

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 Submission 19/04/2021 18:01 (SGT)
Date of Accident 18/04/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TWDS AYE BEFORE AMK AVE 5 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3534B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN JUNHAO, WINSON
NRIC No SXXXX003E
Email Address WINSON_LIN87@HOTMAIL.COM
Mobile Phone No (Phone) +65-94527705
Alternative Phone No (Home) +65-94552770

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120544840
Cover Note Number -

DRIVER

Name of Driver LIN JUNHAO, WINSON
NRIC No SXXXX003E

| | |
|--|-------------------------------------|
| Date Of Birth | 16/02/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 01/02/2010 |
| Driving experience | 11 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94527705 |
| Alt. Phone Number | (Home) +65-94552770 |
| Email Address | WINSON_LIN87@HOTMAIL.COM |
| Address | BLK 574B WOODLANDS DRIVE 16 #05-746 |
| Address complement | - |
| Postcode | 732574 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------------------|
| Name | CHRISTINA RENAE WEE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------------|
| Name | LIAM LINLIEN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO 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 | SMY1271S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------|
| Name of injured person | CHRISTINA RENAE WEE |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMX3534B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------------|
| Name of injured person | LIN JUNHAO WINSON |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMX3534B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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.
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")

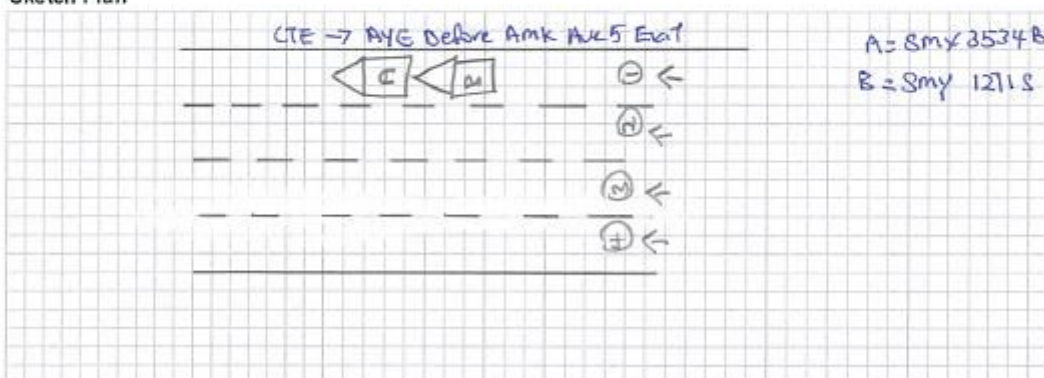
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to POLICE Report.

Declaration

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

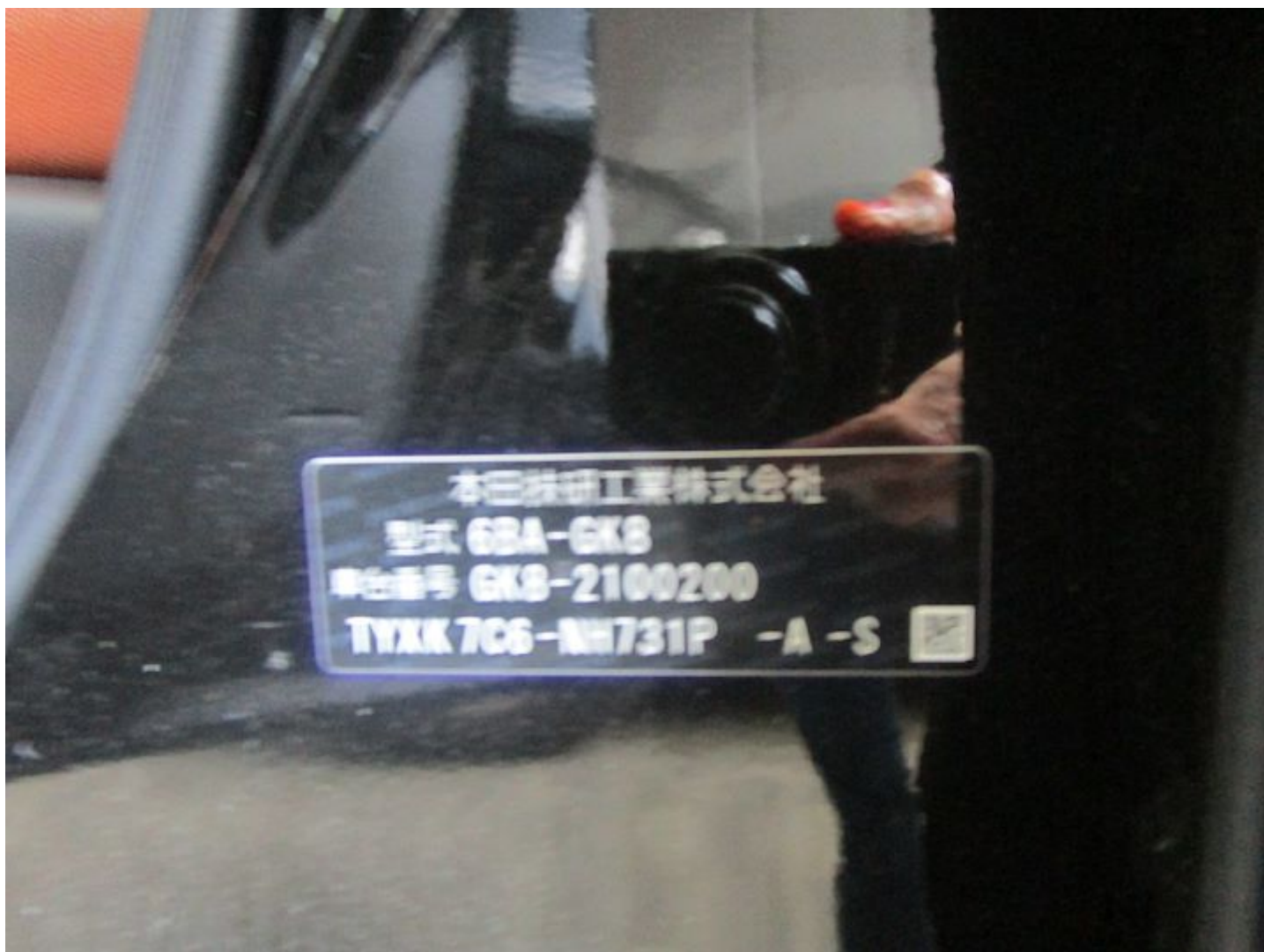
Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20210418/7012

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

1 of 3
Report No, T/20210418/7012

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 18/04/2021 16:49 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: LIN JUNHAO, WINSON | | | Address: 574B WOODLANDS DRIVE 16 #05-746 SINGAPORE 732574 | | |
| ID Type / ID No.: NRIC NO / S8709003E | | | Contact No.: Home/Office: Mobile: 94552770 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: WINSON_LIN87@HOTMAIL.COM | | |
| Sex: Male | Age: 34 | Date of Birth: 16/03/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Pharmaceutical technician | | | Driving Licence Information: Class: 3 | | |
| | | | Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/04/2021 14:00 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|----------------------------------|-------|----------|-------|
| SMX3534B | Car | HONDA | SHUTTLE+1 .5G+CVT+S ENSING | Black | | 0 |
| SMY1271S | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20210418/7012

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

2 of 3
Report No. T/20210418/7012

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMX3534B | NTUC Income Insurance Co-Operative Limited | 5120544840 | 07/01/2021 | 06/01/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|------------------------|----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Passenger | | | | |
| Name | CHRISTINA RENAE WEE | | ID No. | S8921467Z |
| Related Vehicle | SMX3534B (Car) | | Contact No. | 91885991 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 18/04/2021 | | Date | 18/04/2021 |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |
| Driver | | | | |
| Name | LIN JUNHAO, WINSON | | ID No. | S8709003E |
| Related Vehicle | SMX3534B (Car) | | Contact No. | 94552770 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 18/04/2021 | | Date | 18/04/2021 |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |

Brief Details.

As i was travelling along CTE towards AYE before ANG MO KIO Ave 5 exit,it was heavy traffic.My infront vehicle slow down and stopped so i follow suit.Moments later i feel an huge impact from my vehicle rear.I then realised vehicle (SMY1271S) failed to stop and collided onto my vehicle rear.After the accident,me and my passseger feel unwell and went to consult doctor and was given 3 days mc each.

**SINGAPORE
POLICE FORCE**

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



T/20210418/7012

3 of 3

Report No. T/20210418/7012

CONTINUATION OF REPORTSketch 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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

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

Date/Time:
18/04/2021 16:49

Classification Of Case:



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: S66550020G / 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 : **SY09214J0004** Vehicle Registration No: **SMY1271S**
 Name (as shown in NRIC) : **LIN JUNHAO, WINSON** NRIC/FIN/Passport No : **SXXXX003E**
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : **BLK 574B WOODLANDS DRIVE 16 #05-746** Singapore (**732574**)
 Contact (Tel) : **94552770** Mobile No. : _____
 Email Address : **WINSON_LIN87@HOTMAIL.COM**
 Date of Accident : **18.04.2021** Time of Accident : **14:00**
 Place of Accident : **CTE TWDS AYE BEFORE AMK AVE 5 EXIT**
 Insurance Company: **NTUC**

(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:

ADD ON INJURY

Policyholder / Driver's Signature
 Date:

SHUYI

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