

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 | 06/04/2018 16:21 |
| Date Of Accident | 03/04/2018 23:30 |
| Exact Location Of Accident | CAVENDISH PARK (20 PINE GROVE) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SGH3095G |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIN YIN KEONG |
| NRIC No | S2549954I |
| Email Address | DARYL.CHIN.SHI@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91918093 |
| Alternative Phone No | HOME-62554540 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING HOME |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5091479752 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | CHIN SHICHANG ,DARYL(CHEN SHICHANG, DARYL) |
| NRIC No | S8121249Z |
| Date Of Birth | 04/08/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/12/2008 |
| Driving Experience | 9 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91918093 |
| Fax Number | |
| Contact Number | HOME-62554540 |
| Email Address | DARYL.CHIN.SHI@GMAIL.COM |

| | |
|---|-------------------------|
| Address | 20 PINE GROVE #05-04 |
| Postcode | 597595 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 | 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? | 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: : SON GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | DOVER NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7788999 - FAX NO: 67762859 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180406/2058

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 | SLF5887B |
| Vehicle Make/Model/Colour | TOYOTA SIENTA |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | LIM SEOK KHENG |
| NRIC/Passport Number | S1151358A |
| Contact Number | 90538848 |
| Address | |

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

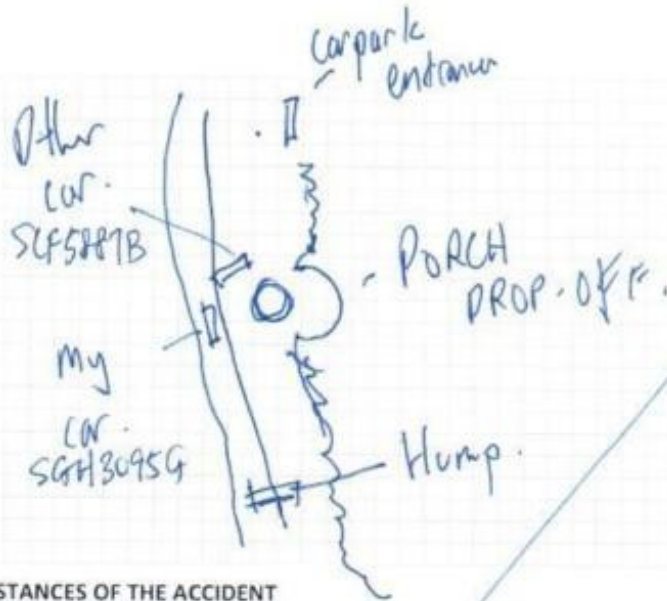
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "PLS Refer to Police Report" and "D/20/200406/2058".

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.:

SPRINTAC Insurance Agency, Ltd.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



D/20180406/2058

1 of 2

POLICE REPORT (NP299)

Report No. D/20180406/2058

Police Station Of Origin
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

| | | | | | |
|---|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 06/04/2018 15:12 | | Vide Report No. | | Station Diary No. 38 | |
| Name Of Informant CHIN SHICHANG, DARYL | | Address 20 PINE GROVE #05-04 SINGAPORE 597595 | | | |
| ID Type / ID No. NRIC NO / S8121249Z | | Contact No. Home/Office | | Mobile 91918093 | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation Journalist | | Sex Male | Age 36 | Date of Birth 04/08/1981 | Race Chinese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 03/04/2018 23:30 | | Location Of Incident 20 PINE GROVE CAVENDISH PARK SINGAPORE 597595 Near to drop off point of Blk 18 | | | |

Brief details.

On 03/04/2018 at about 2330hrs, I was going back home and was driving my car (SGH3095G) along the road of Cavendish Park Condominium and was going towards the basement car park. I was already in the compound by then and my only passenger was my 2 year old son. In front of me was a vehicle SLF5887B and while driving behind the vehicle, suddenly without signaling, the vehicle stopped in the middle of the road near to Blk 18 while turning right. As I was about one or two car length away from the car, I tried to swerve to my left but I could not stop in time and collided onto the rear of the vehicle. The

| | | | |
|---|--|--------------------------------|--|
| Signature Of Officer Recording The Report: D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM | | Signature Of Informant: | |
| Signature Of Interpreter: Not applicable | | Date/Time: 06/04/2018 15:12 | |
| Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP CANDICE CHUA SHUMIN Contact No.: 67740000 | | Classification Of Case: | |

Authentication Stamp



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



D/20180406/2058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180406/2058

three of us then got down and I then asked the driver why she stopped in the middle of the road. The driver then told me that the passenger told her that it was the wrong block and therefore she stopped. I am still in contact with both the drivers and the passenger. Passenger claimed that she felt pain on her neck and when she seek medical attention, she was given 3 days of MC. The damages of my car is scratches and dent on the right side front bumper and the damages of the other vehicle are dent and scratches on the rear left bumper. I am lodging this report for the purpose of Insurance claiming.

| Subjects Involved | | | |
|-------------------|--|-------------|-------------------|
| Others | | | |
| Person Name | Lim Seok Kheng (Driver of vehicle SLF5887B) | | |
| ID Type | NRIC NO | ID No | S1151358A |
| Gender | Female | Nationality | SINGAPORE CITIZEN |
| Race | Chinese | Language | English |
| Mobile No | 90538848 | | |
| | | | |
| Person Name | Rashida (Passenger of vehicle SLF5887B) | | |
| Gender | Female | Mobile No | 87504450 |
| | | | |

Signature Of Officer Recording The Report:

D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
06/04/2018 15:12Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP CANDICE CHUA SHUMIN
Contact No.: 67740000

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66350020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 2 MAY 2018 046106 Vehicle Registration No: SG 4130956
Name (as shown in NRIC): CHIN SHICHANG DARYL NRIC/FIN/Passport No: S8121249Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 11 JALAN NOVENA TIMOR Singapore: 308533
Contact (Tel): 91918093 Mobile No.:
Email Address: daryl.chin.chi@gmail.com
Date of Accident: 3/4/2018 Time of Accident: 2330
Place of Accident: CAVEN DISH PARK, 18 PINE GROVE, PORCH.
Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change from Report to own damage claim

[Signature] / 11/5/18
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 11/05/2018