

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	14/02/2020 14:41
Date Of Accident	13/02/2020 19:15
Exact Location Of Accident	KPE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5478L
Insured/Policyholder	
Name Of Registered Owner	KOO YU HUI RICSON
NRIC No	SXXXX397I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82826010
Alternative Phone No	OFFICE-82826010

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E 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	5111557955
Cover Note Number	

Driver

Name of Driver	KOO YU HUI RICSON
NRIC No	SXXXX397I
Date Of Birth	22/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82826010
Fax Number	
Contact Number	OFFICE-82826010
EEmail Address	NOEMAIL

Address	BLK 234 CHOA CHU KANG CENTRAL #06-01
Postcode	680234
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)	1

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

Circumstances of Accident

REFER TO POLICE REPORT - T/20200214/7006.

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	SKJ333G
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDM8005T
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	KOO YU HUI RICSON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ5478L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN


A. SKJ 5438L
B. SKJ 3536
C. SKM 80057

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/200001/14/2006.

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/20200214/7006

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

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Report No. T/20200214/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2020 11:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOO YU HUI RICSON		Address: APT BLK 234 CHOA CHU KANG CENTRAL #06-01 SINGAPORE 680234	
ID Type / ID No.: NRIC NO / S94073971		Contact No.: Home/Office: Mobile: 82826010	
Nationality: SINGAPORE CITIZEN		Email: ricsonkoo@gmail.com	
Sex: Male	Age: 25	Date of Birth: 22/02/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCIAL PLANNER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2020 19:15	Type of Location: Tunnel
Location: KALLANG PAYA LEBAR EXPRESSWAY				
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
SDM8005T	Car	NISSAN	Sylphy			0
SGJ5478L	Car	TOYOTA	VIOS 1.5E A	Black		0
SKJ333G	Car	PORSCHE				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20200214/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ5478L	NTUC Income Insurance Co-Operative Limited	5111557955	05/08/2019	04/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver			Use of Pedestrian Crossing: NA	
Name	DARREN SNG CHOON BENG	ID No.	S6836719J	
Related Vehicle	SDM8005T (Car)	Contact No.	91998005	
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		Degree of Injury		NIL
Name	KOO YU HUI RICSON		ID No.	S94073971
Related Vehicle	SGJ5478L (Car)		Contact No.	82826010
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2020		Date Discharge	13/02/2020
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious
Driver				
Name	NG CHIN SIAU		ID No.	S6873942Z
Related Vehicle	SKJ333G (Car)		Contact No.	96928828
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/20200214/7006

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

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Report No. T/20200214/7006

CONTINUATION OF REPORT

Brief Details.

I was driving along KPE towards PIE inside the tunnel. As the vehicle in front of me braked, I also slowed down my vehicle almost to a stop while maintaining a distance from the vehicle in front. Suddenly, I felt a big impact from the rear and my whole vehicle was pushed forward resulting in my vehicle hitting the car in front of me. My vehicle rear was severely damaged, however the front damage was minimal. After the impact, I felt pain on my neck and back area and went to visit a doctor. I was given 3 days MC.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200214/7006

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Report No. T/20200214/7006

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
14/02/2020 11:45

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



Accident Photo



Accident Photo

