

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	29/10/2020 11:32
Date Of Accident	28/10/2020 11:30
Exact Location Of Accident	SLIP RD OF EXIT 27 PIE > TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6189K
Insured/Policyholder	
Name Of Registered Owner	WONG YEW KAY
NRIC No	SXXXX070Z
Email Address	YKWONG0202@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97360843
Alternative Phone No	Others-97360843

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116820775
Cover Note Number	02/04/2020 - 01/04/2021

Driver

Name of Driver	WONG YEW KAY
NRIC No	SXXXX070Z
Date Of Birth	03/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1972

Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97360843
Fax Number	
Contact Number	OTHERS-97360843
EMail Address	YKWONG0202@YAHOO.COM
Address	BLK817 TAMPINES STREET 81 #12-584
Postcode	520817
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	CLEAR
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: : GRAB PASSENGER Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 28/10/2020 AT ABOUT 1130HRS, I WAS DRIVING MY PRIVATE HIRE CAR REG NO: SGY6189K TOYOTA GREY IN COLOUR ALONG PIE TOWARDS TUAS. I THEN TOOK EXIT 27 TOWARDS CLEMENTI/AYE BEFORE KEEPING RIGHT TOWARDS BUKIT BATOK. I THEN ENTERED THE SLIP ROAD WHICH WAS LEADING TOWARDS TOH TUCK AVENUE. THE SLIP ROAD IS ONE WAY AND HAVE A GIVE WAY LINE. I THEN STOP MY VEHICLE BEHIND THE LINE, TO CHECK FOR ONCOMING VEHICLE FROM THE RIGHT. FEW SECONDS AFTER I STOPPED, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. AFTER THE COLLISION, I CHECKED MY PASSENGER WHO WAS SEATED ON THE REAR PASSENGER SEAT ON THE LEFT SIDE. SHE COMPLAIN OF PAIN ON HER NECK. I ASKED HER IF SHE LIKE ME TO CALL FOR AMBULANCE AND SHE AGREED. I THEN CALLED FOR

AMBULANCE BEFORE GOING OUT TO CHECK ON THE CAR. I THEN REALISE MY CAR HAS BEEN HIT BY A BLUE COLOUR TOYOTA LORRY REG NO: GBE3769X. THE DRIVER AND ME THEN EXCHANGE OUR PARTICULARS AND TOOK PHOTO OF THE DAMAGES. THE AMBULANCE CAME AND CONVEY MY PASSENGER TO HOSPITAL. I DO NOT KNOW MY PASSENGER'S NAME AND ONLY HAVE HER GRAB BOOKING CODE NO: IOS-2590808-8-435. I HAVE PICKED HER UP FROM 588B MONTREAL DRIVE AND SHE WAS GOING TO NO.9 INTERNATIONAL BUSINESS PARK. I AM NOT INJURED IN THE ACCIDENT. THE LORRY DRIVER ALSO INFORMED ME THAT HE IS ALSO NOT INJURED. THE LORRY DOES NOT HAVE ANY VISIBLE DAMAGE. MY CAR REAR DOOR AND REAR LEFT BUMPER WAS SERIOUSLY DAMAGE WITH DENT AND SCRATCHES. THE TRAFFIC POLICE CAME AND TOOK AWAY MY SD CARD FROM MY IN-CAR CAMERA.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD TOOK BY TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3769X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHU KARUPPIAH SUBRAMANIAM
NRIC/Passport Number	GXXXX391X
Contact Number	91317421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GRAB PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGY6189K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

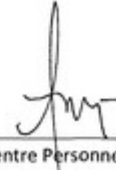
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:


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



Sketch Plan

The sketch plan shows a road layout. A horizontal line represents a road. A vertical line branches off to the right, labeled 'TOH GUAN AVE' with an upward arrow. Below the horizontal line, there is a label 'EXIT 27 PE' and 'TOWARDS BT BARTOK'. Two rectangular boxes, labeled 'B' and 'A', are positioned below the road. Box 'B' is to the left of box 'A'. Both boxes have a diagonal line from the bottom-left to the top-right. An arrow points from box 'B' towards box 'A'.

EXIT 27 PE
TOWARDS BT BARTOK

↑ TOH GUAN AVE

Vec A: SGY 6189K
Vec B: GBE 3769X

[illegible]

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel Signature: _____

Name: _____

NRIC/FIN No.: _____



SINGAPORE POLICE FORCE



T/20201028/2056

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20201028/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 14:17	Vide Report No.: D/20201028/0060	Station Diary No.: 41
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Informant's Particulars

Name of Informant: WONG YEW KAY			Address: APT BLK 817 TAMPINES STREET 81 #12-584 SINGAPORE 520817		
ID Type / ID No.: NRIC NO / S0202070Z			Contact No.: Home/Office: Mobile: 97360843		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 03/03/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2020 11:30	Type of Location: Y-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBE3769X	Lorry	TOYOTA		Blue	No Damage	0
SGY6189K	Car	TOYOTA	WISH 1.8 A	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY6189K	NTUC Income Insurance Co-Operative Limited	5116820775	02/04/2020	01/04/2021



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUTHU KARUPPIAH SUBRAMANIAM	ID No.	G2065391X
Related Vehicle	GBE3769X (Lorry)	Contact No.	91317421
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
Driver			
Name	WONG YEW KAY	ID No.	S0202070Z
Related Vehicle	SGY6189K (Car)	Contact No.	97360843
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/10/2020 at about 1130hrs, I was driving my private hire car Reg No: SGY6189K Toyota Grey in colour along PIE towards Tuas. I then took exit 27 towards Clementi/AYE before keeping right towards Bukit Batok. I then entered the slip road which was leading towards Toh Tuck Avenue. The slip road is one way and have a give way line. I then stop my vehicle behind the line, to check for oncoming vehicle from the right. Few seconds after I stopped, I felt an impact from the rear of my vehicle. After the collision, I checked my passenger who was seated on the rear passenger seat on the left side. She complain of pain on her neck. I asked her if she like me to call for ambulance and she agreed. I then called for ambulance before going out to check on the car. I then realise my car has been hit by a blue colour Toyota lorry Reg No: GBE3769X. The driver and me then exchange our particulars and took photo of the damages. The ambulance came and convey my passenger to hospital. I do not know my passenger's name and only have her GRAB Booking code no: IOS-2590808-8-435. I have picked her up from 588B Montreal drive and she was going to No.9 International Business Park.

I am not injured in the accident. The lorry driver also informed me that he is also not injured. The lorry does not have any visible damage. My car rear door and rear left bumper was seriously damage with dent and scratches. The traffic police came and took away my SD card from my in-car camera.



**SINGAPORE
POLICE FORCE**



T/20201028/2056

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Police Station Of Origin:
Tampines N.P.C
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Tel No: 1800-5871999

Report No. T/20201028/2056

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201028/2056

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201028/2056

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 /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Informant:

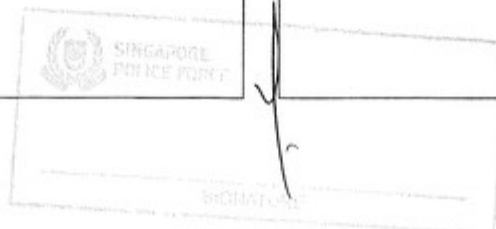
Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2020 14:17

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

