

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	28/05/2018 15:58
Date Of Accident	26/05/2018 14:40
Exact Location Of Accident	PIE TOWARDS JURONG (AFTER EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3196Z
Insured/Policyholder	
Name Of Registered Owner	CHUA KAY HOCK
NRIC No	S1618679A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82882211
Alternative Phone No	OTHERS-82882211

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084875351-01 CLASSIC
Cover Note Number	

Driver

Name of Driver	LEE CHEAH HOW
NRIC No	S9448329H
Date Of Birth	22/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82824065
Fax Number	
Contact Number	OTHERS-82824065
Email Address	NOEMAIL

Address	BLK 306 #07-673 CHOA CHU KANG AVENUE 4
Postcode	680306
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : CHUA KAI LIN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH982G
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE 1.2 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUUBARAK MOHD SHAKEEL
NRIC/Passport Number	S7971421F
Contact Number	82589581
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE CHEAH HOW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY3196Z

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: yackb@singnet.com.sg

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.:

28 MAY 2018

SKETCH PLAN

PIE TOWARDS JURONG AFTER EUNOS EXIT

A) SJY 3196 Z

B) SLH 982 G

EUNOS EXIT


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/20180527 2106

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: 28 MAY 2018

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180527/2106

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180527/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2018 22:18	Vide Report No.:	Station Diary No.: 109
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Informant's Particulars

Name of Informant: LEE CHEAH HOW			Address: APT BLK 225 LORONG 8 TOA PAYOH #07-60 SINGAPORE 310225	
ID Type / ID No.: NRIC NO / S9448329H			Contact No.:	Mobile: 82824065
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 23	Date of Birth: 22/12/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2018 14:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Jurong after Eunos Exit				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJY3196Z	Car	TOYOTA	Corolla Altis		Slightly Damaged	1
SLH982G	Car	MITSUBISHI	Attrage	Red		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180527/2106

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Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20180527/2106

CONTINUATION OF REPORT

Driver			
Name	LEE CHEAH HOW		ID No. S9448329H
Related Vehicle	SJY3196Z (Car)		Contact No. 82824065
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MUUBARAK MOHAMED SHAKEEL		ID No. S7971421F
Related Vehicle	SLH982G (Car)		Contact No. 82589581
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 26 May 2018 at about 2.40pm, I was traveling in my vehicle (SJY3196Z) together with one passenger along PIE towards Jurong after Eunos exit and I was travelling on the first lane (extreme right lane). As it was raining heavily and the traffic was slow moving, I noticed that the vehicle in front of came to a stop and I also came to a stop. Suddenly, I felt and impact from the rear and noticed one vehicle (SLH982G) had hit onto the rear of my vehicle. We the alighted from our vehicles to make a check, at that point of time, no one was injured or requires any immediate medical attention. We then exchanged particulars and left the place. I have an in-car camera installed in my vehicle. The following day, due to the impact, I was feeling unwell and went to consult a doctor and was given a 4 days MC.

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180527/2106

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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


Report No. T/20180527/2106

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: E / Staff Sgt TAN AI HWEE, TERESA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2018 22:18
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE