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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/08/2020 15:39
Date Of Accident	02/08/2020 19:40
Exact Location Of Accident	ALONG PUNGGOL EAST TWDS PUNGGOL CTRL AT EXTM LEFT
Country/State of Loss	SINGAPORE
Į.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV4129R
Insured/Policyholder	
Name Of Registered Owner	CHEN SIYA
NRIC No	S8712140B
Email Address	CHENSIYA87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96332803
Alternative Phone No	OFFICE-96332803
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5100781285
Cover Note Number	
Driver	
Name of Driver	TEY TZE TONG

 Name of Driver
 TEY TZE TONG

 NRIC No
 \$8625425E

 Date Of Birth
 18/09/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 25/04/2005

Driving Experience 15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96823991

Fax Number
Contact Number

EMail Address TZETONG3@GMAIL.COM

Address 10 LENTOR GREEN S 789259

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

3

2

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

Passenger 2 NAME: : SON

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200803/2082

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7042Y

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

WIFE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

-5 AUG 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLA	AN e of Accident:	02.08.201	1940 hrs Location:	Road	1 Twds	. Road	2	
Veh A: Sk	V4129R	Veh B: SKJ	4929 L Veh C/Others:	SHC	70424	Punggol	East	# Ctra
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DECLARATIO	N				KOM MO			
/We declare th	ne foregoing pa	rticulars are true in	every respect.		(50 V)			
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olicyholder's Si	gnature Date	Driver's Si	-		eporting Centre	Personnel's Sig	nature $ u$	
& Time:		(If driver i & Time:	s not the policyholder) Date		ame: RIC/FIN No.:			
GIARMC SketchPla	anFørm_V3	~ IIIIC.	-5 AUG 2020				2	





Police Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No., T/20200803/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2020 16:42		ade:	Vide Report No.:	Station Diary No.: 55		
Informant'	's Particul	lars -				
Name of Informant:			Address:			
TEY TZE TONG			10 LENTOR GREEN SINGAPORE 789259			
ID Type / II	D No.:		Contact No.:			
NRIC NO / S8625425E			Home/Office: Mobile: 96823991			
Nationality:			Email:			
SINGAPOR	RE CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	33	18/09/1986	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English	·		
Occupation	1:		Driving Licence Information:			
DOCTOR			Class: 2B,3	Date of Expiry:		

General Informat	ion of the Accident				Tanga.
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2020 19:40		Type of Location: Straight Road
PUNGGOL EAST PUNGGOL CEN	TRAL		me left lane		
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving	Vehicles - Head To R	ear	<u> </u>		one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC7042Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	0
SKV4129R	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Silver	Seriously Damaged	ì





2 of 3

Report No. T/20200803/2082

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Brief Details.

On 02/08/2020 at about 1940hrs, I was driving my vehicle SKV4129R along Punggol East towards Punggol Central at the extreme left lane with my wife who is pregnant for 38 weeks and 2 year old son. Both my wife and my son was sitting at the rear passenger seat.

Suddenly the vehicle SHC7042Y which is in front of my vehicle made an emergency brake and I immediately applied emergency brake too and I manage to stop in time before hitting his vehicle. Suddenly, I felt a huge impact from the rear of my vehicle which resulted my vehicle protruded forward and hit against the front vehicle SHC7042Y.

I then check with my wife and my son if they are alright. My wife informed that she had right shoulder pain and my son was alright at that point of time. I then got out of my vehicle and carried my son out and my wife also came out of the vehicle to make a check. We saw that there's a vehicle had overturned at the front middle lane and there are lots of people at the scene. One of the passerby informed me that he had already called for an ambulance. I then asked my wife to sit at the bus stop seat near the accident site with my son and wait for ambulance. I then called my mother-in-law and inform about the matter and they came down to the scene afterwards.

Ambulance, police and fireman came to the scene. The paramedics render medical assistance to us and my wife. Traffic police took my details and my wife was conveyed to KK Hospital accompanied with me and I handed my son to my mother-in-law to take care. After a while, traffic police contacted me and informed me that they will tow my vehicle. They also gave me a case number F/20200802/0250.

When, I was at KK Hospital and the doctor made a check on my wife. The doctor told us that during the check, they notice the baby heartbeat had slow down for awhile and recommended my wife to deliver our baby early as they are worry. We are worried for our baby, we agreed to my wife to deliver our baby early and KK Hospital kept us in observation till 7am.

On 03/08/2020 at 0700hrs, my wife was discharge from KK Hospital and we went to Mount Elizabeth Novena Hospital for my wife to deliver our baby.





Police Station Of Origin:
Punggol N.P.C
214 Tebing Lane SINGAPORE 828

3 of 3 Report No. T/20200803/2082

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

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:	Signature Of Informant:
Sgt 2 IVIN ONG HONG CHUAN	
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2020 16:42
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	\$80.085 \$10.085
Authentication Stamp NP168	Signature:
	Singapore Police Force