

## 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             | 22/01/2019 16:37                    |
| Date Of Accident           | 22/01/2019 13:50                    |
| Exact Location Of Accident | PIE TWDS TUAS B4 KALLANG BAHRU EXIT |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLF5029L                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | NEO AUTO LEASING PTE LTD |
| Co Reg No                   | 201814915N               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-91449265          |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | MAZDA        |
| Model  | MAZDA 2      |
| Exact Purpose for which vehicle was being used at time of accident           | GRAB         |
| 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          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5103424803                             |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | CHEW SOK KEE            |
| NRIC No              | S9307849G               |
| Date Of Birth        | 02/03/1993              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 23/09/2016              |
| Driving Experience   | 2 YEARS AND 3 MONTHS    |
| Gender               | FEMALE                  |
| Mobile Number        | (LOCAL) +65-96209753    |
| Fax Number           |                         |
| Contact Number       |                         |
| E Mail Address       | DENIALCHRIS32@GMAIL.COM |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 601 HOUGANG AVE 4<br>#05-101 |
| Postcode  | 530601                           |
| 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 | -<br>-<br>-                      |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                      |

### 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 (including own vehicle) 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)   | 3                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |
| Passenger 2   | NAME: : UNKNOWN<br>GENDER: : MALE |

### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT/T/20190122/7011

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | GBC1907M                          |
| Vehicle Make/Model/Colour   |                                   |
| Details Of Properties       |                                   |
| Vehicle Category            | COMMERCIAL VEHICLE                |
| Name of Driver              | BARTOLOME RICHARD CHESTER DICHOSO |

NRIC/Passport Number G3113115X  
Contact Number 97478943  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD2255C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver TAN CHU CHUN  
NRIC/Passport Number S0782242A  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHEW SOK KEE  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? SLF5029L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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 interested parties.
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.



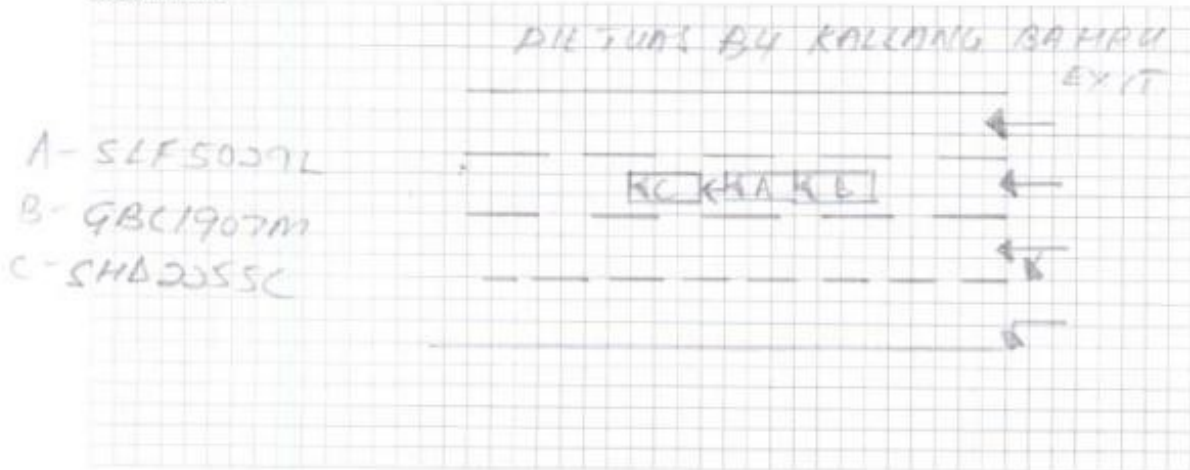
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/01/2019

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190122/7011

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: 22/01/2019

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190122/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20190122/7011

### CONTINUATION OF REPORT

| Details of Person Involved        |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                |  |                                 |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                |  |                                 |
| Name                              | CHEW SOK KEE   | ID No.                                 | S9307849G                       |
| Related Vehicle                   | SLF5029L (Car) | Contact No.                            | 96209753                        |
| Hospital/Clinic                   | GALILEE CLINIC | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 22/01/2019     | Date Discharge                         | 22/01/2019                      |
| No. of Days granted Medical Leave | 04             | Degree of Injury                       | Serious                         |

Brief Details.

on the stated date and time, i was driving my vehicle (slf5029l) at PIE towards tues before kallang bahru exit on lane 2. in front of my vehicle stopped and i follow suit. After a few second, i felt a big impact from the rear and the impact cause my vehicle to push in front and hit vehicle SHD2255C. i came out from my vehicle and find out is a total of 3 car chain collision. A traffic police attended, exchange particulars and call us to move aside. After exchanging particulars, police call us to move off and report to insurance. I went to see a doctor as i felt pain at neck area and back of my body. I went to the clinic and was given 4 days mc.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

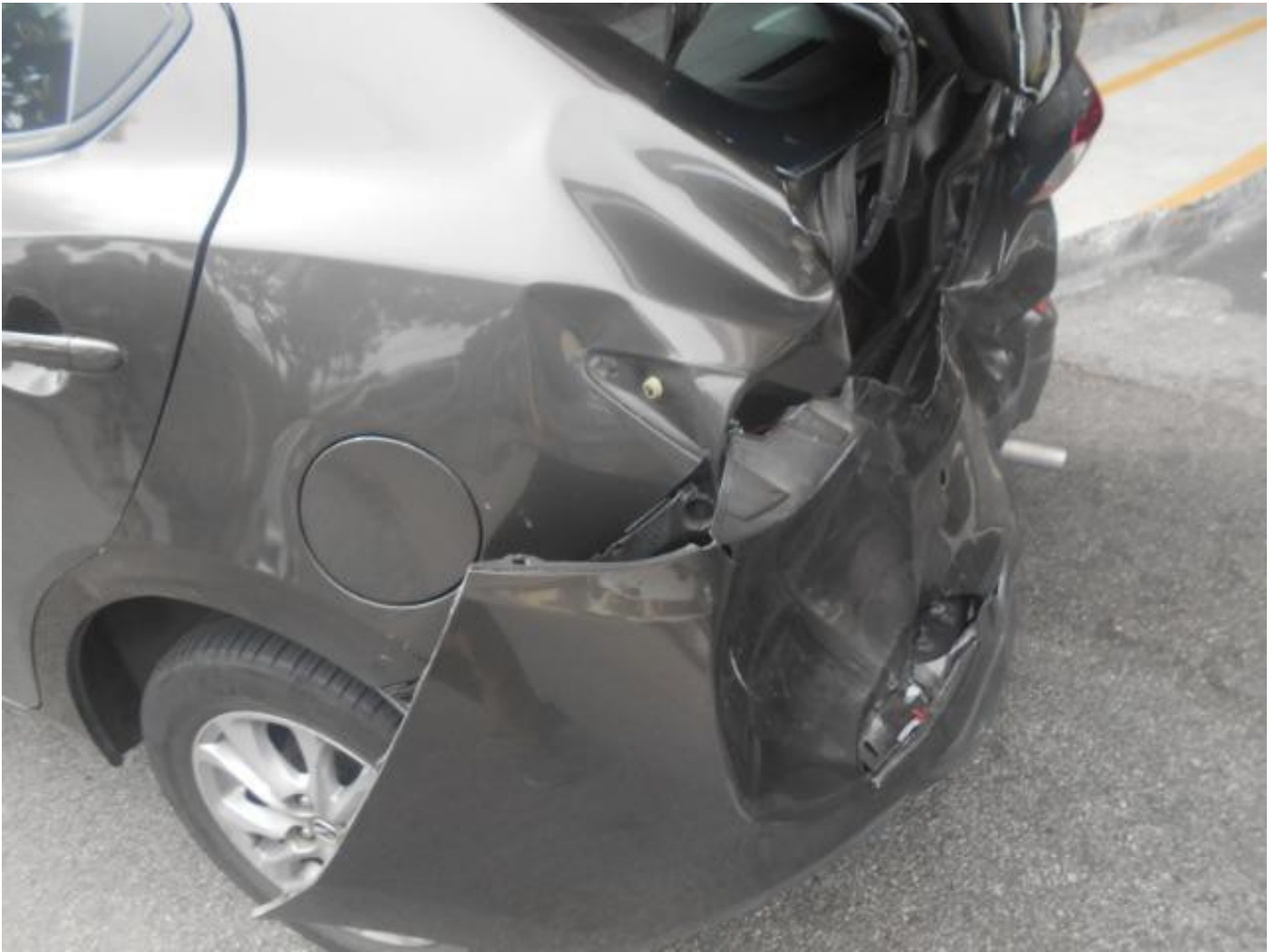




Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo







**Police Report**



**SINGAPORE  
POLICE FORCE**



T201901227011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470800

2 of 3

Report No: T201901227011

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                |  |                                 |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                |  |                                 |
| Name                              | CHEW SOK KEE   | ID No.                                 | S8307849G                       |
| Related Vehicle                   | SLF5029L (Car) | Contact No.                            | 96209753                        |
| Hospital/Clinic                   | GALILEE CLINIC | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 22/01/2019     | Date Discharge                         | 22/01/2019                      |
| No. of Days granted Medical Leave | 04             | Degree of Injury                       | Serious                         |

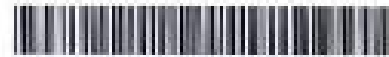
Brief Details:

on the stated date and time, i was driving my vehicle (slf5029l) at PIE towards tuas before kallang bahru exit on lane 2. in front of my vehicle stopped and i follow suit. After a few second, i felt a big impact from the rear and the impact cause my vehicle to push in front and hit vehicle SHD2255C. i came out from my vehicle and find out is a total of 3 car chain collision. A traffic police attended, exchange particulars and call us to move aside. After exchanging particulars, police call us to move off and report to insurance. I went to see a doctor as i felt pain at neck area and back of my body. I went to the clinic and was given 4 days mc.

Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/122/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 406885  
Tel No: 65470000

3 of 3

Report No: T/2019/122/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/01/2019 15:36

Officer In Charge Of Case:  
TP / TPHQ /  
SHAHRUL NIZAM BIN SAMARRI  
Contact No : 65476904

Classification Of Case:

Authentication Stamp  
NP168