

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 27/04/2018 13:26
 Date Of Accident 26/04/2018 18:25
 Exact Location Of Accident FILER LANE TWDS OLD JURONG RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBD1688P
Insured/Policyholder
 Name Of Registered Owner CHAN BOON KENG
 NRIC No S1045142F
 Email Address JOHNSON8875@YAHOO.COM
 Mobile Phone No (LOCAL) +65-97922348
 Alternative Phone No OTHERS-97922348

Vehicle Particulars

Manufacturer TOYOTA
 Model -
 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 GREAT AMERICAN INSURANCE COMPANY
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number MOMVP000002628-00-000
 Cover Note Number

Driver

Name of Driver CHAN JIT WAI JOHNSON
 NRIC No S7524197F
 Date Of Birth 08/08/1975
 Occupation OUTDOOR
 Date Of Driving Pass 04/02/1994
 Driving Experience 24 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97922348
 Fax Number
 Contact Number OTHERS-97922348
 EMail Address JOHNSON8875@YAHOO.COM

Address	BLK 176 LOMPANG ROAD #20-41
Postcode	670176
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?	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)	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 ATTACHED STATEMENT.

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	SG1094K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YAP CHEE YEONG
NRIC/Passport Number	G2809246L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN JIT WAI JOHNSON
------	----------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SBD1688P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


SKETCH PLAN


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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.


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at filter lane towards old Jurong Rd, from Upper Bukit Timah road (see attached) at 6.25pm on 26/4/18 my car is stationary as there are cars coming from traffic junction of old Jurong Rd. Bus S91094K hit the back of my vehicle, SBD168FP.

I was alone in the vehicle. The bus is mostly full

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.:

27/4/2018



B SBS Bus SG 1094K
B car SG 1688P



Reported on 27/4/2018
@ 1255HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (26, 4, 2018) (DD/MM/YYYY), TIME: (18:25) (HH:MM)

LOCATION: Filer lane towards Old Juvang Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBD 1688P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97922348
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG 1094K MODEL: _____
b) DRIVER'S NAME: YAP Chee Yeong
c) NRIC/FIN/PASSPORT: G2809246L CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

owned & father's
driver (own)

Johnson 8875@yahoo.com

Email =

fax =

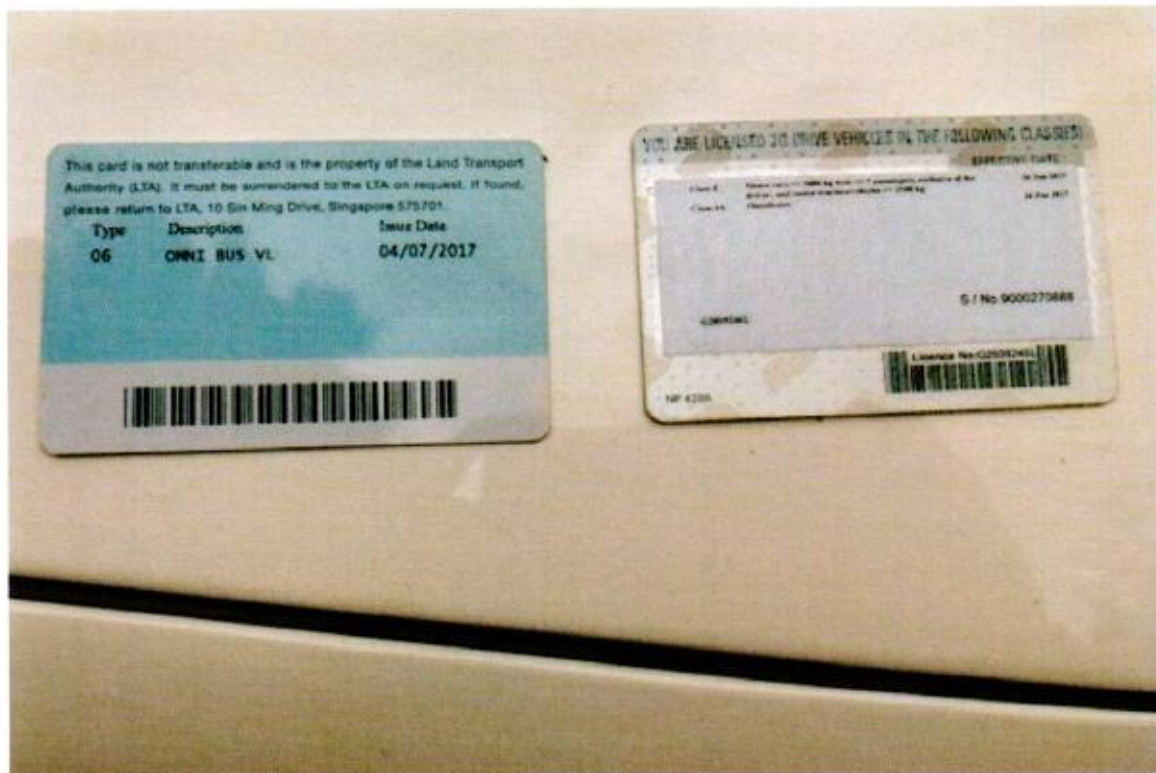
Johnson 8875@yahoo.com

(GA)
Waiting for Certificate?

TP




SBS SG1094K driver particulars



OWNER

father

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1045142F



Name
CHAN BOON KENG
陳文敬
Race
CHINESE
Date of Birth
17-06-1946
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1045142F

Name
CHAN BOON KENG

Birth Date: 17 Jun 1946
Issue Date: 23 Sep 2003



154 500



NRIC No. S1045142F



Board Group: O+ Date of issue: 26-12-1993

2 PETIR ROAD #08-02
SINGAPORE 678265
NRIC No: S1045142F Date: 31/01/2016


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 09 Oct 1970

NP 428A

License No. S1045142F



Driver

son

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7524197F



Name
CHAN JIT WAI JOHNSON

陈日威

Race
CHINESE

Date of birth
08-08-1975

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7524197F

Name
CHAN JIT WAI JOHNSON

Birth Date: 08 Aug 1975

Issue Date: 22 Apr 2003

000410247E

3818158



NRIC No. S7524197F



Date of issue
27-12-2005

APT BLK 178 LOMPANG ROAD #20-41
SINGAPORE 670176

NRIC No: S7524197F

Date: 12/04/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
04 Feb 1994

Licence No: S7524197F

NP 428A

**PRIVATE CAR THIRD PARTY ONLY
POLICY SCHEDULE**

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No.	: MOMVP000002628-00-000	Issue Date	: 24/07/2017
Intermediary	: Times Insurance Brokers Pte Ltd		
Insured	: Chan Boon Keng		
Address	: Blk 402 Fajar Road #04-221 Singapore 670402		
Period of Insurance	: From 01/09/2017 (00:00) To 31/08/2018 (23:59) (Both Dates Inclusive)		
Policy Version	: MVP_0116_V1.4		

Coverage Details

Sum Insured : N/A
Premium Inclusive GST : SGD 581.19

Cover Type : Private Car (Third Party Only)
Primary Driver : Chan Boon Keng
Named Driver 1 : N/A
Named Driver 2 : N/A
Named Driver 3 : N/A
Vehicle Make Model : TOYOTA CORONA GLI A
Registration Number : SBD1688P
Off Peak Car : No
Chassis Number : AT1900037228
NCD Entitlement : 30% No Claim Discount
Workshop : Not Applicable
Excess (Section 1) : N/A
Excess (Section 2) : N/A
Windscreen Excess : N/A
Hire Purchase Company : N/A

Manufacturing Year : 1992
Vehicle Capacity : 1587
Engine Number : 4AB089858
NCD Protection : No

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or attached hereto:
THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

Third Party Only
It is hereby understood and agreed that Sections I (and its Exceptions), III and IV of this Policy are not applicable. The Insurer shall only indemnify the Insured under Section II of the Policy.