

## 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	28/02/2020 17:25
Date Of Accident	28/02/2020 00:00
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4703L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING TECK JING
NRIC No	SXXXX269Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94872436
Alternative Phone No	OFFICE-94872436

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	5100295846-01
Cover Note Number	

### Driver

Name of Driver	TING TECK JING
NRIC No	SXXXX269Z
Date Of Birth	07/03/1987
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872436
Fax Number	
Contact Number	OFFICE-94872436
Email Address	NOEMAIL

Address	BLK 23 GHIM MOH LINK #11-228
Postcode	271023
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
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/20200228/7003 & T/20200228/2064

#### 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	SLJ2742J
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 SLQ9225C  
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 TING TECK JING  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKZ4703L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan

## SKETCH PLAN

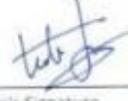
### IMPORTANT NOTICE

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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:

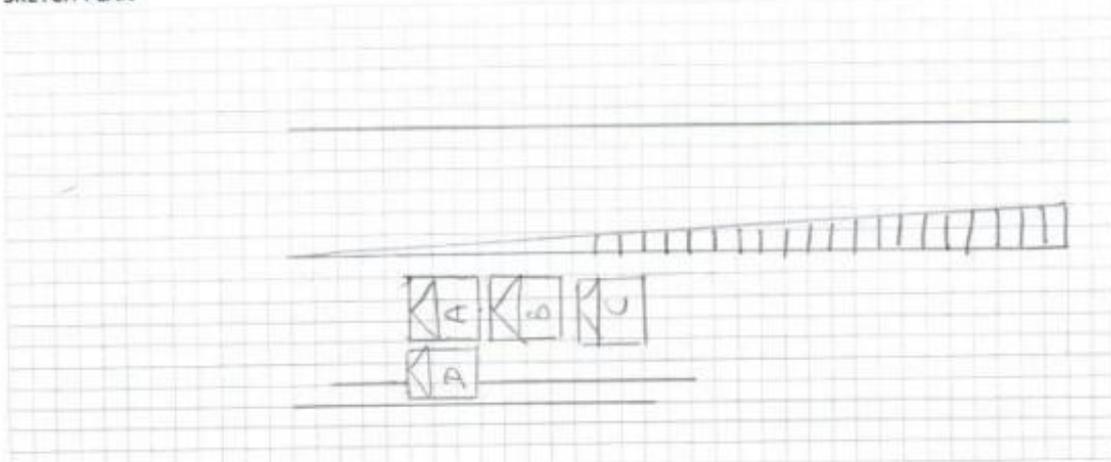
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Accident Sketch Plan**

A = SKZ4703L C = SLQ9225C

B = SLI27423 D = SGZ5913M

**SKETCH PLAN**

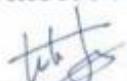


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date & time, I, vehicle A was travelling straight on the stated venue. Vehicle D came to a stop at the road shoulder as such I came to a stop. Moments later I felt an huge impact from my rear portion of my stationary vehicle. I wish to state the it is a 3 cars chain collision.

**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/20200228/7003

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

1 of 3

Report No. T/20200228/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2020 03:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TING TECK JING		Address: APT BLK 23 GHIM MOH LINK #11-228 SINGAPORE 271023	
ID Type / ID No. : NRIC NO / S8773269Z		Contact No. : Home/Office:	Mobile: 94872436
Nationality: SINGAPORE CITIZEN		Email: tjting87@gmail.com	
Sex: Male	Age: 32	Date of Birth: 07/03/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ACCOUNTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2020 00:00	Type of Location: Flyover
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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
SKZ4703L	Car	MAZDA	MAZDA3+4-DOOR+SEDAN+1.5L+SP6EAT	Silver	Seriously Damaged	0
SLJ2742J	Car	MAZDA	5		Seriously Damaged	0
SLQ9225C	Car	HONDA	CR-V		Seriously Damaged	0

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200228/7003

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

2 of 3

Report No. T/20200228/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ4703L	NTUC Income Insurance Co-Operative Limited	5100295846-01	30/04/2019	24/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TING TECK JING	ID No.	S8773269Z
Related Vehicle	SKZ4703L (Car)	Contact No.	94872436
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I, VEHICLE A BEARING CAR PLATE SKZ4703L WAS GOING STRAIGHT IN MY LANE. SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I ALIGHTED AND REALIZED VEHICLE B, BEARING CAR PLATE SLJ2742J HAD COLLIDED ONTO THE REAR OF MY VEHICLE. WHILE, VEHICLE C, BEARING CAR PLATE SLQ9225C HAD COLLIDED ONTO THE REAR OF VEHICLE B.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, BACK AND RIGHT ELBOW. SO I WENT TO INTEMEDICAL 24 HR CLINIC TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200228/7003

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

3 of 3

Report No: T/20200228/7003

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 / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 28/02/2020 03:08
Classification Of Case:

Authentication Stamp  
NP168

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200228/2064

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20200228/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2020 14:09	Vide Report No.: T/20200228/7003	Station Diary No.: 87
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Informant's Particulars			
Name of Informant: TING TECK JING		Address: APT BLK 23 GHIM MOH LINK #11-228 SINGAPORE 271023	
ID Type / ID No.: NRIC NO / S8773269Z		Contact No.:	Mobile: 94872436
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 07/03/1987	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ACCOUNTANT		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2020 00:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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

**Brief Details.**

Reference to traffic police report: T/20200228/7003.

I would like to add some information to the traffic police report. The owner of vehicle B sent me a video on Whatsapp showing the footage of the accident.

According to the video, vehicle B (SLJ2742J) cam recorder shows that he collided into my vehicle and I surge forward. However, there was a vehicle at the left hand side of the vehicle bearing registration: Vehicle D (SGZ5913M). He is occupying half of the lane and road shoulder as well. However, not sure, if the vehicle B did collided into vehicle D.

I overtook vehicle D as he was moving to the road shoulder and I am unsure of his motive.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200228/2064

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3  
Report No. T/20200228/2064

**CONTINUATION OF REPORT**

The purpose of this report is to add onto the report based on the video.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200228/2064

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3  
Report No. T/20200228/2064

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: D / Sgt 1 WONG JUN LI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: 
Date/Time: 28/02/2020 14:09
Classification Of Case: SN 37

Authentication Stamp  
NP168

 SIGNATURE
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Accident Photo



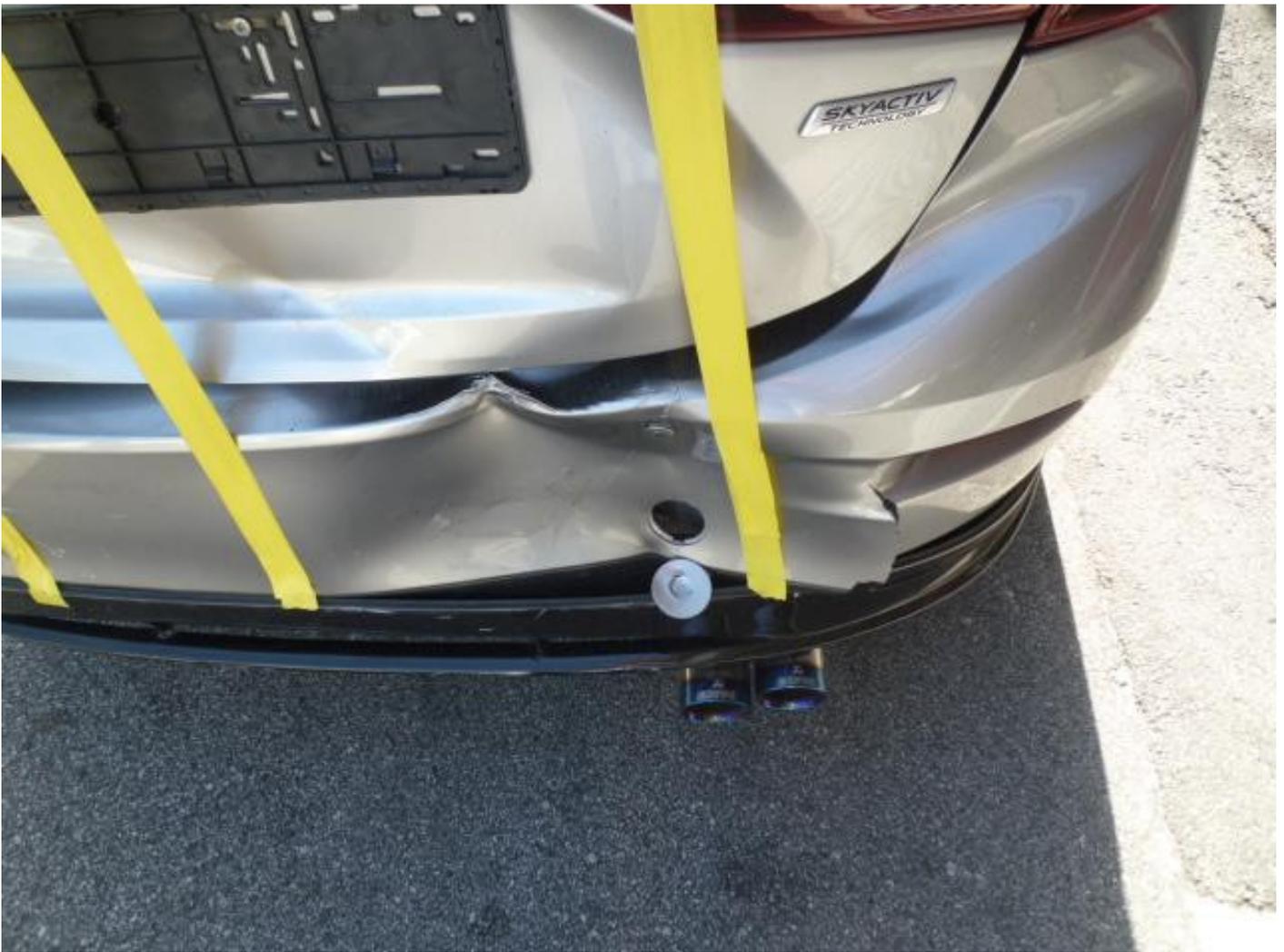
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

