

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	19/11/2018 14:57
Date Of Accident	16/11/2018 12:10
Exact Location Of Accident	PIE TWDS TUAS AFT PAYA LEBAR ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1589C
Insured/Policyholder	
Name Of Registered Owner	SEN JIE PTE. LTD.
Co Reg No	201801387K
Email Address	SENJIEOFFICE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68160473

Vehicle Particulars

Manufacturer	RENAULT
Model	TRAFIC 2.0
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102714835
Cover Note Number	

Driver

Name of Driver	CHEN ZHANGJIE
Passport No/FIN	G8492694P
Date Of Birth	18/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84360662
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11 JLN KEMAJUAN #01-294 MACPHERSON GARDEN ESTATE
Postcode	368977
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
Foreign Vehicle Registration Number	JSJ7295 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20181116/2114

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSJ7295
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PANG SHEAU KANG
NRIC/Passport Number	
Contact Number	96958522
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1

Name PANG SHEAU KANG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? JSJ7295
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEN ZHANGJIE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB1589C
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.

2. 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:

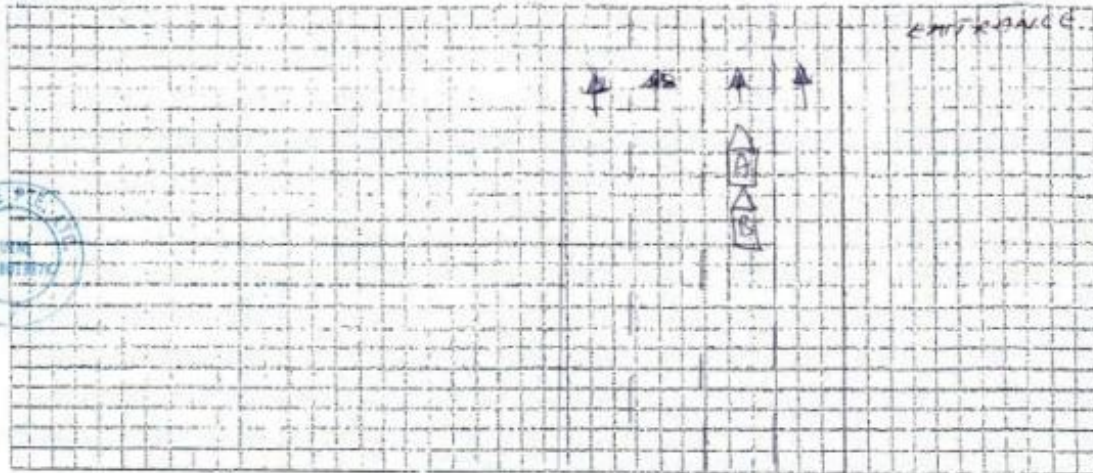
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

Vehicle A - GBB15896
Vehicle B - JS57295

SKETCH PLAN

PIE TWO'S TUNAS AFT PAYA LEBAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along PIE (Tunas) after Paya Lebar Entrance. The car in front slow down and I follow suit. Suddenly, Vehicle B hit my car from the back.

DECLARATION

(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/PIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181116/2114

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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Report No. T/20181116/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN ZHANGJIE	ID No.	G8492694P
Related Vehicle	GBB1589C (Van)	Contact No.	84360662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/11/2018 at about 1210hrs, I was driving my vehicle a blue in color Renault van bearing license plate number GBB1589C and was travelling along PIE (Tuas) and was at the 12km mark sign. At the point, the traffic along the expressway was very heavy and the moving pace was very slow. After inching forward, I came to a complete stop as I saw the vehicle in front of me had applied his brakes, and as such I followed-suit.

Suddenly, I felt an impact from the rear of my vehicle and after proceeding to check, I discovered a grey in color Yamaha Malaysian scooter bearing license plate JSJ7295 had collided onto the rear of my vehicle and the collision resulted in the rider sustaining some injuries and was lying on the floor. Prior to me rendering assistance to the rider, traffic police had already arrived at the scene and as such ambulance were immediately called to convey the rider over to the hospital.

I was then informed by the traffic police officer to proceed to lodge a police report about this incident. I wish to inform that the damages to my vehicle is that there was scratches to the rear bumper and the right rear headlights were broken.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181118/2114

Police Station Of Origin:
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 40014
Tel No: 1800-8488699

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Report No: T/20181118/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 18:20		Vide Report No.: G/20181118/0085		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: CHEN ZHANGJIE			Address: 11 JALAN KEMAJUAN #01-294 MACPHERSON GARDEN ESTATE SINGAPORE 368977		
ID Type / ID No.: FIN NO / G8492694P			Contact No: Home/Office: Mobile: 84380662		
Nationality: CHINESE			Email:		
Sex: Male	Age: 32	Date of Birth: 18/03/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUILDING CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/11/2018 00:10	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (TUAS) at 12km mark				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB1589C	Van	RENAULT	TRAFIC 2.0 DCI 115 SMT ABS AIRBAG 2WD	Yellow	Slightly Damaged	0
JSJ7295	Motorcycle	YAMAHA			Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181116/2114

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486969

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Report No. T/20181116/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN ZHANGJIE	ID No.	G8492884P
Related Vehicle	GBB1589C (Van)	Contact No.	84360682
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/11/2018 at about 1210hrs, I was driving my vehicle a blue in color Renault van bearing license plate number GBB1589C and was travelling along PIE (Tues) and was at the 12km mark sign. At the point, the traffic along the expressway was very heavy and the moving pace was very slow. After inching forward, I came to a complete stop as I saw the vehicle in front of me had applied his brakes, and as such I followed-suit.

Suddenly, I felt an impact from the rear of my vehicle and after proceeding to check, I discovered a grey in color Yamaha Malaysian scooter bearing license plate JSJ7285 had collided onto the rear of my vehicle and the collision resulted in the rider sustaining some injuries and was lying on the floor. Prior to me rendering assistance to the rider, traffic police had already arrived at the scene and as such ambulance were immediately called to convey the rider over to the hospital.

I was then informed by the traffic police officer to proceed to lodge a police report about this incident. I wish to inform that the damages to my vehicle is that there was scratches to the rear bumper and the right rear headlights were broken.

Police Report



SINGAPORE
POLICE FORCE



T20181116/2114

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

3 of 3

Report No. T20181116/2114

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2018 18:20

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

N°163

SIGNATURE