

### 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	08/09/2020 15:59
Date Of Accident	05/09/2020 14:00
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE JURONG WEST AVE 2 EXIT)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3857L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO CHANG YAN (ZHU CHANGYAN)
NRIC No	SXXXX885J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81003857
Alternative Phone No	OFFICE-81003857

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110887150-01 CLASSIC
Cover Note Number	

#### Driver

Name of Driver	CHOO CHANG YAN (ZHU CHANGYAN)
NRIC No	SXXXX885J
Date Of Birth	01/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81003857
Fax Number	
Contact Number	OFFICE-81003857
EEmail Address	NOEMAIL

Address	BLK 99 #04-203 OLD AIRPORT ROAD KALLANG AIRPORT 10
Postcode	390099
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	DRIZZLING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : ZHAO WENBIN
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT 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	SJK6249J
Vehicle Make/Model/Colour	TOYOTA/VIOS E AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FONG KIN FAI
NRIC/Passport Number	SXXXX275G
Contact Number	
Address	

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

#### DETAILS OF INJURED PERSON 1

Name	CHOO CHANG YAN (ZHU CHANGYAN)
Approximate Age	36
Injuries Sustain	UPPER BACK & NECK
Injured person in which vehicle?	SJR3857L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 99 #04-203 OLD AIRPORT ROAD KALLANG AIRPORT 10
Postcode	390099

#### DETAILS OF INJURED PERSON 2

Name	ZHAO WENBIN (PASSENGER)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJR3857L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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. 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:

- 8 SEP 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)  
25 Kaki Bukit Ave 4 #02-02  
Singapore 415933

Tel: 67416697 Fax: 67492305

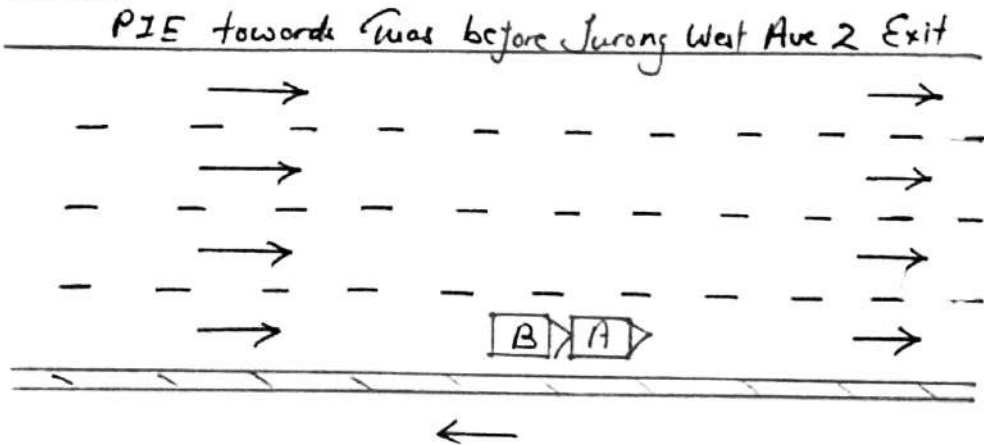
Report Centre

Name

NRIC/FIN No

# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SJR 3857 L  
(B) SJK 6249 J

I was convey to the hospital after the incident and I have one passenger inside my vehicle. I have 5 days me for my injury.

Refer to Police Report

Report No:-

T/2020 0906/2054

*[Signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

*[Signature]*  
Policyholder's Signature  
Date & Time: - 8 SEP 2020

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: varkb@vicom.com.sg  
Name:  
NRIC/FIN No:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/2054

Police Station Of Origin:  
Mountbatten NPP  
6C Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No 1800-3449999

1 of 3

Report No: T/20200906/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2020 14:43	Video Report No.:	Station Diary No.: 12
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## Informant's Particulars

Name of Informant: CHOO CHANG YAN			Address: APT BLK 99 OLD AIRPORT ROAD #04-203 SINGAPORE 390099		
ID Type / ID No NRIC NO / S8330885J			Contact No. Home/Office: Mobile: 81003857		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 01/10/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 14:00	Type of Location: Flyover
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Location:

PAN-ISLAND EXPRESSWAY

Weather: Drizzling	Road Surface: Wet	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
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
SJK8249J	Car	TOYOTA	VIOS E AUTO	Black	Seriously Damaged	0
SJR3857L	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJR3857L	NTUC Income Insurance Co-Operative Limited	5110887150-01	04/07/2020	03/07/2021

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/2054

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
340060  
Tel No: 1800-3449999

2 of 3

Report No: T/20200906/2054

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHOO CHANG YAN	ID No.	S8330885J
Related Vehicle	SJR3857L (Car)	Contact No.	81003857
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Person</b>			
Name	Fong Kin Fai	ID No.	S8323275G
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 05/09/2020 at 1400hrs, I was from Tuas heading back home when I encountered the incident. I was on the most right lane when I noticed that the rear bonnet of the vehicle in front of me was opening. I noticed that the vehicle had his hazard light on and was slowing down. I managed to slow down however, I was then hit by the vehicle behind me. After the collision, the driver behind then approached me and noticed that I was blacked out and called for an ambulance. I was blackout but I managed to regain conscious slowly and I was then told by the Traffic Police that my vehicle will be towed away. As I was being conveyed to National University Hospital, my friend accompanied me in the ambulance. After the checkup at National University Hospital, I was told that I had injured my upper back and my neck. I was then given 5 days of Medical Certificate dated from 05/09/2020 to 09/09/2020. On the 05/09/2020, at 2026hrs, I received a call from a Traffic Police Officer and was told to lodge a traffic police report and to collect my vehicle at the Traffic Police Headquarter on the Tuesday, 08/09/2020.

Individual Statement



SINGAPORE  
POLICE FORCE



T/20200906/2054

Police Station Of Origin  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
360060  
Tel No: 1800-3449999

Page 3  
Report No: T/20200906/2054

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:

G/

Sgt 1 KENDRICK TAN KIAN LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/09/2020 14:43

Officer In Charge Of Case

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No: 65474885

Classification Of Case:

Authentication Stamp

NP188

SIGNATURE



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200906/7015

1 of 3

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

Report No: T/20200906/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2020 15:08		Vide Report No.: T/20200906/2054		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO CHANG YAN			Address: 99 OLD AIRPORT ROAD #04-203 SINGAPORE 390099		
ID Type / ID No.: NRIC NO / S8330885J			Contact No.: Home/Office: Mobile 81003857		
Nationality: SINGAPORE CITIZEN			Email: mg3solution@gmail.com		
Sex: Female	Age: 36	Date of Birth: 01/10/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: private hirer		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: 05/09/2020 14:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
SJK6249J	Car					0
SJR3857L	Car	TOYOTA	VIOS E AUTO	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200908/7015

2 of 3

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

Report No. T/20200908/7015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR3857L	NTUC Income Insurance Co-Operative Limited	5110887150-01	04/07/2020	03/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	ZHAO WENBIN	ID No.	G2937034L
Related Vehicle	SJR3857L (Car)	Contact No.	82222418
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/09/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	CHOO CHANG YAN	ID No.	S8330885J
Related Vehicle	SJR3857L (Car)	Contact No.	81003857
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details:

REFER TO REPORT NO. T/20200906/2054

I WISH TO INCLUDE MY PASSENGER ZHAO WENBIN FIN. G2937034L AS HE WAS ALSO INJURED DUE TO THE ACCIDENT.

HE WAS AWARDED 5 DAYS MC 08/09/2020 - 12/09/2020

Individual Statement



SINGAPORE  
POLICE FORCE



T/20200908/7015

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

3 of 3  
Report No. T/20200908/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP/58

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/09/2020 15:03

Classification Of Case: