

## 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	01/03/2019 15:28
Date Of Accident	28/02/2019 16:30
Exact Location Of Accident	AYE (TUAS) AFTER LOWER DELTA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9650R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	JAMIL BIN CHELON
NRIC No	S1299296C
Date Of Birth	07/06/1958
Occupation	INDOOR
Date Of Driving Pass	09/11/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97714025
Fax Number	
Contact Number	OFFICE-97714025
EEmail Address	NOEMAIL

Address	BLK 507 WEST COAST DRIVE #03-233
Postcode	120507
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: : NOR ZARINA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - A/20190228/7028.

#### 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	SLK4378J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD1446A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 SHC2J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 JAMIL BIN CHELON  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJT9650R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NOR ZARINA  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJT9650R  
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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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:

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

# Accident Sketch Plan

## SKETCH PLAN

A-SJT9650R  
B-SIX4378J  
C-SHD1446A  
D-S462J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

GIARAC SketchPlanForm\_V2

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



A/20190228/7028

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## POLICE REPORT (NP299)

Report No. A/20190228/7028

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 28/02/2019 18:37	Vide Report No.	Station Diary No.
Name Of Informant JAMIL BIN CHELON	Address APT BLK 507 WEST COAST DRIVE #03-233 SINGAPORE 120507	
ID Type / ID No. NRIC NO / S1299296C	Contact No. Home/Office:	Mobile: 97714025
Nationality	Email Address lchelon@gmail.com	
Occupation Taxi driver	Sex	Age
Institution/School Name	Date of Birth	Race
Date/Time Of Incident 28/02/2019 16:30 - 28/02/2019 16:35	Location Of Incident AYER RAJAH EXPRESSWAY	

### Brief details.

I was travelling straight on the first lane of AYE towards Tuas after Lower Delta . When vehicle SHC2J in front of me suddenly came to a stop , i also slowed down and was getting ready to stop. Suddenly , i felt and huge impact on the rear portion of my vehicle causing my vehicle to thrust forward and collide onto the vehicle SHC2J which was in front of me. When i got down of my vehicle , i realized i was involved in a chain collision where vehicle SLK4378J was behind of me and vehicle SHD1446A was the last car.

### Subjects Involved

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: 28/02/2019 18:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



A/20190228/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190228/7028

<b>Victim</b>			
Person Name	JAMIL BIN CHELON		
ID Type	NRIC NO	ID No	S1299296C
Language	English	Occupation	Taxi driver
Address Type		Address	APT BLK 507 WEST COAST DRIVE #03-233 SINGAPORE 120507
Mobile No	97714025	Is Informant A Victim?	Yes
Person Name	Norzarina Binte Yahya		
ID Type	NRIC NO	ID No	S7532771D
Gender	Female	Age	43
Race	Malay	Language	Malay
Occupation	Child /After school care centre worker	Address	507 West Coast Drive #03-233 SINGAPORE 120507
Home/Office No	67786338	Mobile No	83148421
Relation To Informant	Wife		
Person Name	JAMIL BIN CHELON (Informant)		

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: 28/02/2019 18:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



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