

## 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	17/10/2019 17:32
Date Of Accident	16/10/2019 12:40
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS CTE(CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE3366M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG SIEW HUAT
NRIC No	S2569767G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90618519
Alternative Phone No	OTHERS-90013262

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5083007493-03
Cover Note Number	

### Driver

Name of Driver	TENG DING CHAO
NRIC No	S9423306B
Date Of Birth	08/06/1994
Occupation	INDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013262
Fax Number	
Contact Number	
Email Address	DAVIDSONTENG@GMAIL.COM

Address	BLK 996B BUANGKOK CRESCENT #02-893
Postcode	532996
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191017/2102

#### 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	XE9333U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	93694505
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TENG DING CHAO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SCE3366M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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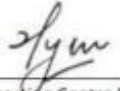
#### **8. Consent under the Personal Data Protection Act (PDPA)**

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.

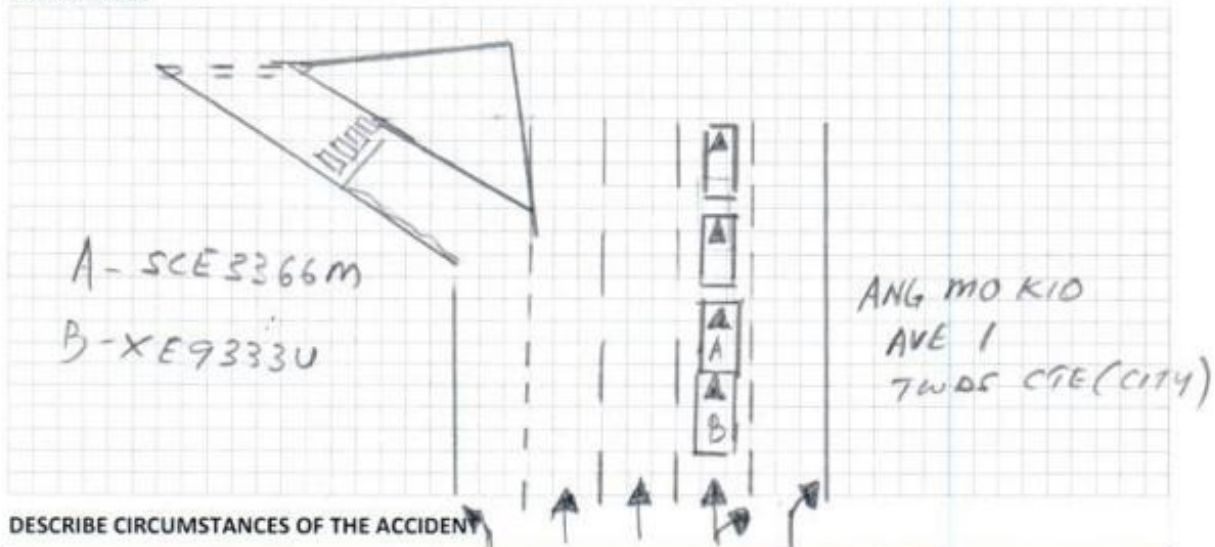
Policyholder's Signature  
Date & Time:

 17/10/14  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 17/10/14  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report. 1/2019/017/2102

## 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.:

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# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191017/2102

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20191017/2102

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TENG DING CHAO		ID No. S9423306B
Related Vehicle	SCE3366M (Car)		Contact No. 90013262
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discharge	16/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Boss</b>			
Name	Unknown Boss		ID No. NIL
Related Vehicle	XE9333U (Heavy Vehicle)		Contact No. 93694505
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 16/10/2019 at about 12.40pm, I was driving vehicle "SCE3366M" along Ang Mo Kio Ave 1. I had then stopped my vehicle at the second lane as the traffic light in front was "Red" in colour. The said traffic was for vehicle to make a right turn into CTE. About 30 seconds later, while waiting for the traffic light to change, one vehicle had hit onto the rear of my vehicle. I then alighted to check. It was a heavy vehicle "XE9333U" that had hit onto my vehicle. The whole rear portion of my car starting from the rear windscreen was damaged. Both driver spoken and decided to claim insurance.

On the same day at about 2pm, I started to have sharp pain at my lower back. I then seen medical treatment at Tan Tock Seng Hospital and was given 3 days outpatient sick leave.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/017/2102

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
206678  
Tel No: 1800-2948698

1 of 3  
Report No. T/2019/017/2102

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2019 15:16		Vide Report No.:		Station Diary No.: 88
<b>Informant's Particulars</b>				
Name of Informant: TENG DING CHAO		Address: APT BLK 996B BUANGKOK CRESCENT #02-893 SINGAPORE 532996		
ID Type / ID No.: NRIC NO / 89423308B		Contact No.:		Mobile: 80013262
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 08/06/1994	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SALES EXE		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: 16/10/2019 12:40	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1				
Junction turning right into GTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SCE3368M	Car	HONDA	CIVIC	White	Seriously Damaged	0
XE9333U	Heavy Vehicle	MITSUBISHI	FUSO	Blue	No Damage	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/20191017/2102

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20191017/2102

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TENG DING CHAO	ID No.	S9423306B
Related Vehicle	SCE3366M (Car)	Contact No.	90013282
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discharge	16/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Boss</b>			
Name	Unknown Boss	ID No.	NIL
Related Vehicle	XE9333U (Heavy Vehicle)	Contact No.	93894505
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

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191017/2102

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2948888

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Report No. T/20191017/2102

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:  
A /  
Sr Staff Sgt KHOO CHOON HUA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/10/2019 15:16

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65478219

Classification Of Case:

Authentication Stamp  
NP/MS

