

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	21/10/2019 15:51
Date Of Accident	20/10/2019 14:00
Exact Location Of Accident	CTE TWDS PIE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5101P
Insured/Policyholder	
Name Of Registered Owner	KOH CHEE KAI DARYL
NRIC No	S8848530J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90049782
Alternative Phone No	OFFICE-90049782

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097930745-01
Cover Note Number	

Driver

Name of Driver	KOH CHEE KAI, DARYL
NRIC No	S8848530J
Date Of Birth	26/11/1988
Occupation	INDOOR
Date Of Driving Pass	03/06/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90049782
Fax Number	
Contact Number	OFFICE-90049782
EEmail Address	NOEMAIL

Address	BLK 897A TAMPINES STREET 81 #05-706
Postcode	521897
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	4
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: : TANG LIPING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191021/2046.

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	GBD46Z
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 GBG6391X
Vehicle Make/Model/Colour NISSAN NV200
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 3

Vehicle Registration Number SDN80Y
Vehicle Make/Model/Colour HONDA ODYSSEY
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 KOH CHEE KAI, DARYL
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJX5101P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TANG LIPING
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SJX5101P
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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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

CTE towards Pie before Pie Exit

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

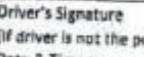
Refer to police report - 7/2019/021/2046

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

Signature of Reporting Centre Personnel


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/20191021/2046

1 of 3

Report No. T/20191021/2046

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 12:27		Vide Report No.:	Station Diary No.: 44
Informant's Particulars			
Name of Informant: KOH CHEE KAI, DARYL		Address: APT BLK 897A TAMPINES STREET 81 #05-706 SINGAPORE 521897	
ID Type / ID No.: NRIC NO / S8848530J		Contact No.:	Mobile: 90049782
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 26/11/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
EXITING PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBD46Z	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Silver	Slightly Damaged	0
GBG6391X	Van	NISSAN	NV200 DX 1.6 AT ABS AIRBAG 2WD 5DR LGV	Grey	Slightly Damaged	0

Police Report



SINGAPORE POLICE FORCE

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



T/20191021/2046

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Report No. T/20191021/2046

CONTINUATION OF REPORT

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Condition
SDN80Y	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR NAVI RES	White	Slightly Damaged
SJX5101P	Car	HONDA	CIVIC 1.6L 5AT	Silver	Slightly Damaged

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJX5101P	NTUC Income Insurance Co-Operative Limited	5097930745-01	22/06/2019	21/06/2020

Brief Details.

On the 20th of October 2019 at about 1400hrs, I was driving car bearing plate number SJX5101P, along Central Expressway exiting Pan Island Expressway.

The car in front of me applied emergency break however, I managed to stop in time. The car behind me could not stop in time hence colliding into my vehicle and causing a chain collision involving four vehicles (my vehicle, second vehicle - GBD46Z, third vehicle - GBG6391X and last vehicle - SDN80Y).

No one was injured at that point of time.

I do not have any in-car camera installed.

On the 21st of October 2019, I went to see the doctor as I felt neck pain and lower back pain. My wife also had neck pain. I was given 4 days MC (0000010986) from 21/10/2019 to 24/10/2019. My wife was given 3 days MC from 21/10/2019 to 23/10/2019 (0000010985).

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

Sketch Plan
Informant is not able to

Police Report

Report No. T/20191021/2046 2 of 3

SINGAPORE POLICE FORCE

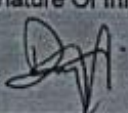
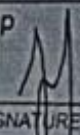
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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

T/20191021/2046 3 of 3
Report No. T/20191021/2046

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 SITI NUR SYAFIAH BINTE AZMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 12:27
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Control No: 65476404 POLICE FORCE	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

