SN0723430007 / Income Insurance Limited ENTRY DATE & TIME: 03/04/2023 13:36 (SGT) SUBMITTED BY: Tang Chun Kiet VERSION: 1 (03/04/2023 13:36 (SGT))



# 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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 ladgement 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 Reported by Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

03/04/2023 13:36 (SGT)

Both Policyholder and Actual Driver

03/04/2023 08:15 (SGT)

Singapore

PIE TUAS AFTER EUNOS EXIT

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SFL8566Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

NG CHUN CHOW PATRICK

S1739878D

patrick\_ngcc@u.nus.edu (Phone) +65-96287986

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Hyundai

Elantra

Private use

No - Claiming third party

Private car Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5100626118-04

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

NG CHUN CHOW PATRICK

S1739878D 23/11/1966 Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number

Mobile Number Alt. Phone Number Email Address

Address complement

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface Chain Collision Raining Wet

24/05/1993

510147

Yes

No

29 YEARS AND 11 MONTHS

(Phone) +65-96287986

patrick\_ngcc@u.nus.edu

BLK 147 #02-22 PASIR RIS STREET 13

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name Passenger Gender Female

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Yes

Police Station Name Tampines Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18005871999

Alt. Police Station Phone No (Fax) +65-65871699
Police Station Address 6 Tampines Ave 4 Singapore 529682

Was notice of intended Prosecution given? No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**



Vehicle Registration Number SKP4344S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver **ROSMAN** Contact Number (Phone) +65-97932590 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 SLS6475G 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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SMZ4285C 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)

| INCOME MOTOR SERVICE CENTRE |   | Report Date & Start Time: | 03/04/2023 / 13:19 |
|-----------------------------|---|---------------------------|--------------------|
| Report No: MI/              | 0.0.A: <u>03/04/2023</u><br>Time: <u>08:15</u> <u>hrs</u> | Vehicle Not SFL8566Y      | Reporting Type:    |

## SKETCH PLAN

# 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 Actual Oriver.
- 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 flability.
- 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 Traffic Police Department for investigation,

- This report will be forwarded by the insurers to 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.

#### 8, Consent under the Personal Data Protection Act (PDPA)

Lundersland, 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 detailpersonal 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' tawyers/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 suttlement 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 coffect, 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 GtA to their Ihird-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.

03/04/23 / 13:19

Policyholder's Signature / Date & Time

03/04/23 / 13:19

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

Tang Chun Kiet (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel (Name as in NRIC/ID card)

Sketch Plan

Skeltii Flaii

PIE TUAS AFTER EUNOS EXIT

Vehicle A: SFL8566Y

Vehicle B: SKP4344S

Vehicle C: SLS6475G

Vehicle D: SMZ4285C

| cribe Circumstances of the Accident |  |  |
|-------------------------------------|--|--|
| Refer to Police Report              |  |  |
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Declaration

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

03/04/23 / 13:19 Policyholder's Signature / Date & Time

03/04/23 / 13:19

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

Tang Chun Kiet (S098825) Customer Care Executive Motor Service Centre

Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)







Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20230403/2036

| REPORT OF A TRAFFIC ACCIDENT                |             |   |  |  |  |  |
|---|-------------|---|--|--|--|--|
| Date/Time Report Made: 03/04/2023 12:30     |             | Vide Report No.:                                      | Station Diary No.;<br>29   |  |  |  |
| Informa                                     | nt's Partic | ulars   |  |  |  |  |
| Name of Informant:<br>NG CHUN CHOW, PATRICK |             |   | Address:<br>APT BLK 147 PASIR RIS STREET 13 #02-22 SINGAPORE<br>510147 |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S1739878D    |             | Contact No.:<br>Home/Office: Mobile: 96287986         |  |  |  |  |
| Nationality:<br>SINGAPORE CITIZEN           |             | Email:  |  |  |  |  |
| Sex:<br>Male                                | Age:<br>56  | Date of Birth: 23/11/1966                             | Type of Informant:<br>Driver   |  |  |  |
| Race:<br>Chinese                            |             | Language:   |  |  |  |  |
| Occupation:<br>MOH STAFF                    |             | Driving Licence Information: Class: 3 Date of Expiry: |  |  |  |  |

| Type of<br>Accident:                     | Non-Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>03/04/2023 08:15 | Type of Location<br>Straight Road |
|--|----------------------|------------------------------------|---|-----------------------------------|
| Location: PAN-ISLAND Weather: Heavy rain | EXPRESSWAY           | Road Surface:                      |   |                                   |
| Traffic Flow:<br>One Way                 |                      |                                    | 17-   |                                   |
| Traffic Flow:                            |                      | Traffic Control:<br>Not Controlled | ·   | raffic Volume:<br>leavy           |

| Details of Vehicle Involved |      |         |                                   |        |                      |                 |
|-----------------------------|------|---------|-----------------------------------|--------|----------------------|-----------------|
| Vehicle No.                 | Туре | Make    | Model                             | Color  | Condition            | No of Passenger |
| SFL8566Y                    | Car  | HYUNDAI | ELANTRA<br>AD 1.6 GLS<br>AT (AMS) | Silver | Seriously<br>Damaged | 1               |
| SKP4344S                    | Car  |         |                                   |        | Slightly<br>Damaged  | 0               |
| SLS6475G                    | Car  |         |                                   |        | No<br>Damage         | 0               |





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 2 of 3 Report No. T/20230403/2036

CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                    |               |            |             |
|------------------------------|------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                  | Insurance No  | Effective  | Expiry Date |
| SFL8566Y                     | NTUC Income Insurance Co-Operative | 5100626118-04 | 24/04/2022 | 23/04/2023  |

## **Brief Details.**

On 3/4/23 at around 8.15am, I was driving along PIE towards Tuas just passing the ERP gantry along Euros area. The car in front of me did a sudden brake. I managed to stop in time. However, the car at my rear did not manage to brake in time hence hit onto the rear portion of my car. I came out to inspect the damage and it was seen that the front part has no damage while the rear bumper came out totally. I exchanged particulars with the driver of the rear car.

The rear driver is Mr Rosman (HP:97932590). I did not manage to get the contact details of the front driver as he just drove off. I am currently not injured, however feel a little ache on the shoulder blade area. My daughter was with me at that point of time at the front passenger seat. At point of accident, she told me she felt a little pain at the back however have since subsided.

The list of cars involved in the accident are as follows:

1)My vehicle is SFL 8566Y (damage to rear bumper)

2)SLS6475G (Front car)

3)SKP4344S (Rear car)





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20230403/2036

Signature of Officer Recording The Report:
G /
SGT 2 BRYAN CHENG CHUN
HENG

Signature Of Informant:

Date/Time:
03/04/2023 12:30

Classification Of Case:

CONTINUATION OF REPORT

Officer In Charge Of Case:

SR STAFF SGT MUHAMMAD NOOR BIN

TP/GIA/

NP168

ABDUL RAHMAN Contact No.: 65476219

