

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	23/01/2019 13:51
Date Of Accident	19/01/2019 11:10
Exact Location Of Accident	JUNCTION AT TURF CLUB AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME441E
Insured/Policyholder	
Name Of Registered Owner	ABC AUTO LEASING PTE LTD
Co Reg No	201900277K
Email Address	ZHIHONG_CHEN8139@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81396159
Alternative Phone No	OFFICE-81396159

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106792657
Cover Note Number	

Driver

Name of Driver	CHEN ZHIHONG
NRIC No	S9273115D
Date Of Birth	28/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81396159
Fax Number	
Contact Number	OTHERS-81396159
Email Address	ZHIHONG_CHEN8139@HOTMAIL.COM

Address	BLK 2B GEYLANG SERAI #19-23
Postcode	404002
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 (including own vehicle) involved in the accident	4
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)	2
Passenger 1	NAME: : SARAH TEO YANG MIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190119/2126

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	YN5593C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN HOCK LEONG (CHEN FULONG)
NRIC/Passport Number	S7738154F
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH3124R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XE3473M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 CHEN ZHIHONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SME441E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SARAH TEO YANG MIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SME441E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address

Postcode

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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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. 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) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

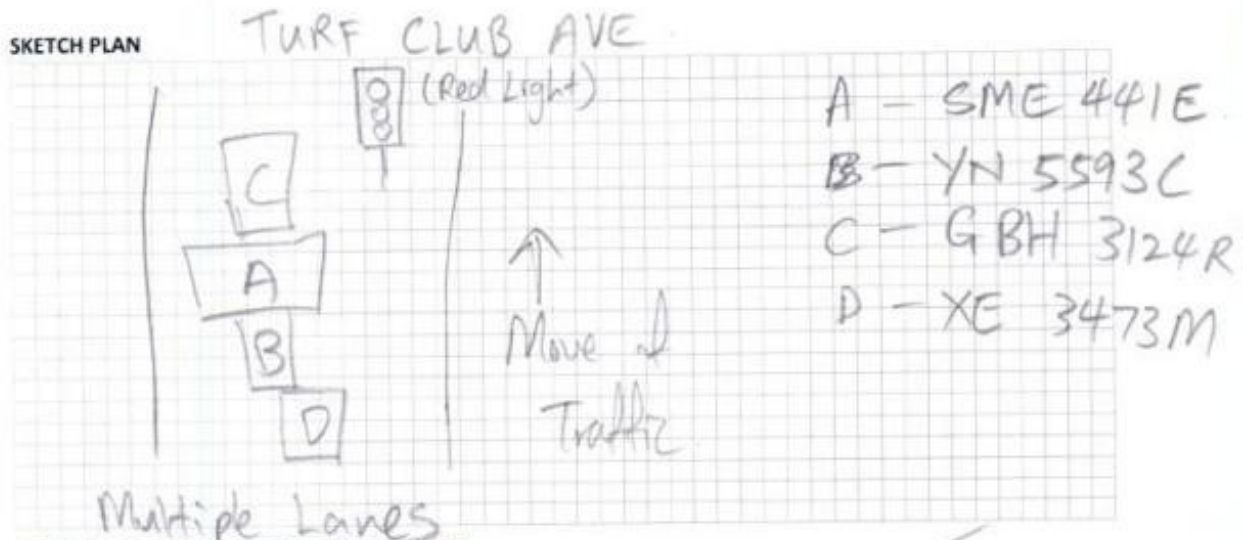
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

23/1/2019

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20190119/2126

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:

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190119/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190119/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN ZHIHONG	ID No.	S9273115D
Related Vehicle	SME441E (Car)	Contact No.	81396159
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name			
Name	SARAH TEO YANG MIN	ID No.	S9377964I
Related Vehicle	SME441E (Car)	Contact No.	93578043
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/01/2019 at about 1110hrs, I was travelling in my vehicle (Silver/SME441E) along turf club avenue. I stopped at the junction. Suddenly, there was a huge impact from the rear and cause my vehicle to collided into the vehicle(White/GBH3124R) in front of me. My passenger (Sarah Teo, S9377964I) suffered injury on her lips. I got down of my vehicle and discovered there was damages at the front bonnet of my vehicle, there was damages to at the rear of my vehicle which was the car boot. The vehicle(white/ YN5593C) collided into my vehicle, the cause of it was the heavy vehicle (XE3473M) collided into (White/ YN5593C). No traffic police or ambulance at scene.

Both my passenger and I was given 5 days MC from Khoo Teck Puat Hospital from 19/01/2019 to 23/01/2019.

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190119/2126

1 of 3

Report No. T/20190119/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2019 18:17		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: CHEN ZHIHONG			Address: APT BLK 2B GEYLANG SERAI #19-23 SINGAPORE 404002		
ID Type / ID No.: NRIC NO / S9273115D			Contact No.: Home/Office: Mobile: 81396159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 28/07/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Army Regular			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2019 11:10	Type of Location: X-Junction
Location: Along Road 1 TURF CLUB AVENUE				
Junction at Turf Club Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3124R	Lorry				Slightly Damaged	0
SME441E	Car				Slightly Damaged	1
XE3473M	Lorry				Slightly Damaged	0
YN5593C	Lorry				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190119/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190119/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN ZHIHONG	ID No.	S9273115D
Related Vehicle	SME441E (Car)	Contact No.	81396159
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SARAH TEO YANG MIN	ID No.	S9377964I
Related Vehicle	SME441E (Car)	Contact No.	93578043
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/01/2019 at about 1110hrs, I was travelling in my vehicle (Silver/SME441E) along turf club avenue. I stopped at the junction. Suddenly, there was a huge impact from the rear and cause my vehicle to collided into the vehicle(White/GBH3124R) in front of me. My passenger (Sarah Teo, S9377964I) suffered injury on her lips. I got down of my vehicle and discovered there was damages at the front bonnet of my vehicle, there was damages to at the rear of my vehicle which was the car boot. The vehicle(white/ YN5593C) collided into my vehicle, the cause of it was the heavy vehicle (XE3473M) collided into (White/ YN5593C). No traffic police or ambulance at scene. Both my passenger and I was given 5 days MC from Khoo Teck Puat Hospital from 19/01/2019 to 23/01/2019.

Police Report



SINGAPORE
POLICE FORCE



T/20190119/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190119/2126

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: L / Sgt 1 LOE YU HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2019 18:17
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 085
Authentication Stamp NP168	 Signature:  Singapore Police Force

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #12-00 Singapore 048580
 Tel (65) 6324 0010 Fax (65) 6324 0010
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66300000 / GST Reg. No.: M660017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119011066 Vehicle Registration No: SME 441E
 Name (as shown in NRIC) : CHEN ZHIHONG NRIC/FIN/Passport No : S9273115D
 [*Vehicle Driver / Vehicle Owner] (*) Please delete as appropriate
 Address : BLK 2B GEYLANG SERAI, #09-23 Singapore 464002
 Contact (Tel) : - Mobile No. : 81396159
 Email Address : ZHIHONG_CHEN8139@HOTMAIL.COM
 Date of Accident : 19/01/2019 Time of Accident : 11:10
 Place of Accident : JUNCTION AT TURF CLUB AVENUE
 Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend from Reporting to TP

X ky
 Policyholder / Driver's Signature
 Date: _____



24/1/2019
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No: _____
 Date: _____