

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 | 06/08/2018 14:57 |
| Date Of Accident | 04/08/2018 10:25 |
| Exact Location Of Accident | PIE (CHANGI) BEFORE STEVEN RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLL183A |
| Insured/Policyholder | |
| Name Of Registered Owner | H & H CAR RENTAL & LEASING |
| Co Reg No | 53331980C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | HONDA |
| Model | VEZEL HYBRID 1.5RS AUTO |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | YES |
| Policy Number | 5078818993-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | STEVEN SOO TEIK CHENG |
| NRIC No | S1624505D |
| Date Of Birth | 05/08/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/10/1983 |
| Driving Experience | 34 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97435457 |
| Fax Number | |
| Contact Number | OFFICE-97435457 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 486 JURONG WEST AVENUE 1 #12-127 |
| Postcode | 640486 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| 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: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180805/2039.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GZ9515C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | ROBIN NEO |
| NRIC/Passport Number | S1127340H |
| Contact Number | 93216695 |

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF5382J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHUA TECK SENG
NRIC/Passport Number S1127340H
Contact Number 92995213
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name STEVEN SOO TEIK CHENG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLL183A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PIE (change.)

A: 5L683A
B: 6Z9515C
C: 68F53827


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180805/2039.

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:
NRIC/FIN No.:

2018/10/10 10:10:10

Police Report



**SINGAPORE
POLICE FORCE**



T/20180805/2039

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180805/2039

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 05/08/2018 12:32 | | Vide Report No.: | | Station Diary No.: 93 | |
| Informant's Particulars | | | | | |
| Name of Informant: STEVEN SOO TEIK CHENG | | | Address: APT BLK 486 JURONG WEST AVENUE 1 #12-127 SINGAPORE 640486 | | |
| ID Type / ID No.: NRIC NO / S1624505D | | | Contact No.: Home/Office: Mobile: 97435457 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 05/08/1963 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | 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: 04/08/2018 10:25 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY | | | | |
| Towards Changi. Near to slip road of Steven Road Exit. | | | | |
| 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 |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|----------------------------------|-------|-------------------|-----------------|
| GBF5382J | Car | FIAT | DOBLO CARGO SX 1.3 MJT 5MT GLAZE | White | Slightly Damaged | 1 |
| GZ9515C | Van | RENAULT | KANGOO DCI85 | Red | Slightly Damaged | 1 |
| SLL183A | Car | HONDA | VEZEL HYBRID | White | Seriously Damaged | 1 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20180805/2039

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180805/2039

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHUA TECK SENG | ID No. | S1127340H |
| Related Vehicle | GBF5382J (Car) | Contact No. | 92995213 |
| 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 | ROBIN NEO | ID No. | S7820270Z |
| Related Vehicle | GZ9515C (Van) | Contact No. | 93216695 |
| 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 | STEVEN SOO TEIK CHENG | ID No. | S1624505D |
| Related Vehicle | SLL183A (Car) | Contact No. | 97435457 |
| Hospital/Clinic | C & K FAMILY CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 05/08/2018 | Date Discharge | 05/08/2018 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |

Brief Details.

On the 04/08/2018 at about 1025hrs, I was working and was on a trip to send a passenger to her intended destination.

I was subsequently on PIE towards Changi and was about to exit Steven Road, as I was approaching the slip road I had stopped my vehicle V1) SLL183A as there were multiple vehicles in front. Out of a sudden, I felt a jerk coming from the rear of my vehicle and realized a collision had took placed.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180805/2039

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180805/2039

CONTINUATION OF REPORT

no one was injured nor any government property was damaged, thus we had exchanged particulars and left the scene. I then went back and reviewed my in car camera and it showed clearly that when my vehicle was stationary, another vehicle V2) GZ9515C who was behind who was also stationary was collided on its rear by V3) GBF5382J.

V3 then pushed V2 forward which resulted in V2 colliding onto my rear. My vehicle V1 suffered serious rear damages. I then went on to consult a doctor at C & K Family Clinic and was given 7 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180805/2039

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180805/2039

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:

J /

Sgt 2 GOH WEI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/08/2018 12:32

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476367

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

