

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	21/12/2019 12:18
Date Of Accident	20/12/2019 14:20
Exact Location Of Accident	ALONG PIE > CHANGI NEAR EXIT OF JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7107E
Insured/Policyholder	
Name Of Registered Owner	JOEL CHIA CHER CHANG (XIE ZHICHANG)
NRIC No	S8500865Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96970641
Alternative Phone No	OFFICE-96970641

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	5104317012-01
Cover Note Number	02/10/2019 - 07/09/2020

Driver

Name of Driver	JOEL CHIA CHER CHANG (XIE ZHICHANG)
NRIC No	S8500865Z
Date Of Birth	17/01/1985
Occupation	INDOOR
Date Of Driving Pass	30/07/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96970641
Fax Number	(LOCAL) +65-96970641
Contact Number	OFFICE-96970641
EEmail Address	NOEMAIL

Address	22 YIO CHU KANG ROAD 04-06
Postcode	545535
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)	2
Passenger 1	NAME: : FAITH YANG HSAO FENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE 20TH OF DECEMBER 2019 AT ABOUT 1420 HRS, I WAS IN MY BOYFRIEND CAR (SMD7107E) AND WAS TRAVELLING ALONG PAN ISLAND EXPRESSWAY , TOWARDS CHANGI HOWEVER WHEN WE WERE NEARING EUNOS EXIT MY BOYFRIEND NOTICE THERE WAS AN ACCIDENT AHEAD OF US AND SO HE STARTED TO SLOW DOWN HIS CAR WHEN SUDDENLY I FELT AN IMPACT FROM THE BACK. THE TAXI BEARING PLATE NUMBER SHD7217E COULD NOT STOP IN TIME AND COLLIDED OUR CAR FROM THE REAR, CAUSING OUR CAR TO JERK FORWARD AND COLLIDED ONTO THE CAR IN FRONT BEARING PLATE NUMBER SJA3065U . DURING THAT POINT OF TIME THERE WERE NO POLICE AND AMBULANCE ATTENDING TO US AS SUCH WE EXCHANGE PARTICULARS WITH THE INVOLVING PARTIES AND LEFT THE SCENE. ON THE VERY SAME DAY AT ABOUT 1600HRS, I FELT EVEN MORE PAINS AND DISCOMFORT ON MY NECK AND MIDDLE BACK AND HEADACHE AS SUCH WE WENT TO SEE THE DOCTOR WHICH I WAS GIVEN A TOTAL OF 3 DAYS MC (G00719054989) FROM 20/12/2019 TO 22/12/2019. I DO HAVE A MEDICAL HISTORY OF WHIPLASH GRADE 3 AND FURTHER AGGRAVATION IF CERVICAL SPONDYLOSIS , UPPER AND LOWER BACK SOFT TISSUES , PERMANENT PHYSICAL RESIDUAL DISABILITY, POST TRAUMATIC STRESS DISORDER (PTSD) AND MAJOR DEPRESSIVE DISORDER DUE TO PREVIOUS ACCIDENT IN 2012

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7217E
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM DAVID
NRIC/Passport Number	S1656486I
Contact Number	87981668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA3065U
Vehicle Make/Model/Colour	VEHICLE C
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD NUR IMAN WEE BIN MUHAMMAD RAHIMAN WEE
NRIC/Passport Number	S9346624A
Contact Number	92324083
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FAITH YANG HSAO FENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD7107E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:



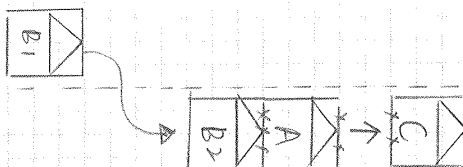
Sketch Plan Pg. 2

SKETCH PLAN

Vehicle A: SMIDT107A

Vehicle B: SHD7M7E

Vehicle C: STA3065W



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report and Police Report. T

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

✓	Claim TP
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Claim OD/TP at other workshop

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/20191220/2154

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191220/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 19:24	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars			
Name of Informant: JOEL CHIA CHER CHANG		Address: 22 YIO CHU KANG ROAD #04-06 SINGAPORE 545535	
ID Type / ID No.: NRIC NO / S8500865Z		Contact No.: Home/Office: Mobile: 96970641	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 17/01/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Spray painter (except ships, motor vehicles and signs)		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: 20/12/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR EUNOS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHD7217E	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1
SJA3065U	Car	PROTON	PERSONA 1.6 (MT) H- LINE	Gold	Slightly Damaged	0
SMD7107E	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Slightly Damaged	1



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POLICE FORCE**



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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191220/2154

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD7107E	NTUC Income Insurance Co-Operative Limited	5104317012-01	02/10/2019	07/09/2020

Brief Details.

On the 20th of December 2019 at about 1420hrs, I was travelling along Pan Island Expressway, towards Changi, near Eunos exit, in my car bearing plate number SMD7107E. I was slowing down and came to a complete stop as there was an accident ahead of me when suddenly I felt an impact from the back. The taxi bearing plate number SHD7217E could not stop in time and hit me from the rear, causing my car to jerk forward and hit the car in front bearing plate number SJA3065U.

No one was injured at that point of time.

I have an in-car camera installed in my car.

The driver of the taxi is namely Sim David, S1656486I, hp no: 87981668. The driver of the vehicle in front is namely Muhammad Nur Iman Wee, S9346624A, hp no: 92324083.

At about 1600hrs, my girlfriend started to feel pain and discomfort on her neck and middle back and headache. We then went to see the doctor and she was given 3 days MC (G00719054989) from 20/12/2019 to 22/12/2019. My girlfriend was diagnosed with whiplash grade 3 aggravation of cervical spondylosis, upper and lower back soft tissues injury, permanent residual disability. She is also suffering from post-traumatic stress disorder (PTSD) and major depressive disorder due to a previous accident in 2012.

There were no traffic police or ambulance at scene.



SINGAPORE
POLICE FORCE



T/20191220/2154

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Tel No: 1800-5871999

3 of 3

Report No. T/20191220/2154

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:

G /

Sgt 3 SITI NUR SYAFIAH BINTE AZMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

20/12/2019 19:24

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

POLICE REPORT Pg. 1

SKETCH PLAN

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 - (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.
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 - (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:

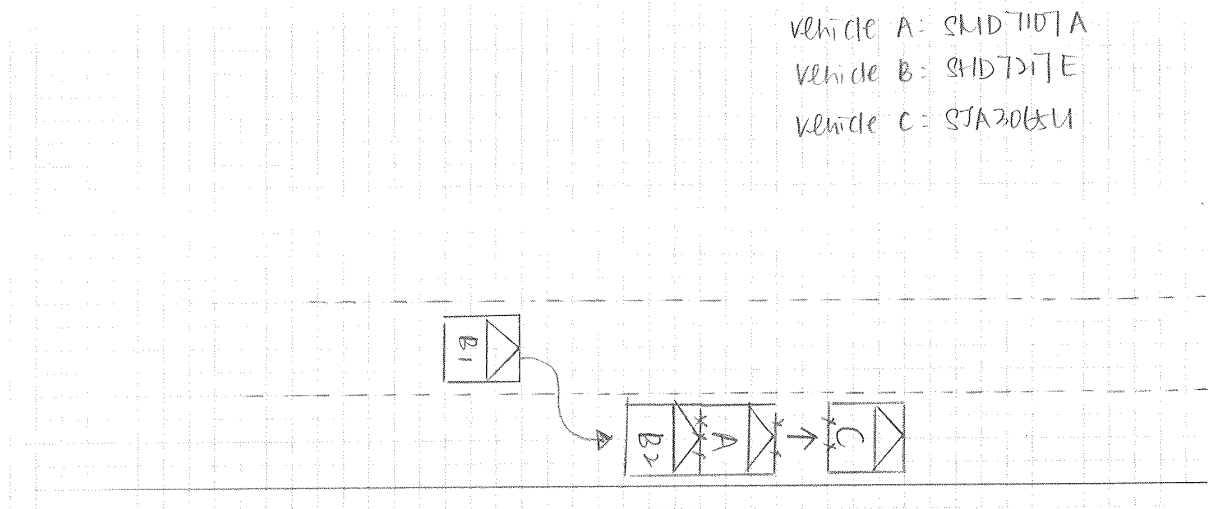
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

POLICE REPORT Pg. 2

SKETCH PLAN




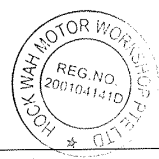
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report and Police Report T1

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD/TP at other workshop

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.:
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**SINGAPORE
POLICE FORCE**



T/20191220/2154

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191220/2154

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Date/Time Report Made: 20/12/2019 19:24	Vide Report No.:	Station Diary No.: 93
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ID Type / ID No.: NRIC NO / S8500865Z		Contact No.: Home/Office: Mobile: 96970641	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 17/01/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Spray painter (except ships, motor vehicles and signs)		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: 20/12/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR EUNOS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

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3 of 3

Report No. T/20191220/2154

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:

G /

Sgt 3 SITI NUR SYAFIAH BINTE AZMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

20/12/2019 19:24

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHW119167878-01 Vehicle Registration No: SMP 7107 E
Name (as shown in NRIC) : Joel chia cher chong NRIC/FIN/Passport No : Sxxxx 8652
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 22 Yio chu kang road #04-06 Singapore (545515)
Contact (Tel) : 96970641 Mobile No. : _____
Email Address : NIL
Date of Accident : 20/12/2019 Time of Accident : 14:20 pm
Place of Accident : Along PIE > Changi Near exit of Jalan euros
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend the date of accident
from 20/12/2018 to 20/12/2019


Policyholder / Driver's Signature
Date: _____


Reporting Centre Person's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

