

## 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	10/07/2018 11:34
Date Of Accident	09/07/2018 14:00
Exact Location Of Accident	ALONG RD 1 CHANGI RD NEAR TO STILL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7627X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DREAM CARZ LEASING PTE LTD
Co Reg No	20143303R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63845206

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5098634822
Cover Note Number	

### Driver

Name of Driver	CHUA KOK SENG
NRIC No	S1294203F
Date Of Birth	04/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92263610
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	8 KAKI BUKIT AVENUE 4 #05-27 PREMIER @ KAKI BUKIT
Postcode	415875
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	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: : RIKE JULIANTI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180709/2100

#### 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	PC2767C
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHUA KOK SENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLK7627X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name RIKE JULIANTI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLK7627X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

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:

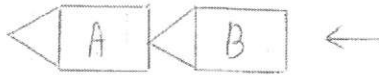
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

**IDAC KAKI BUKIT**  
 23 KAKI BUKIT AVE 4  
 Reporting Centre  
 Name: **Singapore 413911**  
 Tel: 67416697  
 NRIC/FIN No.: Fax: 67492305  
 Email: vackb@singnet.com.sg

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

Road 1 Changi Road Near To Still Road.



(A) SLK 7627X  
(B) PC 2767C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No : T/20180709/2100

## 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:

IDAC KAKI BUKIT (VAC),  
23 KAKI BUKIT AVE 4

Reporting Name: Singapore 415933  
Tel: 67416697  
NRIC/FIN No: Fax: 67492305  
Email: vackb@singnet.com.sg

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180709/2100

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20180709/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 15:18		Vide Report No.:		Station Diary No.: 16
<b>Informant's Particulars</b>				
Name of Informant: CHUA KOK SENG		Address: APT BLK 489B TAMPINES STREET 45 #03-223 SINGAPORE 521489		
ID Type / ID No.: NRIC NO / S1294203F		Contact No.: Home/Office: Mobile: 92263610		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 04/11/1958	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 CHANGI ROAD  NEAR TO STILL ROAD				
Weather: Clear		Road Surface: Dry	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	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2767C	Bus/Coach/Mi nibus				Slightly Damaged	0
SLK7627X	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180709/2100

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No. T/20180709/2100

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHUA KOK SENG	ID No.	S1294203F
Related Vehicle	SLK7627X (Car)	Contact No.	92263610
Hospital/Clinic	CRESCENT CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	RIKE JULIANTI	ID No.	B1803709
Related Vehicle	SLK7627X (Car)	Contact No.	83170869
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

### Brief Details.

On the above mentioned date time and place, I was driving my vehicle registration plate number SLK7627X along Changi Road on the most left hand. The car in front of me stopped as there was a minor jam on the road. I then applied my brakes and came to a complete stop. Out of a sudden, I felt a huge impact from the rear of my vehicle. I realized that another vehicle bearing registration plate number PC2767C collided onto the rear of my vehicle. No police or ambulance came to our scene. Both parties exchanged particulars and we left. I went to see a doctor and was given a total of three days of medical certificate. My passenger was given a total of 2 days of medical certificate.



SINGAPORE  
POLICE FORCE



T/20180709/2100

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20180709/2100

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 /  
Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2018 15:18

Officer In Charge Of Case:

TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp  
NP158



SIGNATURE