

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	13/02/2019 17:32
Date Of Accident	12/02/2019 14:25
Exact Location Of Accident	PIE TWDS CHANGI B4 JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ5679L
Insured/Policyholder	
Name Of Registered Owner	KAVAN SERVICES PTE. LTD.
Co Reg No	201525926C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98904624

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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
Fleet Policy	NO
Policy Number	5101136364
Cover Note Number	-

Driver

Name of Driver	CHUA TIAN SIANG
NRIC No	S7335966Z
Date Of Birth	03/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98904624
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 852 WOODLANDS ST 83 #10-242
Postcode	730852
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	5
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SMA1407U
Vehicle Make/Model/Colour	HONDA CIVIC
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT1353C
Vehicle Make/Model/Colour HONDA ODYSSEY
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE6540A
Vehicle Make/Model/Colour MAZDA 5
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLZ5892E
Vehicle Make/Model/Colour MAZDA 3
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 CHUA TIAN SIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ5679L
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

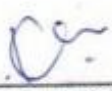
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8. Consent under the Personal Data Protection Act (PDPA)


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.

KAVAN SERVICES
PTE LTD

Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan

Refer To Attach Copy.

Accident Sketch Plan

Describe Circumstances of the Accident

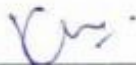
* Refer To Police Report NO T/2019 0213/2147

Declaration

We declare the foregoing particulars are true in every respect.

KAVAN SERVICES
PTE LTD

Policyholder's Signature / Date &
Time



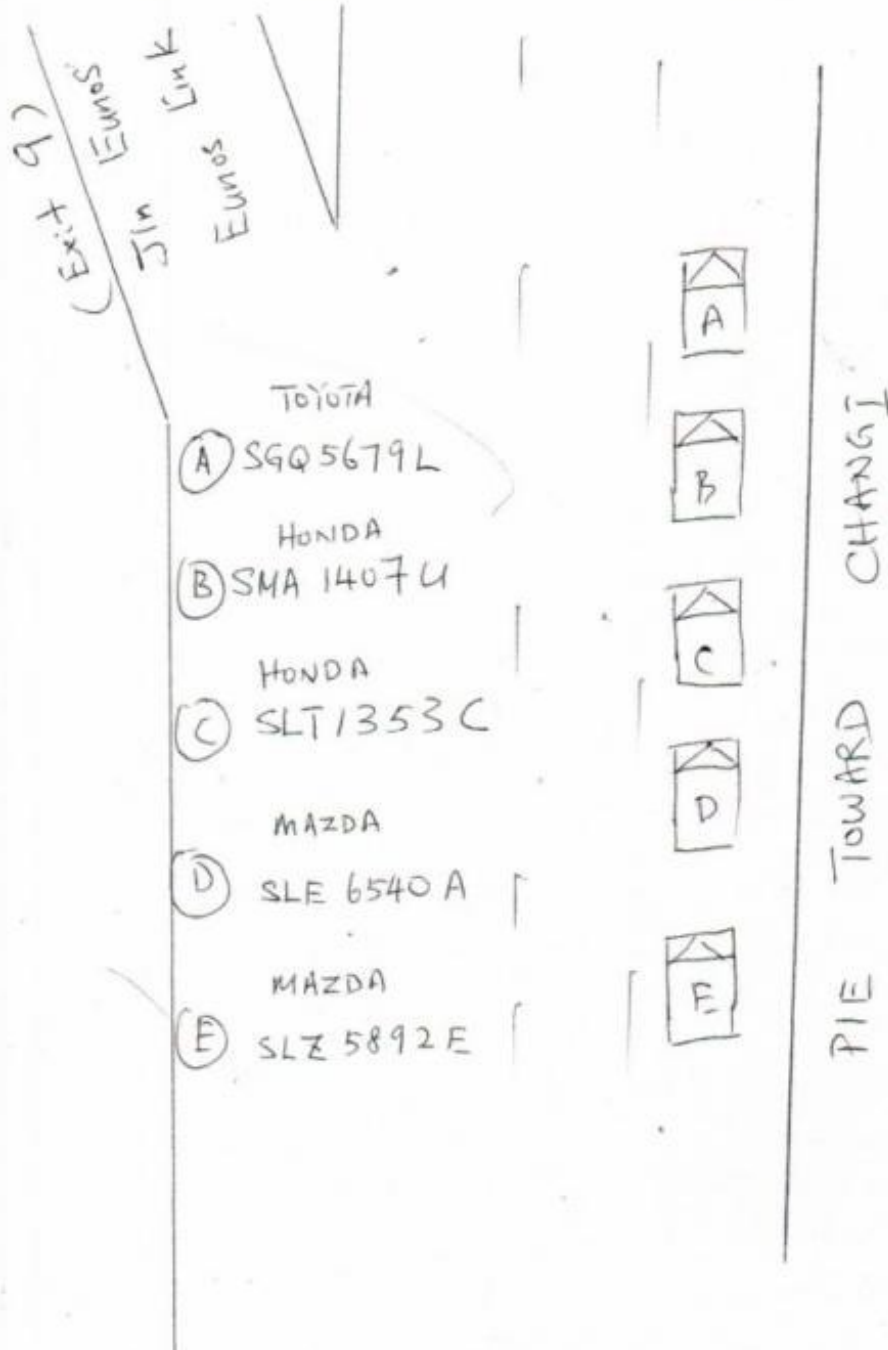
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Accident Sketch Plan

Accident Location:



Accident Vehicle Driver Detail

(A) SGQ 5679 L
 Name: CHUA TIAN SIANG IIC NO: S7335966-Z
 H/P: 9890 4624
 Passenger including Driver } 2

(B) SMA 1407 U
 Name: NG TEU LEONG PETER IIC NO: S1552878-H
 H/P: 96913173 Unknown 1 Driver

(C) SLT 1353 C
 NAME: OOI ENG HOE IIC NO: S7173908-B
 H/P: 96896885 Unknown 1 Driver

(D) SLE 6540 A
 NAME: TAY WEI POH IIC NO: S7500675-F
 H/P: 94510628 Unknown 1 Driver

(E) SLZ 5892 E
 NAME: SANTUCCI VINCENT ANTONIO FIN NO: G5349622-P
 H/P: 83211580 Unknown 1 Driver

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190213/2147

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190213/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 17:12	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: CHUA TIAN SIANG			Address: APT BLK 852 WOODLANDS STREET 83 #10-242 SINGAPORE 730852		
ID Type / ID No.: NRIC NO / S7335966Z			Contact No.: Home/Office: Mobile: 98904624		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/10/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2019 14:25	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
TOWARDS CHANGI AIRPORT BEFORE JALAN EUNOS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SGQ5679L	Car					1
SLE6540A	Car					0
SLT1353C	Car					0
SLZ5892E	Car					0
SMA1407U	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190213/2147

2 of 2

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190213/214

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA TIAN SIANG	ID No.	S7335966Z
Related Vehicle	SGQ5679L (Car)	Contact No.	98904624
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	13/02/2019	Date Discharge	13/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAY WEI POH	ID No.	S7500675F
Related Vehicle	SLE6540A (Car)	Contact No.	94510628
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OOI ENG HOE	ID No.	S7173908B
Related Vehicle	SLT1353C (Car)	Contact No.	96896885
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190213/2147

3 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20190213/2147

CONTINUATION OF REPORT

Driver			
Name	SANTUCCI VINCENT ANTONIO		ID No. G5349622P
Related Vehicle	SLZ5892E (Car)		Contact No. 83211580
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG TEO LEONG PETER		ID No. S1552878H
Related Vehicle	SMA1407U (Car)		Contact No. 96913173
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/2/2019 at 1425hrs, I was in my vehicle SGQ5679L, travelling along PIE towards Changi Airport before Jln Eunos Exit 9 with my passenger onboard heading to Blk 718 Bedok Reservoir Road on the 1st lane from the right. The vehicle in front of me had stopped, so I follow suit. Suddenly, I felt a strong impact from my rear, vehicle SMA1407U had hit onto my vehicle rear portion. I came out of my vehicle and realized that there are a total of 5 vehicles involved in the accident. After exchanging all the particulars, I continued with my work and sent my passenger to the destination. On 13/2/2019, I woke up in the morning and felt discomfort and pain on my right hand shoulder, neck and back. So I went to Mount Alvernia Hospital for medical check up and was given 5 days MC.

The vehicles involved in sequence are:

- 1) SGQ5679L
- 2) SMA1407U
- 3) SLT1353C
- 4) SLE6540A
- 5) SLZ5892E

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190213/2147

4 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190213/2147

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 /

Staff Sgt IRWAN ISKANDAR BIN JUMA'AT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

13/02/2019 17:12

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

