

## 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	24/06/2018 13:13
Date Of Accident	23/06/2018 15:20
Exact Location Of Accident	TPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1395D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA HUI HONG
Co Reg No	53360655A
Email Address	CHARLZTON.CHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93866913
Alternative Phone No	OFFICE-93866913

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	GRAB 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093215809
Cover Note Number	14/08/17 - 13/08/18

### Driver

Name of Driver	CHIA HUI HONG
NRIC No	S69030311
Date Of Birth	24/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93866913
Fax Number	
Contact Number	
EEmail Address	CHARLZTON.CHIA@GMAIL.COM

Address	12 YISHUN AVE 9 #08-10
Postcode	768894
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

### 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)	4
Passenger 1	NAME: : MR. HAIRI GENDER: : MALE
Passenger 2	NAME: : MR. HAIRI'S WIFE GENDER: : FEMALE
Passenger 3	NAME: : MR. HAIRI'S 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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
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:	EMAIL TO NTUC
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE1631C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category PRIVATE CAR  
Name of Driver ANG SWEE HONG PAUL  
NRIC/Passport Number S1804971F  
Contact Number 98427468  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SGP5898B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver IZZAT BIN MOHAMMAD SIDEK  
NRIC/Passport Number  
Contact Number 96529579  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHIA HUI HONG  
Approximate Age  
Injuries Sustain DISCOMFORT AROUND NECK & BACK  
Injured person in which vehicle? SJF1395D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address 12 YISHUN AVE 9 #08-10 (S)768894  
Postcode

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJF139SD  
INSURER : N/A  
DATE & TIME: 23/6/18 @ 1520hrs.

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

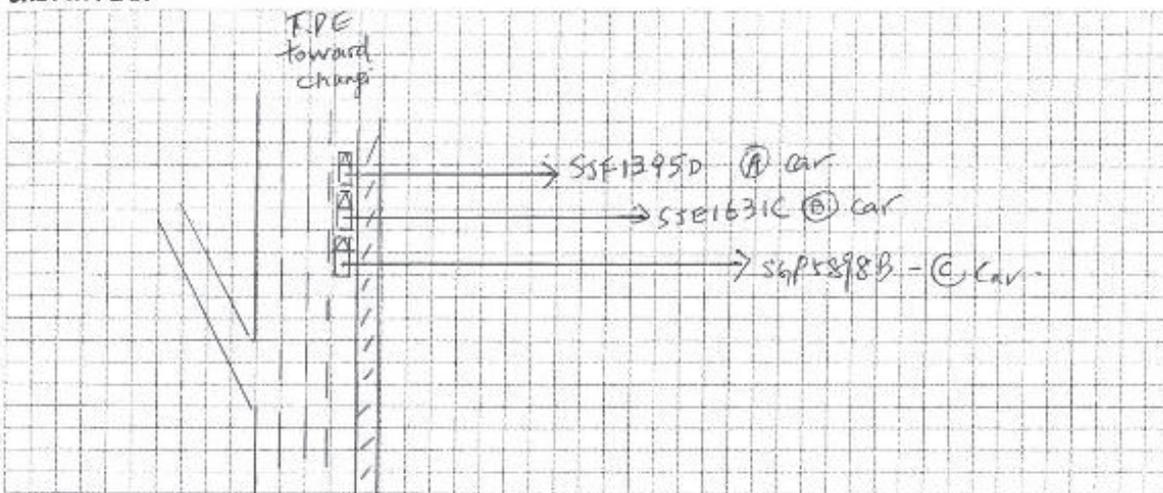
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 23/6/18  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 23/6/18 @ 1520pm along 986 towards Changi. I noticed taxi ahead of me braked and came to stop. I failed to brake ~~and~~ to slow down. Next, a great impact from the rear. Upon alighted to check, I noticed I have involved in chain accident - total 3 cars were involved. I was injured due to the accident and was given 3 days MC.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: 24/6/18  
 NRIC/FIN No.: \_\_\_\_\_  
 Claim Own Policy     Claim Third Party     Reporting Only  
 Claim OD/TP at other workshop ( \_\_\_\_\_ )



**SINGAPORE  
POLICE FORCE**



T/20180624/2037

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180624/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2018 13:50	Vide Report No.:	Station Diary No.: 87
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**Informant's Particulars**

Name of informant: CHIA HUI HONG		Address: 12 YISHUN AVENUE 9 #08-10 SINGAPORE 768894	
ID Type / ID No.: NRIC NO / S69030311		Contact No.: Home/Office: Mobile: 93866913	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 24/01/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: AVIATION ENGINEER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE towards Changi				
Weather: Drizzling		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
SGP5898B	Car	MITSUBISHI	LANCER 1.6 A	Red	Slightly Damaged	0
SJE1631C	Car	BMW	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Brown	Slightly Damaged	0
SJF1395D	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Slightly Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20180624/2037

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180624/2037

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Izzat bin Mohammad Sidek	ID No.	NIL
Related Vehicle	SGP5898B (Car)	Contact No.	96529579
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
Driver			
Name	Ang Swee Hong Paul	ID No.	NIL
Related Vehicle	SJE1631C (Car)	Contact No.	98427468
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
Driver			
Name	CHIA HUI HONG	ID No.	S69030311
Related Vehicle	SJF1395D (Car)	Contact No.	93866913
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/06/2018, at 1520hrs, I was driving my vehicle, bearing vehicle registration number SJF1395D, on Tampines Expressway towards Changi. As I was driving, I noticed a traffic accident in front of me and hence, I slowed my vehicle to a stop. Suddenly, a vehicle, bearing vehicle registration number SJE1631C, hit my vehicle on the rear. As a result of the impact, my vehicle surged forward, however, I still managed to brake the vehicle and did not collide with anything in front of me. Also, a third vehicle, bearing vehicle registration number SGP5898B, hit the second vehicle too. As a result of the collision and huge impact, my vehicle suffered damage on the rear and I went to Khoo Teck Puat hospital as I felt discomfort around my neck and back area, and I was given 3 days MC.

PR



**SINGAPORE  
POLICE FORCE**



T/20180624/2037

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180624/2037

CONTINUATION OF REPORT

PR



**SINGAPORE  
POLICE FORCE**



T/20180624/2037

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180624/2037

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: F / Sgt 2 LOW WEI DE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2018 13:50
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">           SN 005         </div>

Authentication Stamp  
NP168

