

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	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

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
NRIC No	S8625425E
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
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
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
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?	NO

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

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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.:



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200803/2082

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		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: TEY TZE TONG			Address: 10 LENTOR GREEN SINGAPORE 789259		
ID Type / ID No.: NRIC NO / S8625425E			Contact No.: Home/Office: Mobile: 96823991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 18/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2020 19:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL EAST PUNGGOL CENTRAL Along Punggol East towards Punggol Central at the extreme left lane				
Weather: Clear		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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	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	2



**SINGAPORE
POLICE FORCE**



T/20200803/2082

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

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Report No. T/20200803/2082

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.



**SINGAPORE
POLICE FORCE**



T/20200803/2082

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

3 of 3

Report No. T/20200803/2082

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:

F /

Sgt 2 IVIN ONG HONG CHUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2020 16:42

Officer In Charge Of Case:

TP / GIT /

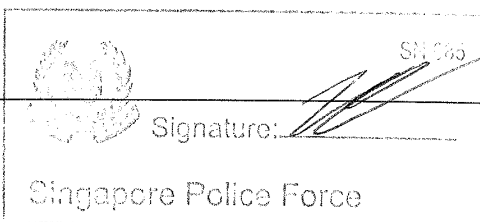
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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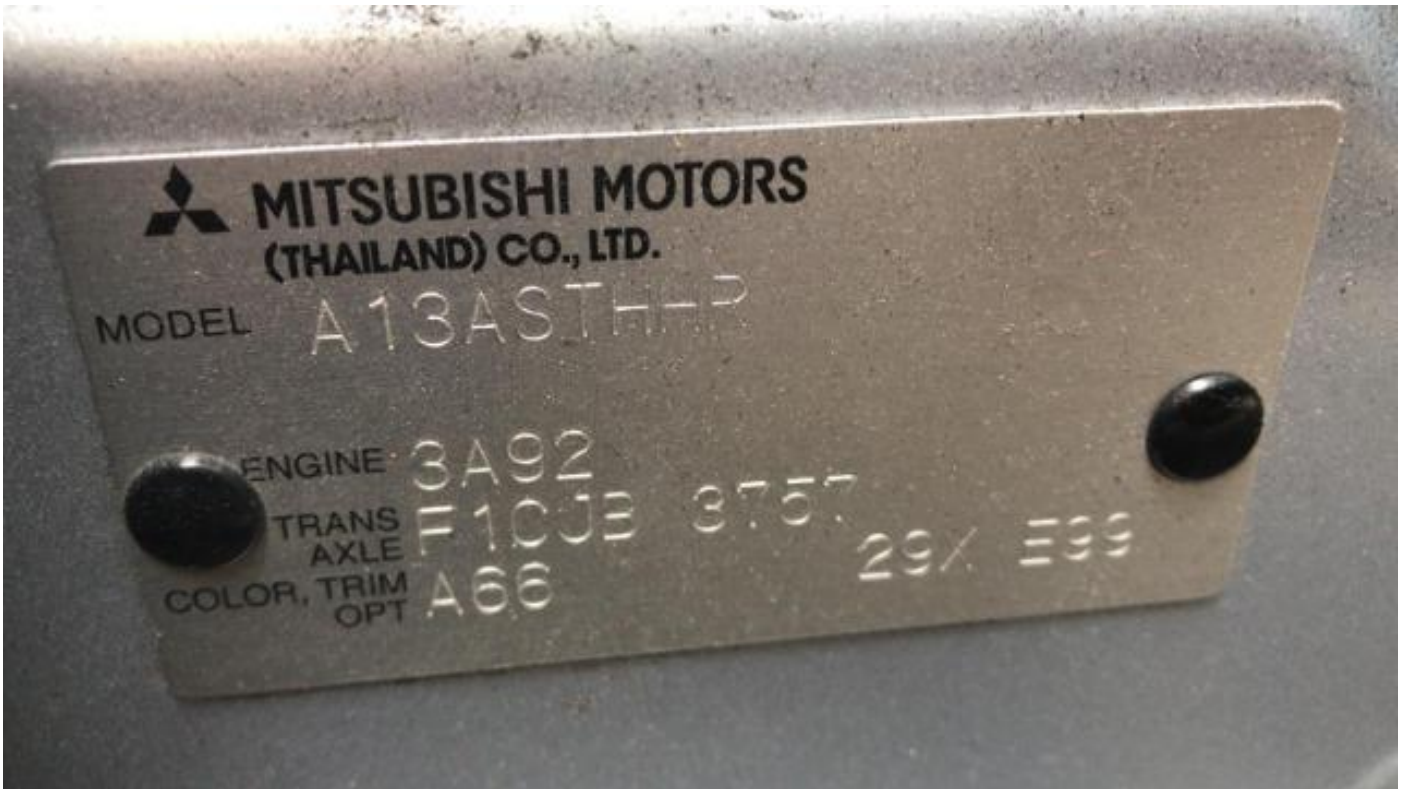
Accident Photo



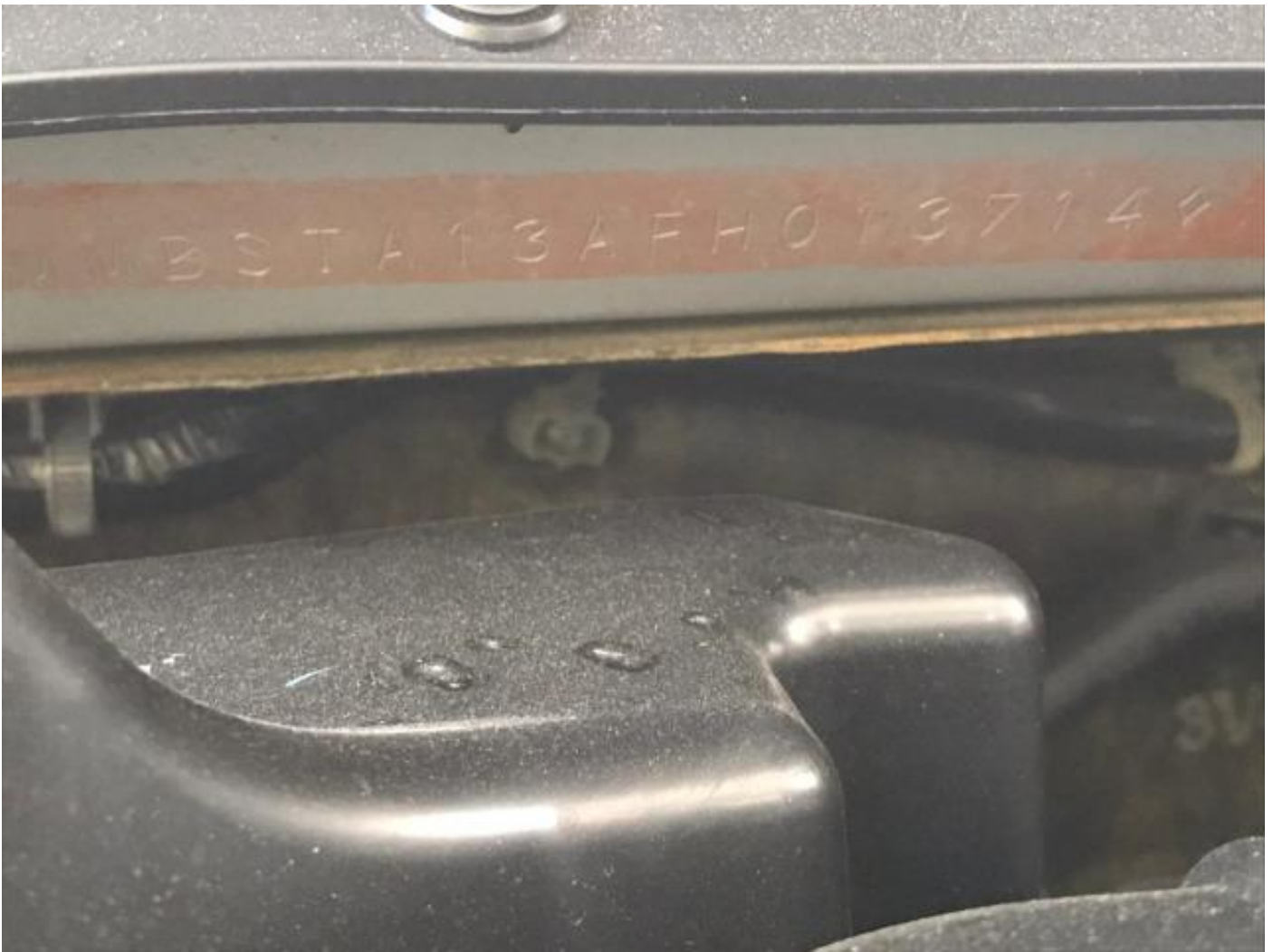
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MLTM20066143 Vehicle Registration No: SKV 4129R
Name (as shown in NRIC) : Tey Tze Tong NRIC/FIN/Passport No : S8625425E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10, LENTOR GREEN Singapore 789258
Contact (Tel) : - Mobile No. : 96823991
Email Address : tzetong3@gmail.com
Date of Accident : 02.08.2020 Time of Accident : 10:40 hrs
Place of Accident : Along Punggol East Towards Punggol Central
Insurance Company : NTUC Income Insurance Co-Operative Ltd

(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:

TO add injury detail / person

(i) Vehicle A driver (SKV 4129R)

(ii) Vehicle B driver (SKJ 4029L)

TO add 3rd Party detail

(i) Vehicle B (SKJ 4029L)

Policyholder / Driver's Signature
Date: 06.08.20

SIGN HERE

Reporting Centre Personnel's Signature
Name: HEATH TAN
NRIC/FIN No.: S7137577C
Date: 06.08.20

