

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 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. 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	16/10/2018 16:11
Date Of Accident	15/10/2018 22:10
Exact Location Of Accident	CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1297J
Insured/Policyholder	
Name Of Registered Owner	COMFORT LIMOUSINE SERVICES PTE LTD
Co Reg No	201508380W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MG000530-R04
Cover Note Number	

Driver

Name of Driver	NG CHUNG KHAI JOHNNY
NRIC No	S7815231A
Date Of Birth	01/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98437808
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK. 619 CHOA CHU KANG NORTH 7 #08-407 SINGAPORE
Postcode	680619
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	4
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)	6
Passenger 1	NAME: : PASSENGER A GENDER: : MALE
Passenger 2	NAME: : PASSENGER B GENDER: : MALE
Passenger 3	NAME: : PASSENGER C GENDER: : MALE
Passenger 4	NAME: : PASSANGER D GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER E GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO. T/20181016/2085.

Attachment(s)

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1028D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL2852P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR8292J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 NG CHUNG KHAI JOHNNY
Approximate Age 40
Injuries Sustain
Injured person in which vehicle? SMC1297J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK. 619 CHOA CHU KANG NORTH 7 #08-407 SINGAPORE
Postcode 680619

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.



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.:

Copy to 16/10/2019 16.03

SKETCH PLAN

Refer to attached diagram.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20181016/2085.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



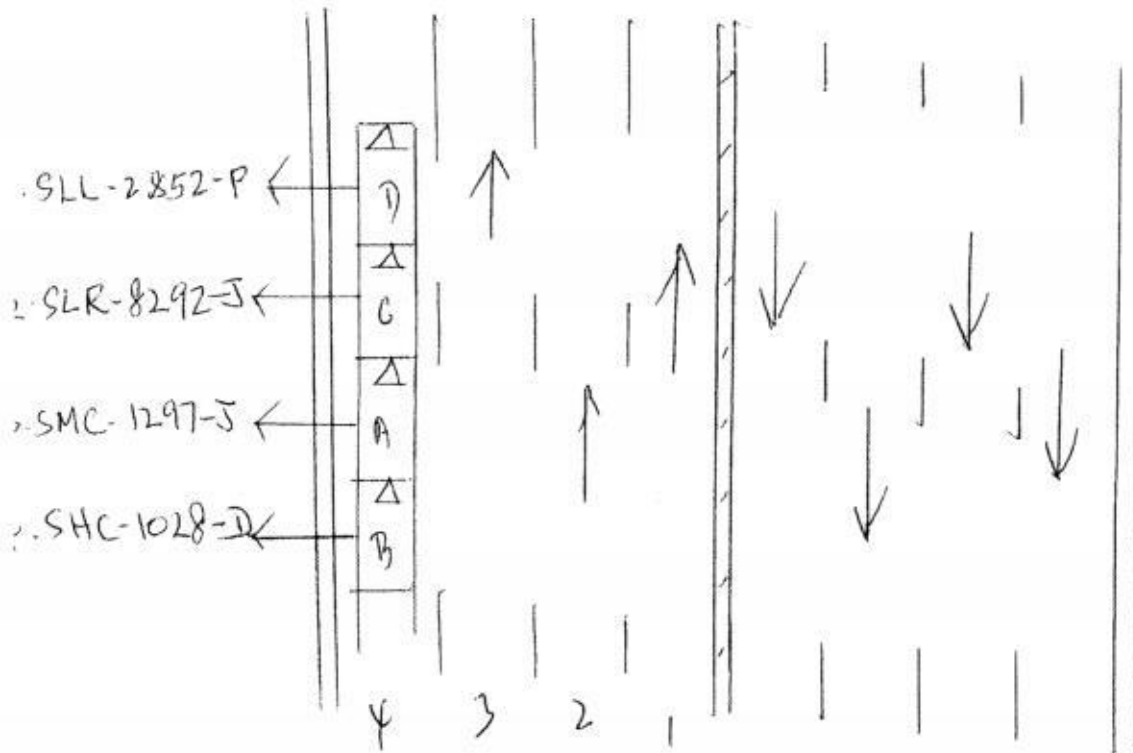
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Canli 16/10/2018
16.03

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

Clementi Ave 2



Carla



**SINGAPORE
POLICE FORCE**



T/20181016/2085

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Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181016/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 14:45	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars			
Name of Informant: NG CHUNG KHAI JOHNNY		Address: APT BLK 619 CHOA CHU KANG NORTH 7 #08-407 SINGAPORE 680619	
ID Type / ID No.: NRIC NO / S7815231A		Contact No.: Home/Office: Mobile: 98437808	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 01/06/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2018 22:10	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 2 Along Clementi Ave 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1028D	Car	HYUNDAI		Blue		0
SLL2852P	Car	KIA		Black		0
SLR8292J	Car	HONDA		White		0
SMC1297J	Car	TOYOTA	Sienta	Red	Seriously Damaged	5



**SINGAPORE
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T/20181016/2085

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20181016/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ang Poh Chuan	ID No.	S1408629F
Related Vehicle	SHC1028D (Car)	Contact No.	98897191
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	Sainthil Kumaran s/o Anatorai	ID No.	S8614532D
Related Vehicle	SLL2852P (Car)	Contact No.	82245377
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	Mervyn Heng Chin Yong	ID No.	S7702375E
Related Vehicle	SLR8292J (Car)	Contact No.	97420374
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



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T/20181016/2085

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20181016/2085

CONTINUATION OF REPORT

Driver			
Name	NG CHUNG KHAI JOHNNY	ID No.	S7815231A
Related Vehicle	SMC1297J (Car)	Contact No.	98437808
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15/10/18 at about 2212hrs, I was driving along Clementi Ave 2 towards towards AYE (City), with 5 of my passengers, to 110 Jalan Bukit Merah. I was driving my vehicle, SMC1297J on the 4th lane of the road.

The vehicle that was in front of me stopped, thus I stopped. Suddenly, I felt a bang on the rear of my vehicle. Due to the great impact, my vehicle hit the vehicle that was in front of me.

I alighted to make a check and realized that there were 3 other vehicles that involved in the chain collision. No one was conveyed by ambulance.

I went for medical assessment at Oei Family Clinic on 16/10/18 and received 5 days MC.



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SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20181016/2085

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 /

SI SITI NORZEHAN BINTE JASMAN

Signature Of Informant:

Carstei

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2018 14:45

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

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