

## 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	13/12/2019 10:22
Date Of Accident	12/12/2019 08:20
Exact Location Of Accident	SUNGEI RD TWDS OPHIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6841J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH CHAN WAH
NRIC No	S1539794B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91790770
Alternative Phone No	OFFICE-91790770

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	NO
Policy Number	5109900704
Cover Note Number	

### Driver

Name of Driver	SOH CHAN WAH
NRIC No	S1539794B
Date Of Birth	04/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91790770
Fax Number	
Contact Number	OFFICE-91790770
Email Address	NOEMAIL

Address	12 DERBYSHIRE ROAD #04-01
Postcode	309466
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	WET

#### 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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2073.

#### 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	SMC9252K
Vehicle Make/Model/Colour	
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)  
Passenger 1

2  
NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

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

EZ55X  
  
  
PRIVATE CAR

#### DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

SOH CHAN WAH  
  
BODY  
SKB6841J  
YES  
NO

## Accident Sketch Plan


### SKETCH PLAN


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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.

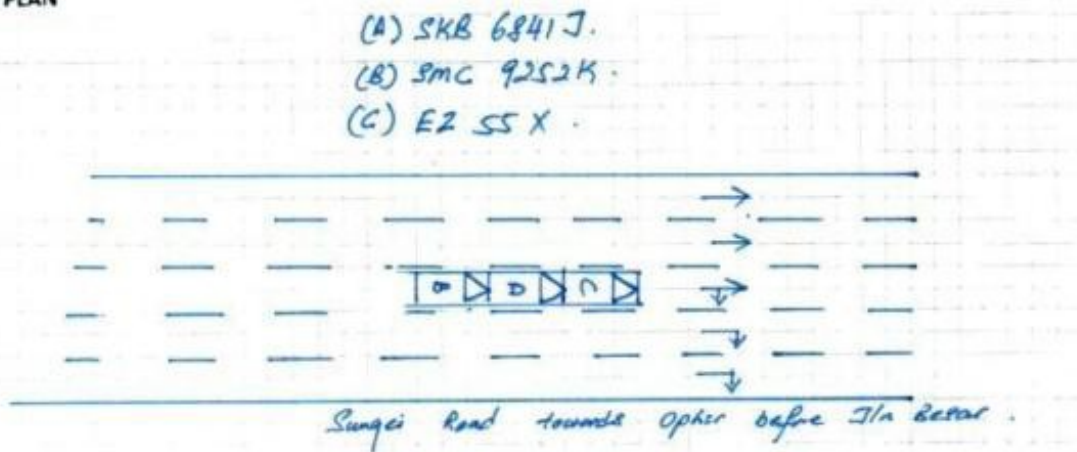
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

Pls refer to Police Report

No: T/20191212/2073.

### 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/20191212/2073

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 4  
Report No. T/20191212/2073

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 13:05	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: SOH CHAN WAH		Address: 12 DERBYSHIRE ROAD #04-01 SINGAPORE 309466	
ID Type / ID No.: NRIC NO / S1539794B		Contact No.: Home/Office: Mobile: 91790770	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 04/07/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 08:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SUNGEI ROAD OPHIR ROAD Along Sungei Road towards Ophir Road				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ55X	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Grey	Slightly Damaged	0
SKB6841J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	1
SMC9252K	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Brown	Slightly Damaged	1

# Police Report



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T/20191212/2073

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB6841J	NTUC Income Insurance Co-Operative Limited	5109900704	27/05/2019	21/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TONG TAI YEE		ID No.	S2222987G
Related Vehicle	EZ55X (Car)		Contact No.	96822938
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 CHAN WAH		ID No.	S1539794B
Related Vehicle	SKB6841J (Car)		Contact No.	917907770
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/12/2019		Date Discharge	12/12/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	FONG CHOON PENG (PENG JUNPING)		ID No.	S7838668A
Related Vehicle	SMC9252K (Car)		Contact No.	97907609
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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191212/2073

Police Station Of Origin:  
Thomson NPP  
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570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

### CONTINUATION OF REPORT

#### **Brief Details.**

On 12/12/2019 at about 0821hrs, I was driving my vehicle, SKB6841J, along Sungei Road towards Ophir Road when a vehicle, EZ55X, filtered into my lane, slowed down and came to a stop. As such, I followed suited, I slowed down and came to a stop. Suddenly, I felt an impact from the rear portion of my vehicle. The impact caused my vehicle to move forward, hence causing my vehicle to collide onto the vehicle that was ahead of mine. I alighted from my vehicle and noticed that a vehicle, SMC9252K, had collided onto the rear portion of my vehicle. We then took a few photos of the accident, exchanged particulars and went our separate ways. I wish to state that I do have an in-built car camera.

I then felt pain on shoulders and my neck portion as such I went to Mount Alvernia Hospital and was given 5 days of medical certificate.



Police Report



SINGAPORE  
POLICE FORCE



T/20191212/2073

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570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

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:  
E /  
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/12/2019 13:05

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

SN 070

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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

