

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	04/12/2017 12:32
Date Of Accident	03/12/2017 12:15
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW5337G
Insured/Policyholder	
Name Of Registered Owner	EDDIE SEAH
Co Reg No	53358269E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.4A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092168758
Cover Note Number	
Driver	
Name of Driver	SEAH ENG SENG
NRIC No	S1737814G
Date Of Birth	30/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97802952
Fax Number	
Contact Number	OFFICE-97802952
EEmail Address	NOEMAIL

Address	BLK 14 KAMPONG ARANG ROAD #08-47
Postcode	431014
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	MCN3065 (PRIVATE CAR)
Was any body injured in the Accident?	NO
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 17A BEACH ROAD , POSTCODE: 199596 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2989999 - FAX NO: 62936498
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171203/2057.

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	SLG1431D
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)	2

Details of Witness

Phone Number

DETAILS OF OTHER VEHICLE PROPERTY 2

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)	3
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Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJS9447S
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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)	2
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Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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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.

EDDIE SEAH
Co Reg No: 53358269E

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

SKETCH PLAN

pic (Trucks) after blown out

1st

A

B

C

D

Vehicle A: SJW 5376

Vehicle B: SLG 14310

Vehicle C: MCH 3065

Vehicle D: SJS 94473

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 1/29/2003/2057.

DECLARATION

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

EDDIE SEAH
Co Reg No: 53358289E

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/20171203/2057

1 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20171203/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 14:37	Vide Report No.: E/20171203/0122	Station Diary No.: 20
Informant's Particulars		
Name of Informant: SEAH ENG SENG	Address: APT BLK 14 KAMPONG ARANG ROAD #08-47 SINGAPORE 431014	
ID Type / ID No.: NRIC NO / S1737814G	Contact No.: Home/Office:	Mobile: 97802952
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 51	Date of Birth: 30/06/1966
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: UBER DRIVER	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2017 12:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE Towards Tuas (After Steven Road exit)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Chain Collision	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MCN3065 (Not Accurate)	Car	PROTON		White	Seriously Damaged	2
SJS9447S (4)	Car	CHEVROLET	AVEO 1.4AT 5DR T255	White	Seriously Damaged	1
SJW5337G	Car	HONDA	JAZZ 1.4A	Blue	Seriously Damaged	3
SLG1431D (2)	Car	TOYOTA	CAMRY 2.5 AUTO	Blue	Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20171203/2057

2 of 3

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

Report No. T/20171203/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH ENG SENG	ID No.	S1737814G
Related Vehicle	SJW5337G (Car)	Contact No.	97802952
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	NIL

Brief Details.

On 03/12/2017 at about 1215hrs, I was driving my car (SJW5337G) along PIE towards Tuas (After Steven Road Exit). It was three lanes and I was in the centre lane. Traffic was heavy and I do have three passengers inside my vehicle as I am working as a part time UBER driver.

While driving, in front of me there was a vehicle (could not remember the plate number) jam brake all of the sudden. I quickly jam brake and I was able to stop in time. But suddenly I felt a strong impact coming from my rear of my car.

I quickly came out of the vehicle and saw three cars behind me (2nd car: SLG1431D, 3rd car: MCN3065 and 4th car: SJS9447S) chain collision. Ambulance came and my three passengers were then conveyed to the hospital where the rest of the vehicle some were also conveyed to the hospital.

Traffic police came and advised all four drivers including myself to lodge a traffic police report. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171203/2057

3 of 3

Report No. T/20171203/2057

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

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:

A /

Sgt 1 MUHAMMAD ALIF BIN ALIAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:

03/12/2017 14:37

Classification Of Case:

Authentication Stamp
NP168

SN 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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