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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2018 12:29
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4072C
Insured/Policyholder	
Name Of Registered Owner	LZY TRANSPORTATION SERVICES
Co Reg No	53314759W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88282626
Alternative Phone No	OFFICE-88282626
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.8 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	NO
Policy Number	5101650967
Cover Note Number	
Driver	
Name of Driver	TAN HONG BIN (CHEN HONGBIN)
NRIC No	S9310722E
Date Of Birth	25/03/1993

NRIC No S9310722E

Date Of Birth 25/03/1993

Occupation OUTDOOR

Date Of Driving Pass 03/02/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96735514

Fax Number

Contact Number OFFICE-96735514

EMail Address NOEMAIL

Address BLK 232 SERANGOON AVENUE 3

#07-58

Postcode 550232

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

over a Common of Deliver de Over 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 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181114/2138

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

S7975610E

Vehicle Registration Number SLD8673S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver YEE WOON KANG

NRIC/Passport Number

Contact Number

Address

Page 2 of 30

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJT4021P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SANUSI BIN KAMSAN

NRIC/Passport Number S1173744G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER:

DETAILS OF INJURED PERSON 1

Name TAN HONG BIN (CHEN HONGBIN)

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SJR4072C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

2

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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)

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:
 - 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.

Policy Code & 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

TCH PLAN		
PIE (changi)		A: STR4072C B: SL D8673S C: STT4021P
	NCES OF THE ACCIDENT	138
ARATION	particulars are true in every respect.	- Th
older dignature Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 3

Report No. T/20181114/2138

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 14/11/2018 17:51		Vide Report No.:	Station Diary No.: 100		
Informa	nt's Partic	ulars				
TAN HO	f Informant: NG BIN	T	Address: APT BLK 232 SERANGOON 550232	I AVENUE 3 #07-58 SINGAPORE		
ID Type / ID No.: NRIC NO / S9310722E			Contact No.: Home/Office:	Mobile: 96735514		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 25	Date of Birth: 25/03/1993	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 14/11/2018 08:00	Type of Location	
	EXPRESSWAY BEFORE JLN EUNO	OS EXIT 9			
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h	
			Traffic Volume: Heavy		
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR4072C	Car	TOYOTA	COROLLA	Silver	Slightly Damaged	1
SJT4021P	Car				Seriously Damaged	1
SLD8673S	Car				Slightly Damaged	0

ehicle Insurance		maker - make	NE HOLLE
Insurance Company	Insurance No	Effective	Expiry Date
	The same of the sa	Inches Co.	January Communication of the C

Police Report





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 3 Report No. T/20181114/2138

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Evning Date
SJR4072C	NTUC Income Insurance Co-Operative Limited		Lilouive	Expiry Date

Details of Perso	n Involved	116961	COLUMN TO SERVE			
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destria	n Cross	tine: MA
Driver		HIGHWAY F	030 011 0	uestria	Closs	sing, NA
Name	TAN HONG BIN			ID No).	S9310722E
Related Vehicle	NIL			Contact No.		96735514
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2018		Date Disc			/2018
No. of Days gran	ted Medical Leave	05	Degree of			12010

Brief Details

On the above mentioned date, time and location. I was travelling along PIE at the first lane, from Orchard Road going towards Expo. Along Jln Eunos Exit 9, the traffic was heavy but there was no jam. I did not notice the car that was behind me, suddenly I felt a impact from the back and I step the brake hardly to prevent further accident, but the vehicle infront of me was on his brake too as the traffic was heavy. After the accident I came down to make the damage assessment, exchange particulars after which then we left the incident location.

Police Report





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20181114/2138

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 2 TAY WEI LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2018 17:51
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204 Authentication Stamp P168	Thy











































