

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 ability.
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 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 Report | 27/11/2017 16:08 |
| Date Of Accident | 24/11/2017 17:55 |
| Exact Location Of Accident | JUNC BAYFRONT AVE & MARINA BOULVD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GU5868L |
| Insured/Policyholder | |
| Name Of Registered Owner | J.T NETWORK PTE LTD |
| Co Reg No | 199407288K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96388335 |
| Alternative Phone No | OFFICE-96388335 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | LITEACE D. |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5019739859-10 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHEW KEE SENG |
| NRIC No | S1486020G |
| Date Of Birth | 21/08/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/03/2007 |
| Driving Experience | 10 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97328808 |
| Fax Number | |
| Contact Number | OFFICE-97328808 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 720 BEDOK RESERVOIR ROAD #04-4690 |
| Postcode | 470720 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TIONG BAHRU NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2739999 - FAX NO: 62785651 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20171124/2140.

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 | SJL3875R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Details of Witness

| | |
|------|--|
| Name | |
|------|--|

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

| | |
|--|-----------------------|
| Name | CHEW KEE SENG |
| Approximate Age | |
| Injuries Sustain | LEFT ARM & UPPER NECK |
| Injured person in which vehicle? | GU5868L |
| Were seat belts worn? | YES |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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6. The 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 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.



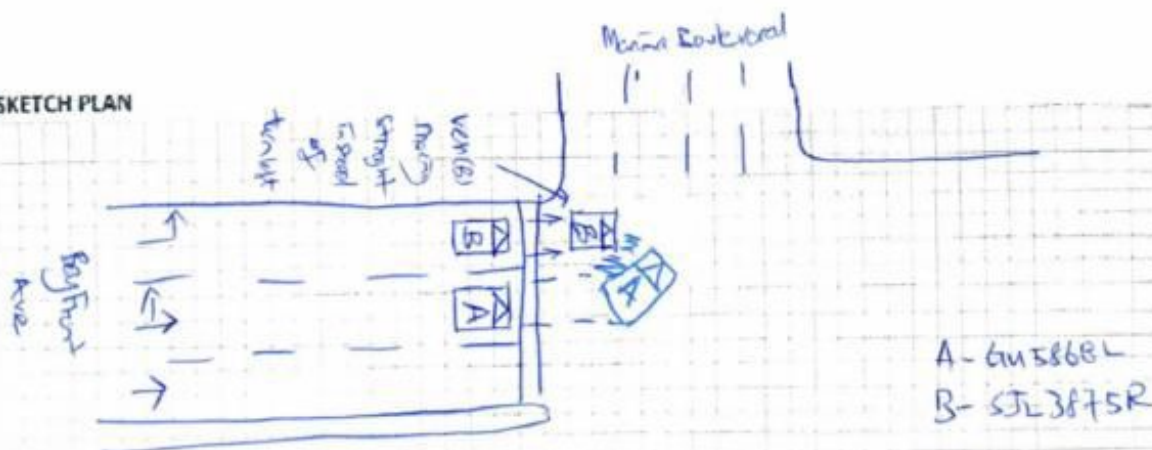
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report NO. T/2017/1124/2140

DECLARATION

I/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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171124/2140

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20171124/2140

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 24/11/2017 19:21 | | Vide Report No.: | | Station Diary No.: 51 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHEW KEE SENG | | | Address: APT BLK 720 BEDOK RESERVOIR ROAD #04-4690 SINGAPORE 470720 | | |
| ID Type / ID No.: NRIC NO / S1486020G | | | Contact No.: Home/Office: Mobile: 97328808 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 21/08/1961 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Other car and light goods vehicle drivers nec | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 24/11/2017 17:55 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 BAYFRONT AVENUE MARINA BOULEVARD TRAFFIC JUNCTION | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GU5868L | Van | | | | Slightly Damaged | 1 |
| SJL3875R | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171124/2140

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20171124/2140

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|------------------|---|
| Passenger | | | |
| Name | TEO WAI TENG, PAMELA | | ID No. S8845802H |
| Related Vehicle | GU5868L (Van) | | Contact No. 91850667 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | CHEW KEE SENG | | ID No. S1486020G |
| Related Vehicle | GU5868L (Van) | | Contact No. 97328808 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | CHONG MO-UE ANNE | | ID No. S7014415H |
| Related Vehicle | SJL3875R (Car) | | Contact No. 96706292 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above-mentioned date, time and place, I was driving my company van, a white Toyota Liteace (VRN: GU5868L), along Bayfront Ave. I was in the second lane. I stopped my vehicle at the traffic junction between Bayfront Ave and Marina Boulevard. I wanted to turn left into Marina Boulevard. When the traffic light turned green, I started to move my van and proceeded to turn left.

While my van was turning left, a red Mitsubishi Colt (VRN: SJL3875R), which was on my left, headed straight and collided into the front left side of my van. My van was dragged a short distance due to the collision and there was damage to my front bumper as well as the left side of my van. No police or ambulance was called. We exchanged particulars and left the scene. I wish to state that the third lane of bayfront avenue (which the Mitsubishi Colt was on) is a left-turn only lane but she proceeded straight. I will be bringing my passenger, Teo Wai Teng Pamela, to seek treatment due to complaints of head, neck

Police Report



**SINGAPORE
POLICE FORCE**



T/20171124/2140

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128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20171124/2140

CONTINUATION OF REPORT

and back aches from this accident. I will also be seeking medical treatment due to a pain in my left arm and upper back. That's all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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