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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/07/2018 15:17
Date Of Accident	20/07/2018 16:45
Exact Location Of Accident	MOULMEINRD TWDS THOMSONRD TURNTO JALAN TANTOCKSENG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7317J
Insured/Policyholder	
Name Of Registered Owner	CHUR CHIN SOON
NRIC No	S9125374G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97204967
Alternative Phone No	OTHERS-97204967
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092789935-01
Cover Note Number	
Driver	
Name of Driver	CHUR CHIN SOON

Name of Driver CHUR CHIN SOON

NRIC No S9125374G

Date Of Birth 25/07/1991

Occupation INDOOR

Date Of Driving Pass 11/11/2011

Driving Experience 6 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97204967

Fax Number

Contact Number OTHERS-97204967

EMail Address NOEMAIL

BLK 167 HOUGANG AVENUE 1 Address

#01-1566

Postcode 530167

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

YES

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST

ROAD: BLK 101 JALAN RAJAH, POSTCODE: 320101, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2508999 - FAX NO: 63554312 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180720/2176

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKW9754Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver MUHAMAD FADHLI BIN JAFFAR

NRIC/Passport Number S8315239G **Contact Number** 87006484

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name CHUR CHIN SOON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & SHOULDER

SLQ7317J

YES

Sketch Plan

SKETCH FLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>tructiful</u> and accurate as cossible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>reputilize policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Apprilate reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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 :
 - 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:
 - 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.

Llug

Date & Time:

Policyholder's Signature

Cltar

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Sketch Plan #2

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DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT				-
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	9	leter to p	1/14 Repo	14: 8 0770/2	176
	9	leter to p	7/2015	14: 8 0770/2	176
	9	leter to p	T/2019	14: 8 0770/2	126
	9	leter to p	T/2019	14: 8 077012	126
	9	leter to p	Tlans	14: 8 0770/2	126
		leter to p	Tlans	14: 8 0770/2	126
		leter to p	Tlans	14: 8 0770/2	126
		leter to p	T/2019	14: 8 077012	126
		leter to p	T/2019	1H: 8 077012	126
		leter to p	TI201	14: 8 0770/2	126
DECLARATION			T/201	14: 8 0770 2	126
DECLARATION //We declare the foregoing parts			T/201	14: 8 072012	
DECLARATION I/We declare the foregoing parts			T/2019	1H: 8 072012	21/7/2

Sketch Plan #3



Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180720/2176

Date of Expiry: NIL

Details of Person Involved Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA Name Muhamad Fadhli Bin Jaffar ID No. S8315239G Related Vehicle SKW9754Y (Car) Contact No. 87006484 Hospital/Clinic NIL Class of Class: NIL Driving Date of Expiry: NIL Licence & Expiry Date Date Treatment NIL Date Discharge NIL No. of Days granted Medical Leave NIL Degree of Injury NIL Driver Name CHUR CHIN SOON ID No. S9125374G Related Vehicle SLQ7317J (Car) Contact No. 97204967 Hospital/Clinic NIL Class of Class: 3

Driving

Date Discharge NIL

Degree of Injury NIL

Licence & Expiry Date

Brief Details.

Date Treatment | NIL

No. of Days granted Medical Leave

On 20/07/2018 at about 1645hrs, I was travelling along Moulmein road towards Thomson Road in my vehicle (SLQ7317J). I wanted to turn into Jalan Tan Tock Seng and waited at the junction for the traffic light. Suddenly I felt an impact from the rear and discovered that one Ambulance (SKW9754Y) had collided into my vehicle.

NIL

The driver and I then met up at the Tan Tock Seng Emergency and exchanged particulars. I was informed that the ambulance was from SengKang fire station and was advised to lodge a traffic accident report.

My vehicle had in car camera installed. My vehicle rear bumper was dented.

No police was called in











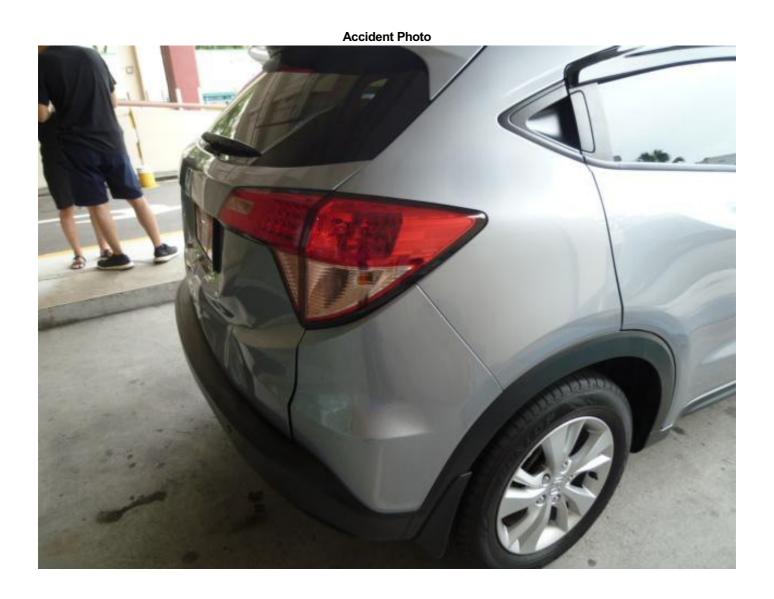


















Police Report

3

Police Station Of Origin; Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE

Report No. T/20180720/2176

1 of 3

321101

Tel No: 1800-25089999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 20/07/2018 19:01		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: CHIN SOON		Address: APT BLK 167 HOUGA 530167	NG AVENUE 1 #01-1566 SINGAPORE	
	/ ID No.: O / S91253	74G	Contact No.: Home/Office: Mobile: 97204967		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 26	Date of Birth: 25/07/1991	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupat ACCOU	ion: NT SPECIA	LIST	ation: Date of Expiry:		

Type of Accident:	Non-Injury Government Vehic	Drink Drive: No	Date/Time of Accident: 20/07/2018 16:4	Type of Loca X-Junction
MOULMEIN F		pad turning into Jak	an Tan Tock Seng	Road Speed Limit:
Clear		Dry		Total State Programme
Traffic Flow:	Way	Traffic Control: Traffic Light - W	orkina	Traffic Volume: Moderate
Dual Carriage	vvuy	Ligino Figur - AA		THE GOLDIE

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW9754Y	Car				Slightly Damaged	0
SLQ7317J	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	0

Details of V	ehicle Insurance	Control was also to be a substitute	A Section of the second	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ7317J	NTUC Income Insurance Co-Operative Limited	5092789935-01	20/07/2018	19/07/2019

Police Report



Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101

Tel No: 1800-25089999

THE PROPERTY OF

2 of 3

Report No. T/20180720/2176

CONTINUATION OF REPORT

Details of Pers	on involved			No. in con-	SECRETARISMENT APPRILATE
Any Pedestrian	Involved: No			1000	A TORONTO LEGISLA DE LA CAMPAGA
No. of Pedestria	Use of Pedestrian Crossing: NA				
A SHEET SHEET				1	
Name	Muhamad Fadhli Bin Jaffar		ID No.		S8315239G
Related Vehicle	SKW9754Y (Car)	Contact No.		87006484	
l-lospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver			A A SANG		
Name	CHUR CHIN SOON		ID No.		S9125374G
Related Vehicle	SLQ7317J (Car)		Contact No.		97204967
Hospital/Clinic	NIL		Class o Driving Licence Expiry [. &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge I	NIL.	
No. of Days grant	ed Medical Leave NIL	Degree of I		NIL	

Brief Details.

On 20/07/2018 at about 1645hrs, I was travelling along Moulmein road towards Thomson Road in my vehicle (SLQ7317J). I wanted to turn into Jalan Tan Tock Seng and waited at the junction for the traffic light. Suddenly I felt an impact from the rear and discovered that one Ambulance (SKW9754Y) had collided into my vehicle.

The driver and I then met up at the Tan Tock Seng Emergency and exchanged particulars. I was informed that the ambulance was from SengKang fire station and was advised to lodge a traffic accident report.

My vehicle had in car camera installed. My vehicle rear bumper was dented.

No police was called in

Police Report



Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180720/2176

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 LEE CHONG SAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 19:01
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
though hortemp SN 080	