

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 25/05/2022 10:51 (SGT)
Date of Accident 24/05/2022 09:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information KPE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP1175J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG MIN
NRIC No S8879153C
Email Address nancy_min@live.cn
Mobile Phone No (Phone) +65-96250567
Alternative Phone No +65-96250567

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 1317

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123483228
Cover Note Number -

DRIVER

Name of Driver BAI GUANG
NRIC No S8375040E

Date Of Birth	18/04/1983
Occupation	Indoor
Date Of Driving Pass	09/09/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96250567
Alt. Phone Number	-
Email Address	bai_guang@yahoo.com.sg
Address	BLK 107D EDGEFIELD PLAINS
Address complement	#15-138
Postcode	824107
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	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

PLEASE SEE ATTACHED SKETCH PLANS.

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	SHC8609G
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	LEE CHWEE LIAN JULIE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCG6990E
Vehicle Manufacturer	Honda
Vehicle Model	Odyssey
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	SHARON
Contact Number	(Phone) +65-90888289
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNC9198Y
Vehicle Manufacturer	Mercedes
Vehicle Model	C180k
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	CHAMP CHAN
Contact Number	(Phone) +65-93894781
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	BAI GUANG
Gender	Male
Phone No	(Phone) +65-92703576
Address	BLK 107D EDGEFIELD PLAINS
Address Complement	#15-138
Post Code	824107
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMP1175J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

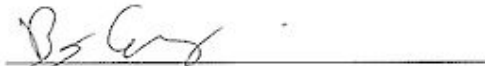
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

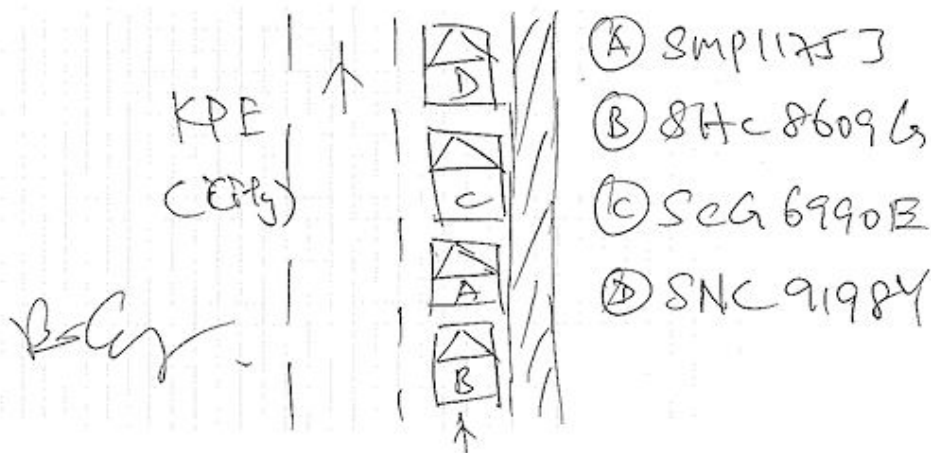
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

As per police report no: T/20220524/7022

BS Gy

☐ Claim OD
 ☐ Claim Third Party
 ☒ Claim OD (TP) at other workshop
 ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: H C Auto P/L.

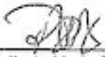
Email address: hcanuto@g.singnet.com.sg.

Myself email: bai-guang@yahoo.com.sg.

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

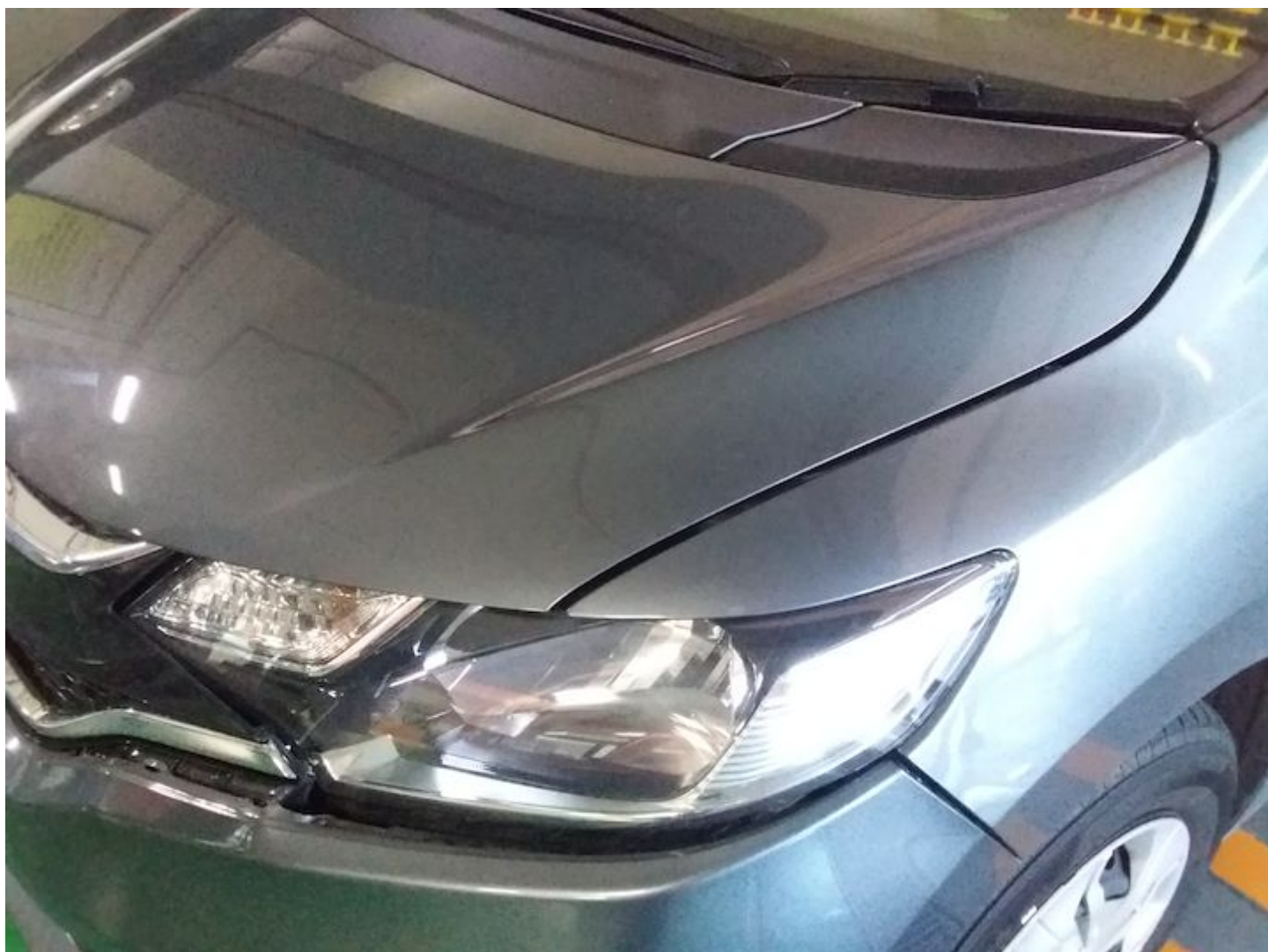
I/We declare the foregoing particulars are true in every respect.

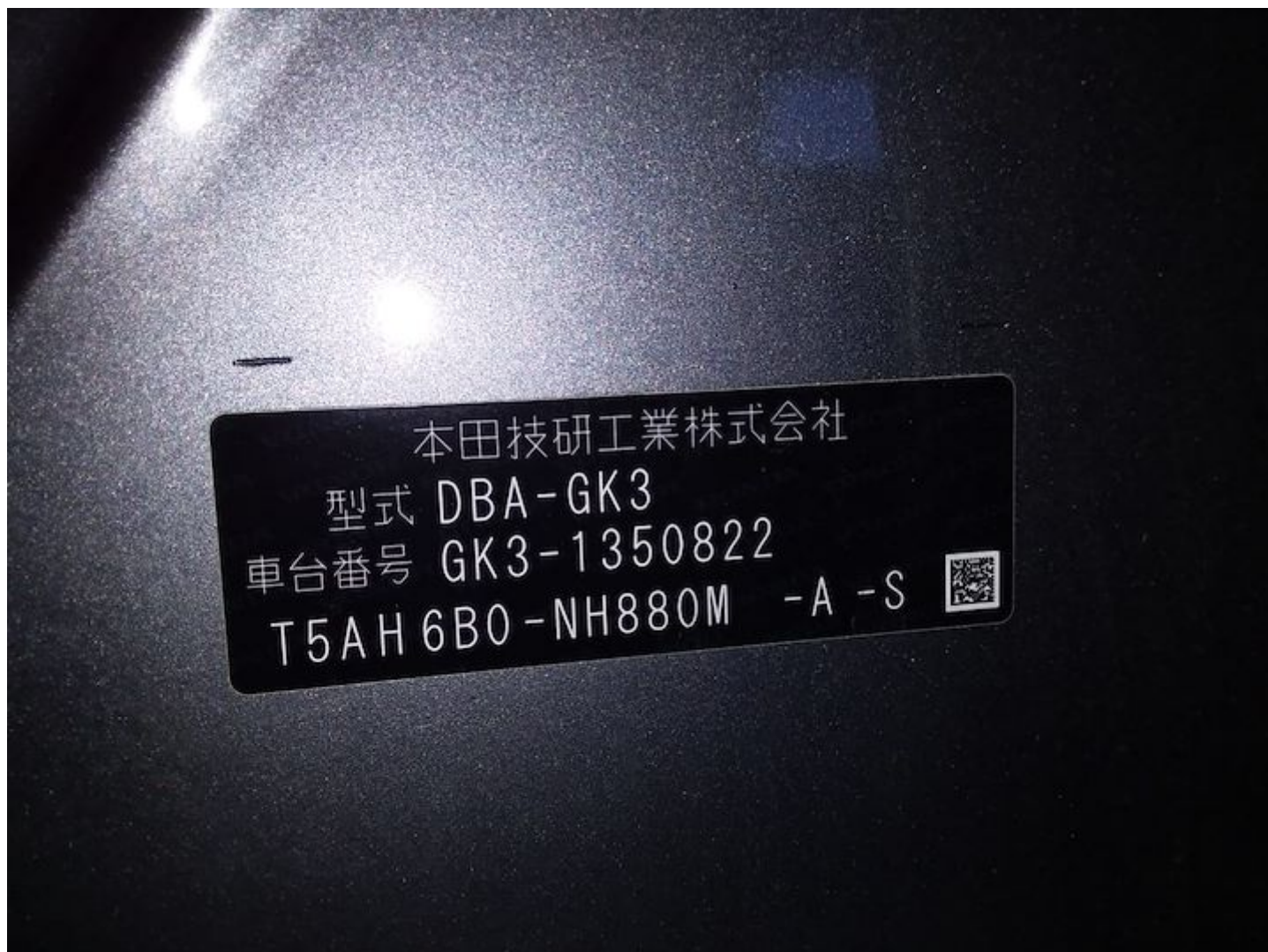
 24/5/22
 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel



















































**SINGAPORE
POLICE FORCE**



T/20220524/7020

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

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Report No. T/20220524/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2022 16:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BAI GUANG			Address: 107D EDGEFIELD PLAINS #15-138 SINGAPORE 824107		
ID Type / ID No.: NRIC NO / S8375040E			Contact No.: Home/Office: Mobile: 92703576		
Nationality: SINGAPORE CITIZEN			Email: BAI_GUANG@YAHOO.COM.SG		
Sex: Male	Age: 39	Date of Birth: 18/04/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 24/05/2022 09:20	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SCG6990E	Car	HONDA	ODYSSEY 2.4 EX-S CVT	Brown	Slightly Damaged	1
SHC8609G	TAXI	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Seriously Damaged	0
SMP1175J	Car	HONDA	FIT 1.3GF CVT	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220524/7020

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

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Report No. T/20220524/7020

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SNC9198Y	Car	MERCEDES BENZ	C180K	Green	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP1175J	NTUC Income Insurance Co-Operative Limited	5123483228	11/09/2021	10/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SHARON		ID No.	NIL
Related Vehicle	SCG6990E (Car)		Contact No.	90888289
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LEE CHWEE LIAN JULIE		ID No.	NIL
Related Vehicle	SHC8609G (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20220524/7020

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

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Report No. T/20220524/7020

CONTINUATION OF REPORT

Driver			
Name	BAI GUANG	ID No.	S8375040E
Related Vehicle	SMP1175J (Car)	Contact No.	92703576
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	24/05/2022	Date	24/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	CHAMP CHAN	ID No.	NIL
Related Vehicle	SNC9198Y (Car)	Contact No.	93894181
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 24/05/2022 at about 0920 hrs, While i was driving my motor vehicle A (SMP1175J) along KPE heading to City, at the extreme right lane. Keeping within my lane, suddenly the motor vehicle C (SCG6990E) which was driving in front of me jam brake and I managed to stopped in time. But the motor vehicle B (SHC8609G) which was driving behind of me, can not stop in time and hit onto the rear portion of my stationary vehicle A (SMP1175J). The impact was too great and pushed my vehicle A to move forwarded and hit against the vehicle C (SCG6990E). Afterward I realised that were total 4 vehicles involved in the accident included my vehicle A. I'm lodging this report to claim against the insurer of Vehicle B (SHC8609G). After the accident, i feel some pain at my neck, back, right shoulder and right leg. I go for medical checkup and get 3 days MC.



SINGAPORE POLICE FORCE

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



T/20220524/7020

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Report No. T/20220524/7020

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: 24/05/2022 16:49
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168



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: S66500206 / GST Reg. No.: M400017785

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 : SS17225P0001 Vehicle Registration No : SMP 1175J
 Name (as shown in NRIC) : Bai Guang NRIC/FIN/Passport No : Sxxxx040E
 (*Vehicle Driver / Vehicle-Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9625 0567
 Email Address : bai_guang@yahoo.com.sg
 Date of Accident : 24.5.22 Time of Accident : 0920hrs.
 Place of Accident : KPE Towards City
 Insurance Company : NMC

(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:

I want to amend the correct email address of Policy holder.

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: