

## 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	12/02/2020 15:34
Date Of Accident	11/02/2020 20:00
Exact Location Of Accident	LOYANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7117P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIA KIAN YONG, AARON
NRIC No	SXXXX562E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87777117
Alternative Phone No	OFFICE-87777117

### Vehicle Particulars

Manufacturer	BMW
Model	328I 2.0 AT D/AB 4DR ABS HID NAV
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	5114794889
Cover Note Number	

### Driver

Name of Driver	REGINALD WOO YI YUN
NRIC No	SXXXX822I
Date Of Birth	08/02/1993
Occupation	INDOOR
Date Of Driving Pass	17/01/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86118818
Fax Number	
Contact Number	OFFICE-86118818
Email Address	NOEMAIL

Address	BLK 100 WHAMPOA DRIVE #25-180
Postcode	320100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	4
Passenger 1	NAME: : WEI LING GENDER: : FEMALE
Passenger 2	NAME: : LYNN TOH MIAO SHAN GENDER: : FEMALE
Passenger 3	NAME: : AARON SIA GENDER: : MALE

#### 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200212/7004.

#### 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	GBJ9550T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

SJW5208X

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

REGINALD WOO YI YUN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK7117P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

WEI LING

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK7117P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name

LYNN TOH MIAO SHAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK7117P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name AARON SIA

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMK7117P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE


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- 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.
- 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 purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

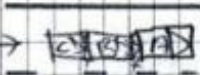
  
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

→ 

→ 10x10x10

A: SIMK 714 P  
B: GBJ 9550 T  
C: SIW S280 X

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report.

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200212/7004

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

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Report No. T/20200212/7004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 01:54		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: REGINALD WOO YI YUN			Address: APT BLK 100 WHAMPOA DRIVE #25-180 SINGAPORE 320100		
ID Type / ID No.: NRIC NO / S93048221			Contact No.: Home/Office: Mobile: 86118818		
Nationality: SINGAPORE CITIZEN			Email: wooyy1993@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 08/02/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:00	Type of Location: Straight Road
Location:  LOYANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBJ9550T	Van					0
SJW5208X	Car					0
SMK7117P	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200212/7004

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

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Report No. T/20200212/7004

### CONTINUATION OF REPORT

Driver				
Name	REGINALD WOO YI YUN		ID No.	S9304822I
Related Vehicle	SMK7117P (Car)		Contact No.	86118818
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	05	Degree of Injury	Slight	

#### Brief Details.

I was driving Vehicle A: SMK7117P along Loyang way where suddenly I felt a collision on the rear of my vehicle.

When I went down to check I realized it was a chain accident caused by Vehicle C: SJW5208X as he has collided on to Vehicle B: GBJ9550T and hence causing Vehicle B to collide on to my Vehicle.

We all agreed to file our own insurance report and we exchanged particulars.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical leave.



## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200212/7004

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Report No. T/20200212/7004

### 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 / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
12/02/2020 01:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

