

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	03/12/2019 19:13
Date Of Accident	02/12/2019 17:10
Exact Location Of Accident	CTE TWRDS SLE SLIP RD AMK AVE 05
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM8744L
Insured/Policyholder	
Name Of Registered Owner	POH HAOJIE, QUINCEY
NRIC No	S8818483A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86619239
Alternative Phone No	OTHERS-86619239

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 COMPT SALN AMG LINE (R18 LED)
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	5110891994
Cover Note Number	DRIVO PREMIUM

Driver

Name of Driver	POH HAOJIE, QUINCEY
NRIC No	S8818483A
Date Of Birth	26/05/1988
Occupation	INDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86619239
Fax Number	
Contact Number	OTHERS-86619239
Email Address	NOEMAIL

Address	BLK 426A #08-82 YISHUN AVENUE 11 FLORAL SPRING @ YISHUN
Postcode	761426
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191202/7034;

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	SKD5859E
Vehicle Make/Model/Colour	MAZDA / RX-8 1.3 A
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	SJZ5498J
Vehicle Make/Model/Colour	MITSUBISHI / EVO 10 GSR 2.0 M
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	POH HAOJIE, QUINCEY
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	SMM8744L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 426A #08-82 YISHUN AVENUE 11 FLORAL SPRING @ YISHUN
Postcode	761426

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@idac.com.sg

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

Sketch Plan on grid paper showing vehicle positions and directions.

Handwritten text: CTS TOWARDS SAE

Vehicle positions and directions:

- A: SMN 8744L
- B: SKD 5859E
- C: SJZ 5498J

Diagram shows three vehicles (A, B, C) moving towards the right (SAE) on a road. Vehicle A is at the top, B is in the middle, and C is at the bottom. Arrows indicate their direction of travel.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section.

Handwritten text: REFER TO POLICE REPORT T/20191202/7034

The area is mostly blank, with a diagonal line drawn across it.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: yackh@idacenter.com.sg

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191202/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191202/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 21:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: POH HAOJIE, QUINCEY			Address: 426A YISHUN AVENUE 11 #08-82 SINGAPORE 761426		
ID Type / ID No.: NRIC NO / S8818483A			Contact No.: Home/Office: Mobile: 86619239		
Nationality: SINGAPORE CITIZEN			Email: quinceypoh@gmail.com		
Sex: Male	Age: 31	Date of Birth: 26/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			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: 02/12/2019 17:09	Type of Location: Straight Road
Location: CTE				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKD5859E	Car	MAZDA	rx8	Red		0
SMM8744L	Car	MERCEDES BENZ	A200	Red	Slightly Damaged	0

Details of Person Involved

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191202/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191202/7034

CONTINUATION OF REPORT

Driver			
Name	POH HAOJIE, QUINCEY	ID No.	S8818483A
Related Vehicle	SMM8744L (Car)	Contact No.	86619239
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2019	Date Discharge	02/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the stated date and time, i was travelling on the stated venue. As the front vehicle stopped, i managed to stopped in time. Directly after i come to a stop, i felt an impact on rear portion. Then i realised i was caught in a chain collision of multiple vehicles. As i was in a state of trauma, i could not recall in total how many vehicles was involved.

After the accident i seek medical attention at Ang Mo Kio clinic. Intemedical 24 Hr Clinic. I was given 5 days of MC from 02/12/2019-06/12/2019

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191202/7034

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Report No. T/20191202/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/12/2019 21:38

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

