

## 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	31/12/2019 13:56
Date Of Accident	31/12/2019 13:15
Exact Location Of Accident	CTE TOWATDS CITY NEAR ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3587Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH KOK CHONG
NRIC No	SXXXX296Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97676719
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113709359
Cover Note Number	

### Driver

Name of Driver	SOH KOK CHONG
NRIC No	SXXXX296Z
Date Of Birth	31/01/1979
Occupation	INDOOR
Date Of Driving Pass	28/08/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676719
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	BLK 154 HOUGANG STREET 11 #04-196
Postcode	530154
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	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KTHOR WEN RONG
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

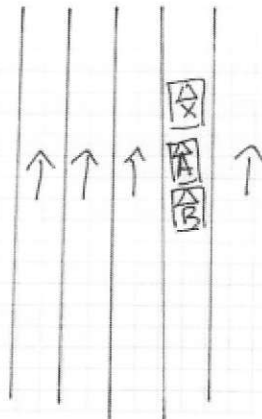
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW3184U
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)	

# Sketch Plan

## SKETCH PLAN



A - SJL35874  
B - SLW31840

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 5/12/19 at around 1:15pm @ CTE towards city before  
Ang Mo Kio Ave 1 exit. The traffic was slow and I was  
following the vehicle in front of me. suddenly vehicle  
SLW31840 collided onto my rear side

## 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.:

## Sketch Plan #2

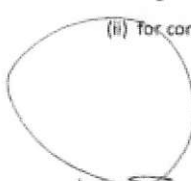
### SKETCH PLAN

#### 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.:



Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2019 21:02	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: SOH KOK CHONG			Address: APT BLK 154 HOUGANG STREET 11 #04-196 SINGAPORE 530154		
ID Type / ID No.: NRIC NO / S7904296Z			Contact No.: Home/Office: Mobile: 97676719		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 31/01/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OUTDOOR SALES			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/12/2019 13:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  Along CTE towards CITY, before Ang Mo Kio Ave 1.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SJL3587Y	Car	HONDA	FIT 1.3G A	White	Slightly Damaged	1
SLW3184U	Car	HONDA	FIT	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL3587Y	NTUC Income Insurance Co-Operative Limited	5113709359	17/12/2019	16/12/2020



Police Station Of Origin:  
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231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

Report No. T/20191231/2153

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	THOR WEN RONG	ID No.	S9129028F
Related Vehicle	SJL3587Y (Car)	Contact No.	90284347
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SOH KOK CHONG	ID No.	S7904296Z
Related Vehicle	SJL3587Y (Car)	Contact No.	97676719
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN YEW CHUAN EBER	ID No.	S7045812H
Related Vehicle	SLW3184U (Car)	Contact No.	90990089
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

**Brief Details.**

On 31/12/2019 at about 1315hrs, I was driving my personal vehicle bearing SJL3587Y. I had a passenger with me namely THOR WEN RONG, S9129028F. I was driving along CTE towards CITY on the 1st lane of the expressway. The traffic volume was quite congested.

Subsequently, when I was coming to a stop, there was a vehicle from the rear bearing SLW9184U failed to stop on time and collided onto my rear. I almost came to a stop before the accident occurred as the vehicle in front of me has halted. We managed to exchanged particulars. My vehicle sustained damages on the rear. There are some road users who rendered assistance and guided the traffic flow. There are no





**SINGAPORE  
POLICE FORCE**



T/20191231/2153

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Report No. T/20191231/2153

**CONTINUATION OF REPORT**

government property damaged and nobody was conveyed by ambulance nor Traffic Police was activated.

I wish to state that my vehicle was equipped with camera focusing the front only and the footage revealed there was a jerk after the collision.

My passenger and I consulted doctor from Mt Alvernia Hospital and was granted 5 days of MC dated 01/01/2020 until 05/01/2020 by Dr Tan Sen Tai, Timothy. (MC: M19000033013 and M19000033014 respectively).