

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	16/12/2019 16:11
Date Of Accident	14/12/2019 01:40
Exact Location Of Accident	KPE TUNNEL ECP / AYE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7559T
Insured/Policyholder	
Name Of Registered Owner	TAN WEI KIAT
NRIC No	S9110192J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81619876
Alternative Phone No	OFFICE-81619876

Vehicle Particulars

Manufacturer	KIA
Model	FORTE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5109589223
Cover Note Number	

Driver

Name of Driver	TAN WEI KIAT
NRIC No	S9110192J
Date Of Birth	24/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619876
Fax Number	
Contact Number	OFFICE-81619876
Email Address	NOEMAIL

Address	APT BLK 190B RIVERVALE DRIVE #06-976 SINGAPORE
Postcode	542190
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	RAINING
Road Surface	WET

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)	1

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	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SHB6289P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

SHC7558B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

SLL7902X

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)

DETAILS OF INJURED PERSON 1

Name

TAN WEI KIAT

Approximate Age

28

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SKB7559T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 190B RIVERVALE DRIVE
#06-976 SINGAPORE

Postcode

542190

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.:

Sketch Plan #2 Pg. 1

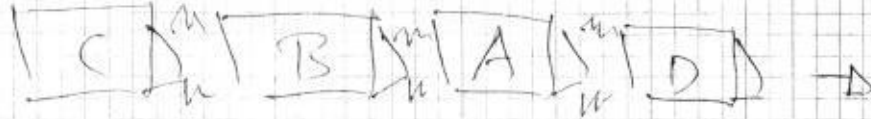
SKETCH PLAN

A: SKB 7559T

B: SHB 6289P

C: SHC 7358B

D: SLL 7902X



KPE Tunnel Towards ECP/AYE Before PIC Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
NO: T/2019/12/14/2071

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.:



**SINGAPORE
POLICE FORCE**



T/20191214/2071

1 of 4

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

Report No. T/20191214/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 13:34	Vide Report No.	Station Diary No. 21
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Informant's Particulars

Name of Informant: TAN WEI KIAT			Address: APT BLK 190B RIVERVALE DRIVE #06-976 SINGAPORE 542190	
ID Type / ID No.: NRIC NO / S9110192J			Contact No. Home/Office:	Mobile: 81619876
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 24/03/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB 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: 14/12/2019 01:40	Type of Location: Bend
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
KPE Tunnel Towards ECP/AYE before PIE Exit				
Weather: Raining	Road Surface: Dry		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
SHB6289P	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Seriously Damaged	0
SHC7558B	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191214/2071

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

Report No. T/20191214/2071

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB7559T	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 5DR	Red	Slightly Damaged	1
SLL7902X	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Blue		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7559T	NTUC Income Insurance Co-Operative Limited	5109589223	21/05/2019	26/06/2020

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name		LEAU POH KUAN		ID No.	S7529408E
Related Vehicle		SHB6289P (Car)		Contact No.	NIL
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		TAN WEI KIAT		ID No.	S9110192J
Related Vehicle		SKB7559T (Car)		Contact No.	81619876
Hospital/Clinic		MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		14/12/2019		Date Discharge	NIL
No. of Days granted Medical Leave		05		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191214/2071

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

Report No: T/20191214/2071

CONTINUATION OF REPORT

Driver		ID No.	
Name	KONG WAI THONG		S9109215H
Related Vehicle SLL7902X (Car)		Contact No.	96693066
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 14/12/2019 at about 0140hrs, while I was driving my vehicle (SKB7559T) along KPE tunnel towards ECP, the Blue Mazda (SLL7902X) in front of me slowed down due to the merging lanes hence, I slowed down as well. I eventually came to a stop after slowing down and I suddenly felt an impact from the rear of my vehicle. The impact caused my vehicle to move forward, colliding into the Mazda in front me. I also heard 2 loud crashing sound. When I alighted from my vehicle, I realized that there was a chain collision. A White Taxi (SHB6289P) had collided head to rear to my vehicle and a Yellow Taxi (SHC7558B) had collided head to rear to the White Taxi. I exchanged both IC and contact number with the owner of the Blue Mazda, IC with the owner of the White Taxi. However, I did not exchange any details with the owner of the Yellow Taxi. I wish to state that I have come to an agreement with the Blue Mazda and will settle with him privately. I also wish to state that I have an in car camera facing both the front and the rear of my vehicle, however I am unable to retrieve any footages. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20191214/2071

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Report No. T/20191214/2071

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

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 /

SC2 SIA KUN YUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

SN-070

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

14/12/2019 13:34

Classification Of Case: