

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	05/10/2019 16:33
Date Of Accident	05/10/2019 12:00
Exact Location Of Accident	ENTRANCE OF TUNNEL AT KPE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6318M
Insured/Policyholder	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113023

Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRANDSPORT B16DTH-1.6 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5093613878-01
Cover Note Number	

Driver

Name of Driver	SOH HENG LIANG ERIC
NRIC No	S8632665E
Date Of Birth	12/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83829596
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	305D ANCHORVALE LINK
Postcode	544305
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO REPORT ATTACHED AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6521G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
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

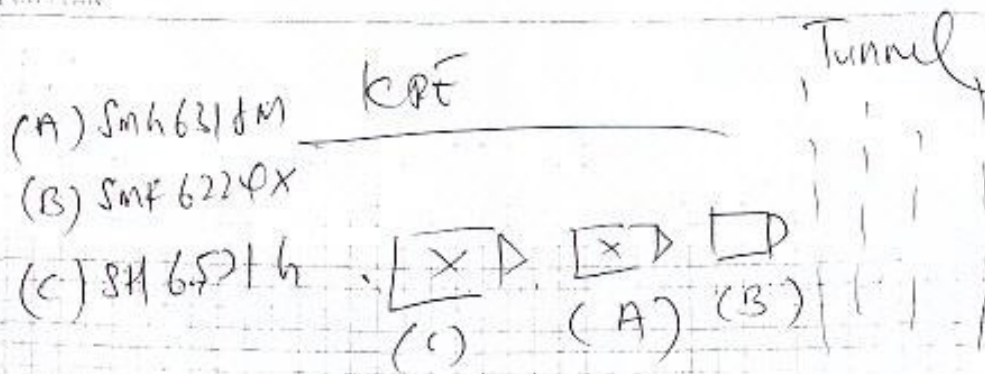
Vehicle Registration Number SMF6224X
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ERIC SOH HENG LIANG
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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along KPE towards City As at the Entrance of tunnel, in front car stop, I also stop in time but behind car came & hit me on my Rear, this my car was push forward to hit the front vehicle.

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
NRCA/IN No

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

1. Insurers report correctly the details of the accident to speed up the claims process.
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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 lodging 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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



OPEL
e8*2007/46*0264
W0VZM6EF2K1034715
2125 kg
3395 kg
1-1100 kg
2-1035 kg
0,50 Z 10A TAUM I19
100kW

Driving License





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S09-0013876-01	Cover: 1. Drive PREMIUM
1. Index mark and Registration Number of Vehicle	9W06338M
Chassis Number	W007M1G6F2E1006715
2. Name of Policyholder	ALPINE CAR RENTAL PTE LTD
3. Effective Date of Insurance	14 Mar 2019
4. Expiry Date of Insurance	13 Mar 2020
5. Persons or Classes of Persons entitled to drive	
(a) The Policyholder	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hire's business.	
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or speed-testing.	
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(c) Use for any purpose in connection with the Motor Trade.	
* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

EXCESS (SECTION 1)	: S\$1,400
EXCESS (SECTION 2)	: S\$1,400
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH CDE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ALPINE CREDIT PTE LTD (00000515620)
 Date of Issue : 14 Aug 2018 08:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Officer

Chief Executive

Police Report



**SINGAPORE
POLICE FORCE**



T/20191005/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20191005/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Khoo Kwong Joo	ID No.	S1607716Z
Related Vehicle	SH6521G (Car)	Contact No.	81134186
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	Su Ling	ID No.	S8165117E
Related Vehicle	SMF6224X (Car)	Contact No.	81636949
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	SOH HENG LIANG, ERIC	ID No.	S8832685E
Related Vehicle	SMJ6318M (Car)	Contact No.	83829596
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/10/2019	Date Discharge	05/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/10/19, I was driving vehicle bearing plate number: SMJ6318M along KPE(entrance) towards City. I was on the first lane at about 1200hrs. The vehicle ahead of me bearing plate number SMF6224X had suddenly applied an emergency brake. I had managed to stop on time as such, there are no collision.

A comfort taxi bearing plate number SH6521G who was driving behind me had suddenly collided into my rear when my vehicle was in a stationary position. As the impact was hard, it resulted in my vehicle pushed forward colliding into the mentioned vehicle in front of me.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191005/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No: T/20191005/2117

CONTINUATION OF REPORT

I had alighted from my vehicle after which I had exchanged particulars with the driver ahead of me and the taxi driver. At that point of time, I had felt pain on my back and neck due to the impact.

Subsequently, I had proceeded to Raffles Medical Hospital for medical assessment and was given 5 days of medical leave from 05-09/10/2019.

I wish to state that my vehicle has a front and rear in-car camera which had recorded the incident.

I am lodging a report for traffic police investigation.

Police Report



SINGAPORE
POLICE FORCE



T/20191005/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No: T/20191005/2117

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 NOR'AISSAH BINTE MOHD PERDAUS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/10/2019 20:06

Officer In Charge Of Case:
TP / AEIT /
SI ANG YLTING, STEPHANIE
Contact No: 65476414

Classification Of Case:

Authentication Stamp
NP188

Singapore Police Force

Police Report



**SINGAPORE
POLICE FORCE**



T/20191005/2117

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No: T/20191005/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2019 20:06	Video Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: SOH HENG LIANG, ERIC			Address: APT BLK 305D ANCHORVALE LINK #06-21 SINGAPORE 544305	
ID Type / ID No.: NRIC NO / S8632665E			Contact No.: Home/Office:	Mobile: 83829596
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 12/11/1986	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB 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: 05/10/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
towards city		Road Surface: Dry	Road Speed Limit	
Weather: Clear		Traffic Control: Not Controlled		Traffic Volume: Moderate
Traffic Flow: One Way		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
SH6521G	Car				Slightly Damaged	0
SMF6224X	Car				Slightly Damaged	1
SMJ6318M	Car				Slightly Damaged	0



MEDICAL CERTIFICATE

NRIC : S0032565E
NAME : BOH HENG LIANG ERIC

VISIT DATE : 05 Oct 2019 (19:20)
VISIT NO : G05819030190

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 5 days from 05 Oct 2019 to 09 Oct 2019

DOCTOR : Dr. Masathi Gnanan (M196250)

CLINIC : 24 HR EMERGENCY CLINIC

ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 186770

This certificate is not valid for absence from work or other official proceedings unless duly signed.
This certificate is also electronically generated. No signature is required.

Printed: 05 Oct 2019, 08:23AM

Raffles Hospital

24 HR EMERGENCY
585 North Bridge Road

Raffles Hospital #01-00 Singapore 186770

Tel: (65) 6311 1505 Fax: (65) 6311 1167

Raffles Medical Group Ltd | Company Registration No: 198901047K | GST Registration No: M9-0000467-N