

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	27/11/2018 17:00
Date Of Accident	25/11/2018 13:40
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9664B
Insured/Policyholder	
Name Of Registered Owner	AVON LEASING PTE. LTD.
Co Reg No	201728001G
Email Address	AVONCARS@AVONGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-69044584

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097469321-01
Cover Note Number	

Driver

Name of Driver	ERIC TAN ZHEN FA
NRIC No	S9144510G
Date Of Birth	04/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91994076
Fax Number	
Contact Number	
EMail Address	ERIC_TZF@HOTMAIL.COM

Address	BLOCK 648 HOUGANG AVENUE 8 #06-223
Postcode	530648
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?	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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 . POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 25/11/2018, at about 1340hrs, I stopped my car whilst seeing a red traffic light along Jalan Bukit Merah towards Kampong Bahru Rd LP85 when I had a serious accident with two vehicles. My car bearing plate number SJT96648 was hit from the rear by a comfort SHC89390, subsequently the third vehicle which was a Silvercab bearing SH88535R collided at the rear of the Comfort vehicle. As a result my car was damaged at the rear bumper, boot and exhaust area. My car stereo was also damaged. The properties that were also damaged during the accident was my black Samsung J7 Prime screen which was cracked and my father's Gold Oppo F1S screened was also cracked. Both the other vehicles were seriously damaged at the front bumper and bonnet area. I was given a 4 days MC from Singapore General Hospital for neck, left shoulder and arm, chest and lower back injuries. I also suffered from numbness right palm to wrist area. My wife namely Chua Poh Yee, Stephanie, S9142005H, who is 2 -months pregnant and my father Chua Jin Thiarn, S1248227B were conveyed to Singapore General Hospital by Ambulance for their injuries. My wife was given a 21 day Me from Singapore General Hospital for giddiness, breathlessness, neck, shoulder, lower back and head injury. My wife also suffered from numbness from the left shoulder to her toes. My father was given 4 days MC from Singapore General Hospital for neck, right shoulder and chest injuries. The incident was also attended to by Traffic Police. I handed over ONE 16GB Toshiba Micro SO to SSGT T11 0033 Mohamed Farhan with regards to AI20181125/0096 under 10 Muhammad Noor.

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	SHC8939D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	CHAN WENG SOON
NRIC/Passport Number	S8515906B
Contact Number	98430257
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: : MALE
Passenger 2	NAME: : GENDER: : FEMALE
Passenger 3	NAME: : GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB8535R
Vehicle Make/Model/Colour	
Details Of Properties	SILVERCAB
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	WONG PAK KIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB8535R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHUA POH YEE , STEPHANIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJT9664B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

Address

Postcode

DETAILS OF INJURED PERSON 3

Name ERIC TAN ZHEN FA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJT9664B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHUA JIN THAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJT9664B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.

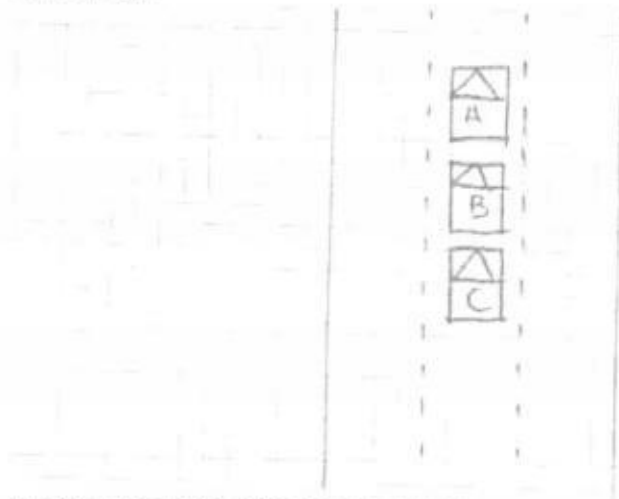

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DOA: 25/11/2018

A: SJT 766413

B: SHC 8939D

C: SHB 8535R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report : T/20181125/2088

DECLARATION

I/We declare that the above 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.