

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	10/01/2020 17:34
Date Of Accident	09/01/2020 04:40
Exact Location Of Accident	KJE (PIE) 5.8KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW9031Y
Insured/Policyholder	
Name Of Registered Owner	CHING SOY THONG
NRIC No	SXXXX316B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98793831
Alternative Phone No	OFFICE-98793831

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114154429
Cover Note Number	

Driver

Name of Driver	CHING SOY THONG
NRIC No	SXXXX316B
Date Of Birth	24/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1971
Driving Experience	48 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98793831
Fax Number	
Contact Number	OFFICE-98793831
Email Address	NOEMAIL

Address	BLK 606 SENJA ROAD #15-49 SINGAPORE
Postcode	670606
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT AND 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	SJT5064J
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

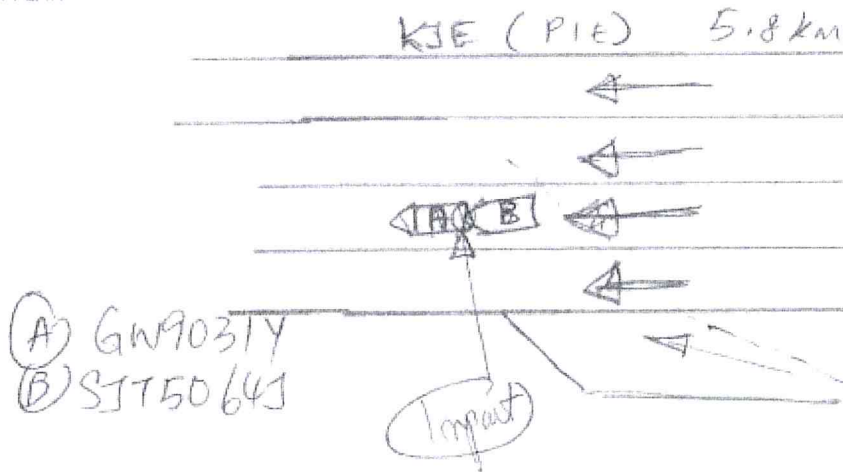
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHING SOY THONG
Approximate Age	
Injuries Sustain	REFER ATTACHED AND POLICE REPORT
Injured person in which vehicle?	GW9031Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
T/20200110/2091

DECLARATION

I/We declare the foregoing particulars are true in every respect

Ching

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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)



Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20200110/2091

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200110/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2020 15:48		Vide Report No.: J/20200109/0047		Station Diary No.: 161
Informant's Particulars				
Name of Informant: CHING SOY THONG		Address: APT BLK 606 SENJA ROAD #15-49 SINGAPORE 670606		
ID Type / ID No.: NRIC NO / S0106316B		Contact No.: Home/Office: Mobile: 98793831		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 71	Date of Birth: 24/11/1948	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: HAWKER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2020 04:40	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY KJE(PIE) 5.8KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GW9031Y	Van	TOYOTA	LITEACE 4DR	White	Seriously Damaged	0
SJT5064J	Car	MERCEDES BENZ	SLK 200 KOMPRESSOR	White	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
GW9031Y	NTUC Income Insurance Co-Operative Limited	5114154429	11/12/2019	10/12/2020	

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**SINGAPORE
POLICE FORCE**



T/20200110/2091

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200110/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHING SOY THONG	ID No.	S0106316B
Related Vehicle	GW9031Y (Van)	Contact No.	98793831
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	09/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was driving my van bearing GW9031Y along KJE(PIE) at about 5.8KM. I was driving on the third lane from the right and suddenly I heard a loud bang coming from the back and I observed a car bearing SJT5064J headed the rear of my vehicle and causes my van to swerve to the left and spin to face the opposite direction. I felt a sharp pain at my head as my head hit onto something. Subsequently, I alighted my van and observed the car was stopped about 100metres away. I observed the rear part of my vehicle was dented in and broken, and my side mirror was missing. I also observed the front right of other party's car was broken. Later, I was attended by traffic police and conveyed to Ng Teng Fong Hospital. I was granted 4 days of MC from the 09/01/2020 to 12/01/2020. No government property was damaged, no other vehicle was involved. I was instructed by DO IO Faisal H: 65476198 to lodge a police report. That is all.



**SINGAPORE
POLICE FORCE**



T/20200110/2091

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200110/2091

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: J/ SC2 CHOH KAI SEN	Signature Of Informant: ✓ <i>ching.</i>
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2020 15:48
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	SN 126

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 : MSZ320004636 Vehicle Registration No: GW9031Y
Name (as shown in NRIC) : Ching Say Thong NRIC/FIN/Passport No : S0106316B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 606 Senja Road # 15-49 Singapore(670606)
Contact (Tel) : 98793831 Mobile No. : _____
Email Address : NA
Date of Accident : 9/1/2020 Time of Accident : 04:40h.
Place of Accident : KJE (PIE) 508 km
Insurance Company : NONE

(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 want to change my type of
claim from Reporting to Third Party claim

Ching -
Policyholder / Driver's Signature
Date:

Rechel 20/1/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



**SINGAPORE
POLICE FORCE**

TRAFFIC POLICE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 6547 6350
Fax : 6547 4883
www.police.gov.sg

Your Ref :
Our Ref : TP/IP/01385/2020

Date : 3 February 2020

Mr Ching Soy Thong
Blk 606 Senja Road
#15-49
Singapore 670606

Dear Sir,

**TRAFFIC ACCIDENT ON 09 JANUARY 2020 AT 4.58 AM ALONG KRANJI
EXPRESSWAY INVOLVING MOTOR VEHICLES SJT 5064 J & GW 9031 Y.**

I refer to the above traffic accident.

2 Please be informed that Traffic Police Department will not be taking any further action against the driver of motor vehicle **SJT 5064 J** for the offence of **Drink Driving**, under Section 67(1)(b) of the Road Traffic Act, Chapter 276.

3 As for the accident aspect, our investigation shows that the driver had committed the offence of **Careless Driving Causing Hurt** under Section 65(4)(a) of the Road Traffic Act, Chapter 276.

4 Action has been taken against him for the said offence.

5 Please also take note that this decision does not preclude insurance and civil claims.

6 For further clarification please contact Senior Investigation Officer Nor Faizal Bin Yahya at DID: 6547 6198.

Yours faithfully


**NOR FAIZAL BIN YAHYA
SENIOR INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE**