SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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	21/11/2018 17:04
Date Of Accident	19/11/2018 17:15
Exact Location Of Accident	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1214M
Insured/Policyholder	
Name Of Registered Owner	MISTER J PTE LTD
Co Reg No	201541846D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81188925
Alternative Phone No	OFFICE-81188925
Vehicle Particulars	
Manufacturer	FIAT
Model	BRAVO 1.4A 120 BHP SMT TURBO D/AB SR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104178097
Cover Note Number	
Driver	
Name of Driver	SYAZWAN BIN SUPAAT
NRIC No	S8823368I
Date Of Birth	05/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2012

6 YEARS AND 1 MONTH

(LOCAL) +65-92264416

OFFICE-92264416

NOEMAIL

MALE

Address BLK 219 TAMPINES STREET 24

#10-26

Postcode 520219

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 DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JLP8816 (PRIVATE CAR)

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) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5852999 - **FAX NO**: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181119/2174.

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 SJM782P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH KHEAM QUEE FABIAN

NRIC/Passport Number S7726875H
Contact Number 90881941

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

JLP8816 Vehicle Registration Number

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 SYAZWAN BIN SUPAAT

Approximate Age

Injuries Sustain **NECK & SHOULDER**

SME1214M Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

1

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 6. The 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
- 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)
 - (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
- 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.

Policyholde 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 (chungs)		A: SMEIZIYM B: SJM787P C. JLP8816.
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
DECLARATION I/We declare Toregoin par Gamente Gamente	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personner's Signature Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Report No. T/20181119/2174

1 of 3

519457 Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2018 21:47		Made:	Vide Report No.:	Station Diary No. 122			
Informa	nt's Partic	ulars					
	f Informant AN BIN SU		Address: APT BLK 219 TAMPINES ST 520219	REET 24 #10-26 SINGAPORE			
	/ ID No.: O / S88233	681	Contact No.: Home/Office: Mobile: 92264416				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Male	Age: 30	Date of Birth: 05/07/1988	Type of Informant: Driver				
Race: Javanese			Language: English	Institution / School Name:			
Occupation: Training manager			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2018 17:15	Type of Location Straight Road
ALONG PIE E Weather:	EXPRESSWAY BEFORE EUNOS EXI	T TOWARDS CHANG Road Surface:	AIRPORT	oad Speed Limit:
Drizzling		Wet		odd opedd Liffit.
Drizzling Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled		affic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JLP8816	Car				Slightly Damaged	0
SJM782P	Car				Slightly Damaged	0
SME1214M	Car				Slightly Damaged	0

Police Report



T/20181119/2174

2 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Report No. T/20181119/2174

Tel No: 1800-5852999

CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	A STORE STORE	Pasini.			11119	
Name	SYAZWAN BIN SUPAAT		ID No.	5	S8823368I	
Related Vehicle	SME1214M (Car)			Conta	ct No.	92264416
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 19/11/2018 at about 5.15pm, I was driving my vehicle bearing the registration number SME1214M along PIE before Eunos exit towards Changi Airport. I was driving on the first lane and was keeping a safe distance away from the vehicle in front of me. As I saw that the vehicle in front of me was slowing down slowly, I also applied brake slowly and eventually came to a stop when the vehicle infront did so. As I was about to move off, the vehicle behind me bearing the registration number SJM782P collided onto the rear of my vehicle. I then got down from my vehicle and exchanged number with the driver of the vehicle who collided onto my vehicle. We then agreed on a private settlement before I drove off. I also reaslised that a third car bearing the registration number JLP8816 had collided onto the vehicle behind me, it was a Malaysian vehicle. I managed to take a picture of the Malaysian vehicle when the two drivers were discussing. I then sent a message via WhatsApp to the driver who collided onto my vehicle to get his particulars. He then informed me that the driver of the Malaysian car that collided onto his had fled off hence he did not manage to get the driver's particulars. I only know that the Malaysian driver was a Chinese man.

No one was injured at that point of time. There was no passenger in my vehicle. I am unsure if there were any passengers in the other 2 vehicles. The rear number plate frame of my vehicle was broken and the rear bumper was also misaligned. I wish to inform that my vehicle is a rented vehicle under Mister J Pte Ltd, I have rented for about 1 month or so. I am lodging a report as the owner informed me to do so. There is no in-car camera in my vehicle.

Particulars of the driver of SJM782P: Loh Kheam Quee Fabian S7726875H HP: 90881941

Police Report





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

3 of 3 Report No. T/20181119/2174

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 / Sgt 2 REGINA LUI YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2018 21:47
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	SIGNATURE



















Accident Photo







