

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 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	06/02/2018 14:37
Date Of Accident	05/02/2018 16:30
Exact Location Of Accident	PIE TO CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9631Y
Insured/Policyholder	
Name Of Registered Owner	SZE JISHIAN
Co Reg No	31984100J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97626451
Alternative Phone No	OFFICE-97626451

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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
Fleet Policy	NO
Policy Number	5060852114-04
Cover Note Number	

Driver

Name of Driver	NG KIM BOK
NRIC No	S0209190I
Date Of Birth	08/08/1954
Occupation	INDOOR
Date Of Driving Pass	22/05/1972
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97626451
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 109 JURONG EAST ST 13 #02-324
Postcode 600109
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? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

WHILE I WAS TRAVELLING ALONG PIE TO CHANGI, FRONT VEHICLE SLOWED DOWN AND STOPPED. VEHICLE FROM BEHIND UNABLE TO STOP AND HIT ONTO THE REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION INVOLVED TOTAL 4 VEHICLES.

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 GX6350R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
IC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Type Of Damage
Number Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC6480C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJK8006E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN**IMPORTANT NOTICE**

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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.

式六十四牌大園花丹道城加
 牌〇六二二第後一二一〇牌
SIZE JISHIAN
 71K, 418, PANDAN GARDENS #81-121
 SINGAPORE 2160

Policyholder's Signature
 Date & Time:

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

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

BKE PIE

GD 9631X

GX 6350K

PC 6480 C

SJK 8006E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

第六二二號 第一二一/一〇路

SZE JISHIAN

SZE JISHIAN

Rollup of 48144 CAROLYN #01-121

Date & Time: 11-07-2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

(DAC BUNIT BATOR (VAC))

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180207/2063

1 of 4

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180207/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 12:38	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: NG KIM BOK			Address: APT BLK 109 JURONG EAST STREET 13 #02-324 SINGAPORE 600109		
ID Type / ID No.: NRIC NO / S02091901			Contact No.: Home/Office: Mobile: 97626451		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/08/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE > Changi				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GQ9631Y	Lorry				Slightly Damaged	0
GX6350K	Van				Slightly Damaged	0
PC6480C	Bus/Coach/Minibus				Slightly Damaged	0
SJK8006E	Car				Slightly Damaged	0



Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180207/2063

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIM BOK	ID No.	S02091901
Related Vehicle	GQ9631Y (Lorry)	Contact No.	97626451
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	06/02/2018	Date Discharge	06/02/2018
No. of Days granted Medical Leave	16	Degree of Injury	Slight
Driver			
Name	ABDULLA	ID No.	NIL
Related Vehicle	GX6350K (Van)	Contact No.	NIL
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 05.02.2018 at about 1630hrs along PIE towards Changi, I was driving my lorry bearing registration plate no GQ 9631Y (Toyota Lory/Grey), as the traffic was very slow, I drove at a slow speed. The vehicle in front of me came to a stop and I also stopped my vehicle.

As I stopped my vehicle, I immediately felt an impact from the rear of my vehicle and I discovered that the vehicle behind me bearing registration plate no GX6350K (Toyota Van) had collided into my vehicle. After the impact, I blanked out for a few second before I could react.

Subsequently I got out of my vehicle and discovered that there was a chain collision between 4 vehicle which is V1) GQ9631Y V2) GX6350K V3) PC6480C V4) SJK8006E. I only managed to get the driver's particulars that was driving the vehicle behind me and was informed that each one of us will lodge a police report.

After the accident, I drove my lorry back home. After I reached home, I started vomiting and went to see a doctor. The doctor then refer me to Ng Teng Fong General Hospital.

I was then given 16 days of MC starting from 05.02.2018 to 20.02.2018

I am unsure if there is camera installed inside any of the vehicle.