

## 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	07/03/2018 14:36
Date Of Accident	06/03/2018 21:00
Exact Location Of Accident	BOON LAY WAY SLIP RD INTO JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9377X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARZ ENTERPRISE
Co Reg No	53199463E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86186474

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097844477
Cover Note Number	-

### Driver

Name of Driver	HII MING GIAP
NRIC No	S9276262I
Date Of Birth	09/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91529132
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 167 BT BATOK WEST AVE 8 #04-230
Postcode	650167
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	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?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : CHIANG HONG
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
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	SJV9793B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANAN S/O PARANCHOTHI
NRIC/Passport Number	S9303688C
Contact Number	93830483
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH6098L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver TIA LEONG PEOW  
NRIC/Passport Number S1442819D  
Contact Number 98309317  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name HII MING GIAP  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLV9377X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHIANG HONG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLV9377X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### 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 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 liability.
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. 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:

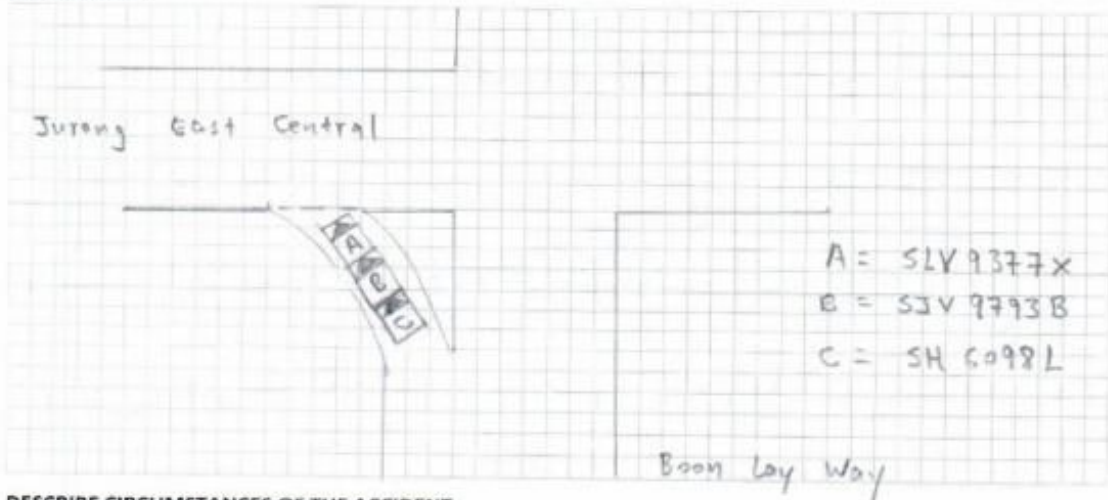
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

Jurong East Central



A = SLV 9377X  
B = SJV 9793B  
C = SH 6098L

Boon Lay Way

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

**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

Annex D

NOTICE OF REPORTING

This is to confirm that Hii Ming Giap (HP : 98895411), NRIC/FIN S92762621, has reported to the Police a non- injury traffic accident which occurred at Jurong East Central near to Blk 209 on 06/03/2018 at 2100hrs involving the following vehicles:

- 1) SLV9377X
- 2) SJV9793B
- 3) SH6098L

Facts: No government property involved. I was given 2 days of medical leave.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Ashraf

Date: 06/03/2018 Time: 2128hrs

S/D Ref: 23

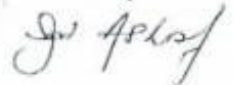
Police Post/Unit: Bukit Batok NPC/ 'J' Div

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

  
HII MING GIAP

  
BUKIT BATOK NPC  
NO. 21 BUKIT BATOK EAST (A)  
SINGAPORE 65021  
TEL: 67660000





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180307/2089

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

1 of 4

Report No. T/20180307/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2018 13:31	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: CHIANG HONG			Address: APT BLK 211 CHOA CHU KANG CENTRAL #08-120 SINGAPORE 680211	
ID Type / ID No.: NRIC NO / S9174529A			Contact No.: Home/Office: Mobile: 91529132	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 26	Date of Birth: 21/06/1991	Type of Informant: Passenger	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class:	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 21:00	Type of Location: Bend
Location: Junction of Road 1 and Road 2 JURONG EAST CENTRAL BOON LAY WAY Jurong East central towards Bukit Batok Beside B/209				
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
SH6098L	Car	HYUNDAI	SONATA	Blue		0
SJV9793B	Car	MITSUBISHI	LANCER	Black		0
SLV9377X	Car	HONDA	AIRWAVE	Silver	Slightly Damaged	1

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180307/2089

2 of 4

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20180307/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TIA LEONG PEOW	ID No.	S1442819D
Related Vehicle	SH6098L (Car)	Contact No.	98309317
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
<b>Driver</b>			
Name	KANAN S/O PARANCHOTHI	ID No.	S9303688C
Related Vehicle	SJV9793B (Car)	Contact No.	93830483
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
<b>Driver</b>			
Name	Hii Ming Giap	ID No.	S9276262I
Related Vehicle	SLV9377X (Car)	Contact No.	98895411
Hospital/Clinic	LUSUMU Family Clinic	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/03/2018	Date Discharge	07/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

On the 06/03/2018 at about 9pm, I was a passenger seated in the front passenger seat in a vehicle bearing the registration no SLV9377X that was driven by my friend, Hii Ming Giap, S9276262I (H/p- 98895411). My friend was travelling along Boon Lay Way turning left into a slip road going into Jurong East Central towards Bukit Batok. As we were reaching the end of the slip road I slowed down as there were traffic travelling on my right that was travelling along Jurong East central towards Bukit Batok.

While we were waiting for the traffic to clear when suddenly a motor vehicle (SJV9793B) collide into the rear of my friend's vehicle. When we got out of our we noted that there was a 3rd vehicle



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180307/2089

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

3 of 4

Report No. T/20180307/2089

**CONTINUATION OF REPORT**

(SH6098L) involved in the accident which had rear ended the vehicle (SJV9793B) that collided into the rear of my vehicle.

Damage to my friend's vehicle - rear portion.

My friend and I seek medical attention from LUSUMU family clinic and both were given unfit to work for 2 days.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180307/2089

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

4 of 4

Report No. T/20180307/2089

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 / SI MOHAMED SHAHARUM B ABDUL JEBAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2018 13:31
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168 	

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



Accident Photo

