

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	06/05/2022 16:01 (SGT)
Date of Accident	06/05/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS SUNTEC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9357T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUM WEI KIT
NRIC No	S8920794J
Email Address	SUMWEIKIT89@GMAIL.COM
Mobile Phone No	(Phone) +65-96377520
Alternative Phone No	+65-96377520

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117083589-01
Cover Note Number	05/08/2021 - 04/08/2022

DRIVER

Name of Driver	SUM WEI KIT
NRIC No	S8920794J

Date Of Birth	21/06/1989
Occupation	Indoor
Date Of Driving Pass	25/02/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96377520
Alt. Phone Number	+65-96377520
Email Address	SUMWEIKIT89@GMAIL.COM
Address	BLK 217D SUMANG WALK #07-210
Address complement	-
Postcode	824217
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH VEHICLE OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7009U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow

Vehicle Category	
Name of Driver	
Contact Number	Taxi
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT AND REAR PORTIONS
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP5501L
Vehicle Manufacturer	Honda
Vehicle Model	Vezele
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMQ5982P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FEMALE CHINESE DRIVER
Contact Number	(Phone) +65-96754059
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SUM WEI KIT
Gender	Male
Phone No	(Phone) +65-96377520
Address	BLK 217D SUMANG WALK #07-210
Address Complement	-
Post Code	824217
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SLE9357T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

NHTA Records Management Centre
Report No: MI 1103

6502

Vehicle No: SLE9359T
Make/Model: HIVEZOL

Report Date: 6/5/22 Start Time: 10:42 AM
Reporting Type: TP End Time:

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

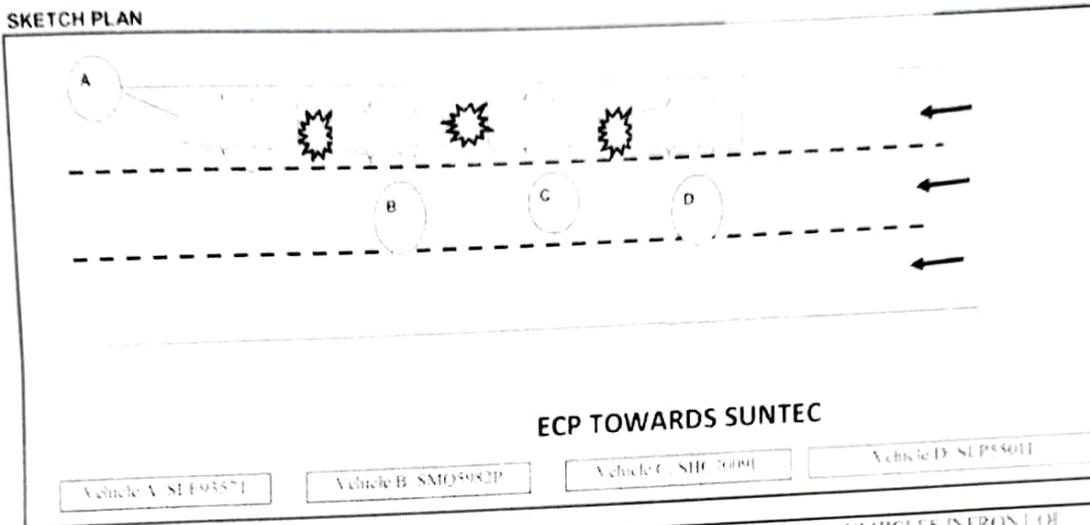
- I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided 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 purposes 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 be 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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.

6/5/2022 10:42
Policyholder's Signature
Date & Time

6/5/2022 10:42
Driver's Signature (if driver is not the policyholder)
Date & Time

6/5/2022 10:42
Reporting Centre Personnel's Signature
Name: Chen Jun Liang
NRIC / Fin No: S990765

SKETCH PLAN



MY VEHICLE WAS TRAVELLING ON THE RIGHTMOST LANE OF ECP TOWARDS SUNTEC. VEHICLES IN FRONT OF ME STOPPED SO I ALSO STOPPED. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE. UPON ALIGHT, IT WAS A CHAIN COLLISION INVOLVING FOUR VEHICLES IN TOTAL.

DECLARATION

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


 6/5/2022 10:42
 Policyholder's Signature
 Date & Time

6/5/2022 10:42
 Driver's Signature (if driver is not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name: Chen Junliang
 NRIC / Fin No: S993765



**SINGAPORE
POLICE FORCE**



T/20220506/7023

1 of 3

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

Report No. T/20220506/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2022 15.03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUM WEI KIT			Address: 217D SUMANG WALK #07-210 SINGAPORE 824217		
ID Type / ID No.: NRIC NO / S8920794J			Contact No.: Home/Office:		Mobile: 96377520
Nationality: SINGAPORE CITIZEN			Email: SUMWEIKIT89@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 21/06/1989	Type of Informant: Driver		Institution / School Name:
Race: Chinese			Language: English		
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2022 08:30	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Conditio	No of
SLE9357T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220506/7023

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

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Report No. T/20220506/7023

CONTINUATION OF REPORT

Driver			
Name	SUM WEI KIT	ID No.	S8920794J
Related Vehicle	SLE9357T (Car)	Contact No.	96377520
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	06/05/2022	Date	06/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

My vehicle was travelling on the rightmost lane of ECP towards Suntec. Vehicles in front of me stopped so I also stopped. Suddenly, I felt an impact on my vehicle rear portion and was hit by a car behind me. Upon alighting, it was a chain collision involving four vehicles in total. after the accident, I feel discomfort on my neck and went to see a doctor. I was given 3 days MC.

Front first car - SLE9357T (my car)
second car - SMQ5982P
third car - SHC7009U
last car - SLP5501L



**SINGAPORE
POLICE FORCE**



T/20220506/7023

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

3 of 3

Report No. T/20220506/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2022 15:03
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No. : 65476151	Classification Of Case:

MP168