

## 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	05/06/2018 14:40
Date Of Accident	04/06/2018 16:40
Exact Location Of Accident	PIE TOWARDS TUAS AFTER ADAM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP31E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WATCHMAN'S HOME
Co Reg No	-
Email Address	ENQUIRY@WATCHMANHOME.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90285674

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0102572-VCV
Cover Note Number	

### Driver

Name of Driver	CASEY NG KIM CHENG
NRIC No	S0216125G
Date Of Birth	25/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98953352
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	210A PONGGOL SEVENTEETH AVE
Postcode	829689
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?	YES
Foreign Vehicle Registration Number	JRX6071 (MOTORCYCLE)
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : CHNG CHEW KWANG GENDER: : MALE
Passenger 2	NAME: : LOW THIAM AIK GENDER: : MALE
Passenger 3	NAME: : ONG KENG ENG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE 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	CB6552M
Vehicle Make/Model/Colour	NA

Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JAILANI BIN AYUB
NRIC/Passport Number	S7224922D
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY2033S
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TONG SOOK YI SHARON
NRIC/Passport Number	S7207381I
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JRX6071
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMAD FITRIE BIN AMIR HAMZAH
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMAD FITRIE BIN AMIR HAMZAH
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	JRX6071
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	NA
Postcode	NA

### SKETCH PLAN

(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")

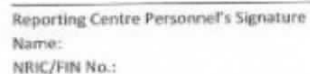
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



# Common Statement

## SKETCH PLAN

(A) 4431E  
(B) -86552M  
(C) STY 20338  
(D) 3RX 6071

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

Insurance Co. \_\_\_\_\_  
Vehicle No. \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
☐ Reporting Only  
☐ Own Damage Claim  
☒ Third Party Claim

(A) Kasteck

## DECLARATION

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



**SINGAPORE  
POLICE FORCE**



E/20180604/7014

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20180604/7014

Police Station Of Origin  
Tanglin Police Divisional HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 04/06/2018 20:02	Vide Report No.	Station Diary No.
Name Of Informant CASEY NG KIM CHENG	Address 210A PONGGOL SEVENTEENTH AVENUE SINGAPORE 829689	
ID Type / ID No. NRIC NO / S0216125G	Contact No. Home/Office:	Mobile: 97902060
Nationality SINGAPORE CITIZEN	Email Address eileenlee0712@gmail.com	
Occupation DRIVER	Sex Male	Age 63
Institution/School Name	Date of Birth 25/08/1954	Race Chinese
Date/Time Of Incident 04/06/2018 16:40 - 04/06/2018 18:45	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the stated date & time i was driving on the stated venue . The traffic flow was slow. The front vehicles was slow moving so i was driving slowly at Lane 2. Suddenly Vehicle B ( CB6552M) who was behind of me hit onto my vehicle . The great impact causes my vehicle to move forward & swerve out of my lane & hit onto Vehicle CSJY2033S) who was in front of my vehicle. And vehicle D (JRX6071) who was riding on lane 1 couldn't stopped in time and hit onto my vehicle. Vehicle D (JRX 6071) was conveyed to hospital & was a foreign registered vehicle

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 20:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



E/20180604/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180604/7014

Subjects Involved			
Victim			
Person Name	CASEY NG KIM CHENG		
ID Type	NRIC NO	ID No	S0216125G
Gender	Male	Age	63
Race	Chinese	Language	English
Occupation	DRIVER	Address Type	
Address	210A PONGGOL SEVENTEENTH AVENUE SINGAPORE 829689		Mobile No 97902060
Is Informant A Victim?	Yes		
Person Name	Chng Chew Kwang		
Person Name	Low Thiam Aik		
Person Name	Ong Keng Eng		
Person Name	CASEY NG KIM CHENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 20:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp