

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 13/01/2020 16:01
 Date Of Accident 11/01/2020 10:50
 Exact Location Of Accident CTE TWDS CITY BEFORE BRADDELL RD EXIT
 Country/State of Loss SINGAPORE

ACCIDENT STATEMENT

Vehicle Registration Number SKU45E
Insured/Policyholder
 Name Of Registered Owner HSC PIPELINE ENGINEERING PTE LTD
 Co Reg No 1XXXXX255C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96546461
 Alternative Phone No OFFICE-96546461

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model CLA180 (R18 BI)
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5080671106-03
 Cover Note Number

Driver

Name of Driver SHI HONG SHENG (XU HONGSHENG)
 NRIC No SXXXX627F
 Date Of Birth 13/10/1986
 Occupation INDOOR
 Date Of Driving Pass 12/06/2006
 Driving Experience 13 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96546461
 Fax Number OFFICE-96546461
 Contact Number NOEMAIL
 EMail Address

Address BLK 336A ANCHORVALE CRESCENT
#15-22
Postcode 541336
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 -
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 4
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/20200111/7020.

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 SMJ5970K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG CHIN KUAY
NRIC/Passport Number SXXXX008C
Contact Number 96325873
Address
Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS8531P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN KUAN HWEE
NRIC/Passport Number SXXXX535C
Contact Number 98367469
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMK6499T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ONG BENG LIANG
NRIC/Passport Number SXXXX102Z
Contact Number 96398036
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHI HONG SHENG (XU HONGSHENG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKU45E
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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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Research 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 be 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 claim;
 - (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 be 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:

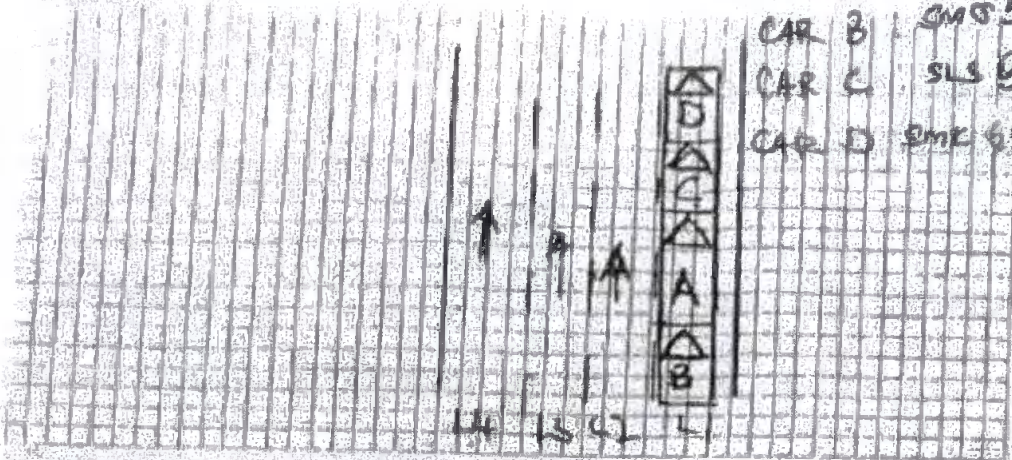
Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Form 1 (Updated 2019)

Accident Sketch Plan

C16 JAMES AYE
JAMES BRADSHAW

SKETCH PLAN



CAR A 1 SKW 45 D.
CAR B 1 GMS 5970E
CAR C 1 SLS B531P.
CAR D 1 EME 5999T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFR TO POLICE REPORT ATTACHED

DECLARATION



Policyholder's Signature
Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/7020

1 of 4

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

Report No: T/20200111/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 18:53		Vfile Report No:		Station/Diary No:	
Informant's Particulars					
Name of Informant: SHI HONG SHENG			Address: APT BLK 336A ANCHORVALE CRESCENT #15-22 SINGAPORE 541336		
ID Type / ID No: NRIC NO / S8629627F			Contact No: Home/Office:		Mobile: 96546461
Nationality: SINGAPORE CITIZEN			Email: shane@hscoe.com		
Sex: Male	Age: 33	Date of Birth: 13/10/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			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: 11/01/2020 10:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKU45E	Car					0
SLS8631P	Car					0
SMJ5970K	Car					0
SMK6499T	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

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Report No: T/20200111/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHI HONG SHENG	ID No.	S8629627F
Related Vehicle	SKU45E (Car)	Contact No.	96546461
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN KUAN HWEE	ID No.	S1158535C
Related Vehicle	SL58531P (Car)	Contact No.	98387489
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG CHIN KUAY	ID No.	S1796008C
Related Vehicle	SMJ5970K (Car)	Contact No.	96325873
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000



T/20200111/7020

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Report No. T/20200111/7020

CONTINUATION OF REPORT

Driver:			
Name	ONG BENG LIANG	ID No.	S9212102Z
Related Vehicle	SMK6499T (Car)	Contact No.	96398036
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

I, SKU45E, was travelling on the fast lane of CTE towards city. Nearing the braddell exit, the car in front of me, SLS8531P suddenly did a hard brake and I brake immediately as well. Suddenly I felt a very heavy impact from the back of my car and realised that SMJ5970k had drove into the back of my car. The impact from SMJ5970k pushed my car forward and hit SLS8531P. When I alighted from the vehicle, I can see that there is another vehicle in front of SLS8531P. It is SMK6499T.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20200111/7020

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 /
YEO GEAK ENG CECILIA
Contact No: 85478404

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:
11/01/2020 18:53

Classification Of Case:

Accident Photo

