelling along CTE towards SLE on lane 1 at about 80km/h. The vehicle in front of me suddenly applied his brakes and came to a stop. I immediately reacted and managed to stop in time however I was suddenly hit from the back from another vehicle. I made a check on my passenger who informed that he was feeling some pain from his neck area. I exited my vehicle and discovered that I was involved in a collision of 3 cars, my car being the 2nd car. The car in front of me is one SMG6863X and the car that had hit me is one SLT261R. I exchanged my particulars with the 2 other drivers and shortly after, Traffic Police and paramedics arrived. I was then provided with a case card with report number E/20190927/0172 and was instructed to lodge a traffic accident report. My sd card from my in car camera was also handed over to the Traffic Police officers. My vehicle was then towed to my workshop. I then went to Intemedical 24Hr clinic with my passenger and we both received MC's for 5 days. As such, I am lodging this report. That is all.

Police Report



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T/20190928/2010

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Report No. T/20190928/2010

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 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

Barn

Signature Of Interpreter:

Not applicable

Date/Time:

28/09/2019 02:02

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MA ILINXIANG

Contact No: 65476251

SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

Classification Of Case:

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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