

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	19/04/2018 13:40
Date Of Accident	18/04/2018 15:45
Exact Location Of Accident	PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2569B
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	ANDREWCHONG_8899@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90906777
Alternative Phone No	OFFICE-90906777

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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
Fleet Policy	NO
Policy Number	5083187969-01
Cover Note Number	

Driver

Name of Driver	CHONG KUAN SENG ANDREW
NRIC No	S1811638C
Date Of Birth	11/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-90906777
Fax Number	
Contact Number	OTHERS-90906777
Email Address	ANDREWCHONG_8899@YAHOO.COM.SG

Address	BLK 83 PASIR RIS GROVE #09-01
Postcode	518211
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	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?	
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

PLS REFER TO THE 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	YL9340L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	RAHMAN BIN JELAN
NRIC/Passport Number	S0071837H
Contact Number	81811645
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHONG KUAN SENG ANDREW
------	------------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLR2569B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.



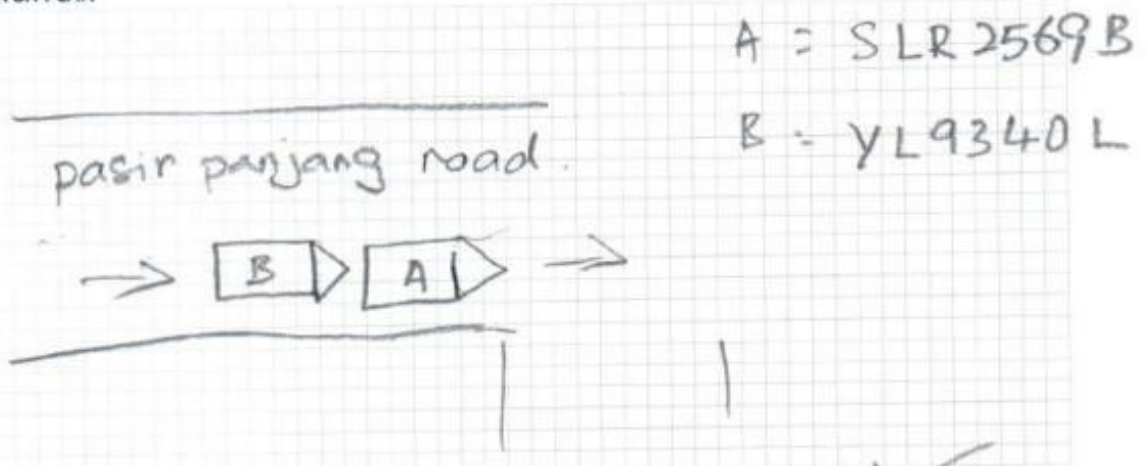
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20180419/2082

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.:



**SINGAPORE
POLICE FORCE**



T/20180419/2082

2 of 3

Report No. T/20180419/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	CHONG KUAN SENG ANDREW	ID No.	S1811638C
Related Vehicle	SLR2569B (Car)	Contact No.	90906777
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Rahman Bin Jalan	ID No.	S0071837H
Related Vehicle	NIL	Contact No.	81811605
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 the 18th of April 2018 at about 1545hrs, I was wanted to make a right turn into Belmeg Hill Condo, I signaled and lookout for the oncoming traffic, suddenly a vehicle YL9340A collided into me from behind. I then made a check and noticed that my rear bumper was damaged due to the accident. I was given 3 days of MC due to my back and neck pain.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20180419/2082

1 of 3

Report No. T/20180419/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
19/04/2018 15:46

Vide Report No.:

Station Diary No.:
46

Informant's Particulars

Name of Informant:
CHONG KUAN SENG ANDREW

Address:
BLK 83 PASIR RIS GROVE #09-01 SINGAPORE 518211

ID Type / ID No.:
NRIC NO / S1811638C

Contact No.:
Home/Office: 90906777 Mobile:

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 51 11/03/1967

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
18/04/2018 15:45

Type of Location:
Straight Road

Location:

PASIR PANJANG ROAD

Near Belmieg Hill Condo

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
SLR2569B	Car				Slightly Damaged	0
YL9340A	Lorry				Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180419/2082

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999

Report No. T/20180419/2082

CONTINUATION OF REPORT

Driver			
Name	CHONG KUAN SENG ANDREW	ID No.	S1811638C
Related Vehicle	SLR2569B (Car)	Contact No.	90906777
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Rahman Bin Jalan	ID No.	S0071837H
Related Vehicle	NIL	Contact No.	81811605
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 the 18th of April 2018 at about 1545hrs, I was wanted to make a right turn into Beimeg Hill Condo, I signaled and lookout for the oncoming traffic, suddenly a vehicle YL9340A collided into me from behind. I then made a check and noticed that my rear bumper was damaged due to the accident. I was given 3 days of MC due to my back and neck pain.

Police Report



SINGAPORE
POLICE FORCE



T/20180419/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No: T/20180419/2082

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 /

Staff Sgt MUHAMMAD ZAMAKHSYARII BIN
MOHAMED ALBAKRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/04/2018 15:46

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Classification Of Case:

SINGAPORE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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: MNA118051824 Vehicle Registration No: SLR2569B
Name (as shown in NRIC): CHONG KUAN SENG ANDREW NRIC/FIN/Passport No: S1811638C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: BLK 83 PASIR RIS GROVE #09-01 Singapore 518116
Contact (Tel): ← Mobile No.: 90906777
Email Address: ANDREWCHONG_8899@YAHOO.COM.SG
Date of Accident: 18/04/2018 Time of Accident: 15:45
Place of Accident: PASIR PANJANG ROAD
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(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:

Add Police Report.

Policyholder / Driver's Signature
Date:

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