

## 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	12/10/2020 11:29
Date Of Accident	09/10/2020 19:20
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3870E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OOI CHONG CHENG (HUANG ZHONGCHENG)
NRIC No	SXXXX223B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94500535
Alternative Phone No	OFFICE-94500535

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3L A
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106113227-01
Cover Note Number	

### Driver

Name of Driver	OOI CHONG CHENG (HUANG ZHONGCHENG)
NRIC No	SXXXX223B
Date Of Birth	12/02/1982
Occupation	INDOOR
Date Of Driving Pass	19/05/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500535
Fax Number	
Contact Number	OFFICE-94500535
E-Mail Address	NOEMAIL

Address	BLK 134 EDGEDALE PLAINS #09-68
Postcode	820134
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	6
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)	3
Passenger 1	NAME: : TOK YONG KUN GENDER: : MALE
Passenger 2	NAME: : CHEN QIUTONG GRACE GENDER: : FEMALE

### 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	<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/20201009/7030.

### 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	SLT7645X
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 SLL8959B  
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 3

Vehicle Registration Number SJR5501Z  
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 4

Vehicle Registration Number SKA6058J  
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 5

Vehicle Registration Number SMF1756K

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 OOI CHONG CHENG (HUANG ZHONGCHENG)  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SME3870E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TOK YONG KUN  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SME3870E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name CHEN QIUTONG GRACE  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SME3870E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodging 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:

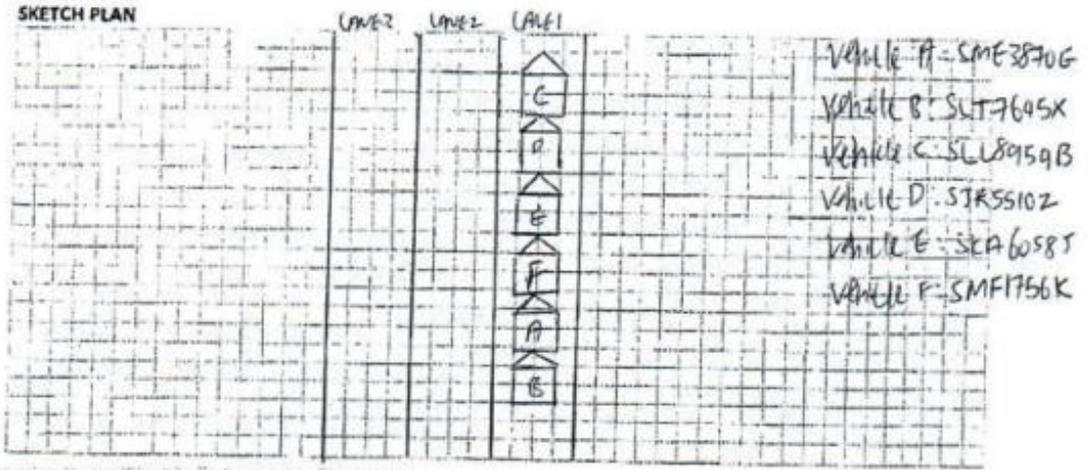
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO  
POLICE  
REPORT

**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.:

CCN011 2007-1-1 ProForm 1/04

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20201009/7030

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

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Report No. T/20201009/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2020 21:56		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: OOI CHONG CHENG		Address: 134 EDGEDALE PLAINS #09-68 SINGAPORE 820134	
ID Type / ID No.: NRIC NO / S8205223B		Contact No.:	Mobile: 94500535
Nationality: SINGAPORE CITIZEN		Email: macroy10@hotmail.com	
Sex: Male	Age: 38	Date of Birth: 12/02/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Biological technician		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2020 19:30	Type of Location: Straight Road
Location:  SLE TOWARDS BKE BEFORE MANDAI ROAD EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 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	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR5510Z	Car				Seriously Damaged	0
SKA6058J	Car					0
SLL8959B	Car				Seriously Damaged	0

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20201009/7030

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

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Report No. T/20201009/7030

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT7645X	Car				Seriously Damaged	3
SME3870E	Car	HONDA	FIT 1.3L A	Yellow		0
SMF1756K	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3870E	NTUC Income Insurance Co-Operative Limited	5106113227-01	06/12/2019	05/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OOI CHONG CHENG	ID No.	S8205223B
Related Vehicle	SME3870E (Car)	Contact No.	94500535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

I was travelling on SLE TOWARDS BKE BEFORE MANDAI ROAD EXIT on the first lane of the expressway. Traffic was moderate and the floor was dry. Suddenly, the vehicle in front of me slow down and came to a stop. I followed suit and did the same. Out of a sudden I felt a huge impact on the rear of my vehicle causing me to hit the vehicle in front of me. I got down and realised I was involved in a 6 car chain collision.

I felt discomfort in my neck and back areas and proceeded to seek treatment at the clinic and was given 3 days MC.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20201009/7030

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

3 of 3

Report No. T/20201009/7030

**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 / TPHQ / ONG YONG HOCK Contact No.: 65476436

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/10/2020 21:56
Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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