

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 18/05/2021 17:56 (SGT)
Date of Accident 17/05/2021 13:50 (SGT)
Exact Location of Accident Upper Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR3225K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIANG MINXUN
NRIC No SXXXX218H
Email Address FRIEND@SKYES.ORG
Mobile Phone No (Phone) +65-98350236
Alternative Phone No (Home) +65-98350236

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118404813
Cover Note Number -

DRIVER

Name of Driver XIAO LI EN
NRIC No SXXXX440D

Date Of Birth	04/06/1983
Occupation	Indoor
Date Of Driving Pass	14/12/2005
Driving experience	15 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97538346
Alt. Phone Number	-
Email Address	FRIEND@SKYES.ORG
Address	BLK 493E TAMPINES STREET 43
Address complement	#05-340
Postcode	524493
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	AFTER RAIN
Road Surface	Wet

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	LIANG MINXUN
Gender	Male

PASSENGER 2

Name	LIANG JUN HE
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 POLICE REPORT & SKETCH PLAN

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	SHB6270S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	XIAO LI EN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 3DAYS
Injured person in which vehicle?	SJR3225K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIANG MINXUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 3DAYS
Injured person in which vehicle?	SJR3225K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LIANG JUN HE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 3DAYS
Injured person in which vehicle?	SJR3225K
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 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:
 17/05/2021 1650hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 17/05/2021 1650hrs

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



















**SINGAPORE
POLICE FORCE**



T/20210517/7053

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

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Report No. T/20210517/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2021 23:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIANG MINXUN			Address: 493E TAMPINES STREET 43 #05-340 SINGAPORE 524493		
ID Type / ID No.: NRIC NO / S8334218H			Contact No.: Home/Office: Mobile: 98350236		
Nationality: SINGAPORE CITIZEN			Email: FRIEND@SKYES.ORG		
Sex: Male	Age: 37	Date of Birth: 21/10/1983	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Systems designer/analyst			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2021 13:50	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB6270S	Car	TOYOTA		Blue	Slightly Damaged	0
SJR3225K	Car	TOYOTA	NOAH	White	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210517/7053

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

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Report No. T/20210517/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR3225K	NTUC Income Insurance Co-Operative Limited	5118404813	01/08/2020	01/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	LIANG MINXUN		ID No.	S8334218H
Related Vehicle	SJR3225K (Car)		Contact No.	98350236
Hospital/Clinic	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/05/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight
Passenger				
Name	LIANG JUN HE		ID No.	T1200409A
Related Vehicle	SJR3225K (Car)		Contact No.	97538346
Hospital/Clinic	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	17/05/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	XIAO LI EN		ID No.	S8317440D
Related Vehicle	SJR3225K (Car)		Contact No.	97538346
Hospital/Clinic	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/05/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210517/7053

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

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Report No. T/20210517/7053

CONTINUATION OF REPORT

Brief Details.

At about 150pm, our car was travelling along Upper Bukit Timah Road towards Ngee Ann Polytechnic near the old Bukit Timah Fire Station. Our car was in the middle lane when the car in front suddenly came to a complete stop. I proceeded to stop then there was a loud bang on top of a strong impact from behind. A Comfort Delgro taxi (SHB6270S) collided into the rear of my car. We alighted and exchanged contact details but the taxi driver was unwilling to show his driving licence or share his full name.

The taxi driver: Mr Lum (97499169)



**SINGAPORE
POLICE FORCE**



T/20210517/7053

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

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Report No. T/20210517/7053

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 / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
17/05/2021 23:50

Classification Of Case:



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5118404813	
The Policyholder	: LIANG MINXUN	
	: BLK 493E #05-340	
	: TAMPINES STREET 43	
	: SINGAPORE 524493	
Period of Insurance	: 05 Aug 2020 To 01 Aug 2021	
Sum Insured	: Market Value of Insured Vehicle at Time of Loss	
Premium (inclusive GST)	: S\$1,723.91	
Interest Insured		
Cover Type	: drive CLASSIC	
Primary Driver	: LIANG MINXUN	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: TOYOTA/NOAH	Capacity : 1800cc
Registration Number	: SJR3225K	Registration Year : 2018
Chassis Number	: ZWR800329907	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: S\$600	NCD Entitlement : 20%
Excess (Section 2)	: N/A	NCD Protection : No
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: YONG LEE SENG MOTOR PTE LTD	
Optional Cover		
Transport Allowance	: No	
Excess Waiver	: No	

Memo A : N/A

Endorsement Operative : N/A

Agency	: YONG LEE SENG MOTOR PTE LTD (00000613109)
Date of Issue	: 04 Aug 2020 14:48 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive