

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	28/11/2017 15:40
Date Of Accident	26/11/2017 13:05
Exact Location Of Accident	JUNC OF SERANGOON NORTH AVE 1 & YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1786C
Insured/Policyholder	
Name Of Registered Owner	AUTOTREND LEASING ENTERPRISE
Co Reg No	53363236J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91426388

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093812308
Cover Note Number	-

Driver

Name of Driver	CHIA CHENG KUI
NRIC No	S1414102B
Date Of Birth	06/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91426388
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7 HENDRY CLOSE
Postcode	549263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJE7050P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEAH YONG HENG
NRIC/Passport Number	S1653524I
Contact Number	91548988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1	
Name	CHIA CHENG KUI
Approximate Age	
Injuries Sustain	NECK & BACK & SHOULDER
Injured person in which vehicle?	SJL1786C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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' 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.
 - (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.

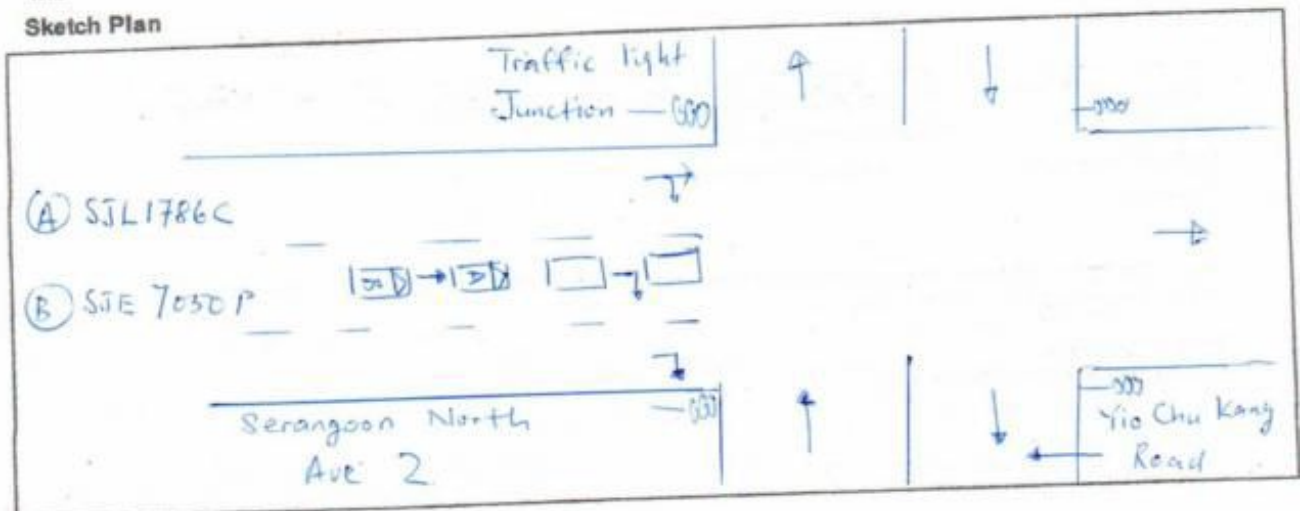


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Refer To Police Report NO: T/2017/128/2057

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Insurance Co. NTUC

Vehicle NO. SJL 1783C

Date Of Accident 26, 11, 2017

- ☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171128/2057

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171128/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 13:08	Vide Report No.: T/20171127/2138	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHIA CHENG KUI			Address: 7 HENDRY CLOSE SINGAPORE 549263	
ID Type / ID No.: NRIC NO / S1414102B			Contact No.: Home/Office:	Mobile: 91426388
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 06/01/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 26/11/2017 13:05	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SERANGOON NORTH AVENUE 1 YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE7050P	Car				Slightly Damaged	0
SJL1786C	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



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T/20171128/2057

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3
Report No. T/20171128/2057

CONTINUATION OF REPORT

Driver			
Name	SEAH YONG HENG	ID No.	S1653524I
Related Vehicle	SJE7050P (Car)	Contact No.	91548988
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
Driver			
Name	CHIA CHENG KUI	ID No.	S1414102B
Related Vehicle	SJL1786C (Car)	Contact No.	91426388
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I have previously lodged a traffic accident report, T/20171127/2138. I would like to make some amendments to said report and hence is lodging this report.

On the 26/11/2017 at about 1305hrs, I was driving my vehicle SJL1786C along Serangoon North Avenue 1. As the traffic light signal was red, I stopped my vehicle. While waiting for the traffic light signal to change, I suddenly felt an impact from the rear of my vehicle. I went out to make a check and saw that a vehicle SJE7050P had collided into the rear portion of my vehicle. Both vehicles did not have any other passengers, and both drivers were not visibly injured, so we did not call for the traffic police or ambulance. We exchanged particulars and agreed to settle the damages via insurance claim, and drove off in our vehicles.

On the 27/11/2017, I felt some pain at my neck, my back and my shoulder area. I went to see a doctor at Singapore General Hospital and was given a medical certificate of 4 days.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171128/2057

3 of 3

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Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No: T/20171128/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/11/2017 13:08

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65476239

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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