

## 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	10/12/2019 11:55
Date Of Accident	09/12/2019 08:10
Exact Location Of Accident	SLE (TPE) BEFORE SELETAR LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3146T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112801747
Cover Note Number	

### Driver

Name of Driver	LIEW GUO FU
NRIC No	S9607030F
Date Of Birth	06/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97458350
Fax Number	
Contact Number	OFFICE-97458350
Email Address	NOEMAIL

Address	BLK 114 ANG MO KIO AVENUE 4 #08-367
Postcode	560114
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	COLLISION - HEAD ON COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : YAP HUI YAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191210/2014 & T/20191210/2039.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8900J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PARWIN KAUR
NRIC/Passport Number	S8725362G

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

1

DETAILS OF INJURED PERSON 1

Name YAP HUI YAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKR3146T  
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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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.



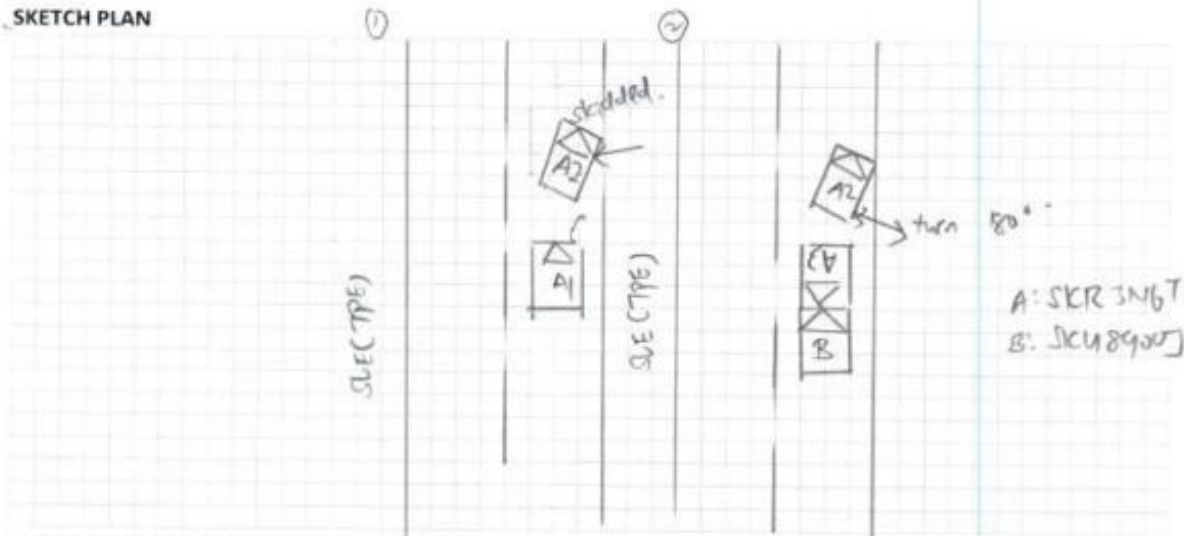
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 7/2019/20204 & 7/2019/20204.

## 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/20191210/2014

1 of 4

Report No: T/20191210/2014

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 08:13	Vide Report No.:	Station Diary No. 39
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### Informant's Particulars

Name of Informant: LIEW GUO FU		Address: APT BLK 114 ANG MO KIO AVENUE 4 #08-367 SINGAPORE 560114	
ID Type / ID No.: NRIC NO / S9607030F		Contact No.: Home/Office:	Mobile: 97458350
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 06/03/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE 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: 09/12/2019 08:15	Type of Location: Expressway
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
2nd Exit towards TPE / Jalan Kayu				
Weather: Clear		Road Surface: Dry	Road Speed Limit: .	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKR3146T	Car					1
SKU8900J	Car					0

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191210/2014

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Report No. T/20191210/2014

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

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Yap Hui Yan	ID No.	S9612302G
Related Vehicle	SKR3146T (Car)	Contact No.	84441757
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIEW GUO FU	ID No.	S9607030F
Related Vehicle	SKR3146T (Car)	Contact No.	97458350
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Parrwin Kaur	ID No.	S8725362G
Related Vehicle	SKU8900J (Car)	Contact No.	94525025
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 09/12/2019 at about 0815hrs, I was driving my vehicle bearing the registration number SKR3146T along the Kallang Paya Lebar Expressway Tunnel. I wish to inform that I had another passenger, my girlfriend, seating in my vehicle on the front passenger side and her particulars is as follow : Yap Hui Yan , S9612302G, DOB 10/04/1996 residing Block 610 Ang Mo Kio Avenue 4 #05-1251 Singapore 560610, contact number 84441757.

Whilst I was travelling on the first lane in the said KPE Tunnel. I lost control of my vehicle and it hit into the right concrete slabs in the tunnel just beside the first lane. I wish to inform that as a result it had caused my vehicle to spin 180 degrees before stopping in the same first lane. I also wish to inform that I tried to apply my brakes to stop my vehicle initially but to no avail.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191210/2014

Police Station Of Origin:  
Sengkang N P C  
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Tel No: 1800-343 8999

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Report No. T/20191210/2014

### CONTINUATION OF REPORT

I turned on my hazard light immediately after my vehicle stopped to warn other traffic of the danger. I got out of my vehicle to call my rental company and to check what I should do since it was my first time coming across such a situation. I wish to inform that a few cars what was oncoming had managed to filter onto the 2nd lane and avoid my car however whilst I was speaking to the staff from the rental company, I saw a vehicle coming from the first lane and then collided into the front portion of my vehicle. I wish to inform that at this point, my girlfriend was in the vehicle.

I made a check on her and she informed that due to the collision she had hit the dashboard and flew off from her seat and her head hit onto the windscreen and back onto the seat. Due to the impact from her head to the windscreen, the windscreen cracked. At that point, of time, she was flustered and I managed exchanged particulars with the other driver. I wish to state that an EMAS towing had passed by and assisted me to tow my vehicle to Jalan Kayu Carpark. When we arrived there, I took grab together with my girlfriend and went to Sengkang General Hospital as she felt pain at her neck and head area and had bruise at her chin area and some laceration on her lips.

Currently, she is warded since 09/12/2019 and is conscious however pending further medical examination and advised by the medical staff. I have a footage of the incident. That is all.



# Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20191210/2014

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Report No. T/20191210/2014

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN  
PANE

Signature Of Informant:

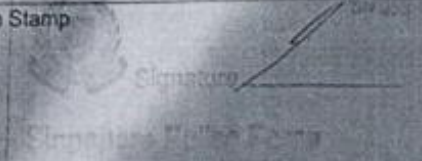
Signature Of Interpreter:  
Not applicable

Date/Time:  
10/12/2019 08:13

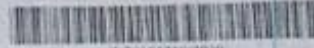
Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp:  
NP168



# Police Report



T/20191210/2039

1 of 3

Report No. T/20191210/2039

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No. 0

Report Number T/20191210/2039

Vide Report Number T/20191210/2014

Date/Time of Report Made 10/12/2019 11:42

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Liew Guo Fu

ID Type / ID No. NRIC NO / S9607030F

Home/Office

Mobile 97458350

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 09/12/2019 08:15

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3146T	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# Police Report



T/20191210/2039

2 of 3

Report No. T/20191210/2039

## Continuation of CSF For NP168

Driver			
Name	Liew Guo Fu	ID No.	S9607030F
Related Vehicle	NIL	Contact No.	97458350
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 Facts.

Facts reference T/20191210/2014. Correct location should be along Yio Chu Kang Road Flyover towards Tampines Expressway (TPE)



Police Report



T/20191210/2039

3 of 3

Report No. T/20191210/2039

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / AEIT /  
JUREMAH BINTE AHMAD

Classification of Case 1) INJURY / OTHERS



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

