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 witholding 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	04/03/2019 09:27
Date Of Accident	03/03/2019 10:00
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3163M
Insured/Policyholder	
Name Of Registered Owner	JEAN-JERRYL TOURS & TRANSPORTATION SVS
Co Reg No	PC3163M
Email Address	JAMESANTHONYSILVA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84208702
Alternative Phone No	OFFICE-84208702
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082412276-02
Cover Note Number	
Driver	
Name of Driver	HO JENSON, JOHN@SHIMA TATSUYA @YOCHANAN ELIYAHU BE
NRIC No	S7630617F
Date Of Birth	29/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96581040
Fax Number	
Contact Number	OTHERS-96581040
EMail Address	JAMESANTHONYSILVA@HOTMAIL.COM

Address	BLK 538 ANG MO KIO AVENUE 5 #03-4036
Postcode	560538
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	3
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 81 ANG MO KIO AVE 3 , **POSTCODE:** 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4519999 - **FAX NO**: 65535679
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : ANNEX E / S/D FER: 120

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	SJP1402P
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	SLF1385J
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)	

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.

JEAN-JERRYL TOURS & TRANSPORT SVCS
REG. NO: 53259493B
BLK 447A JALAN KAYU #06-366
SINGAPORE 791447
Tel: 6442 8733 Fax: 6444 9655
Email: jeanjerrythonysilva@hotmail.com

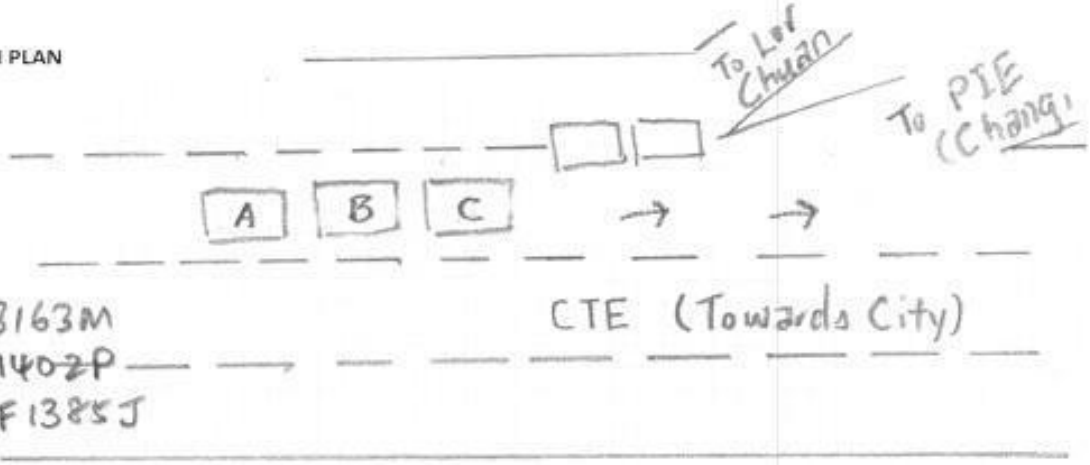
Policyholder's Signature
Date & Time:

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

4/3/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Ref to the Police Report
Annex E
S/D Ref: 120

DECLARATION

I/We declare the foregoing particulars are true in every respect.

JEAN-JERRYL TOURS & TRANSPORT SVCS
REG NO: 53250493B
BLK 447A JALAN KAYU #06-368
SINGAPORE 791447
HP: 8420 8702 FAX: 6444 9655
Email: jamesanthonysilva@hotmail.com

Policyholder's Signature
Date & Time:

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

4/3/2019

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

Sketch Plan #3

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Ho Jenson, John NRIC/FIN S7630617F, has reported to the Police a non-injury traffic accident which occurred along CTE, near to the slip road between Lorong Chuan and PIE(Changi) on 03/03/2019 at 1000hrs involving the following vehicles: AM

a) PC3163M – Toyota Hiace (Informant Hp: 96581040)

b) SJP1402P - Red Volvo (Yam Wen Keong, Kenneth S8336989B)

c) SLF1385J – Silver Color Honda City (Ho Wenhao, S8438609Z)

On 03/03/2019 at about 1000hrs, I was driving my vehicle on the left most lane. Whilst driving, I noticed that there were two vehicles in front of me. The front most vehicle SLF1385J made a sudden braking despite having no vehicle in front of him. Subsequently, SJP1402P did an e-brake but hit onto vehicle SLF1385J. I tried to do an emergency brake however. I was not able to stop in time and due to that, the front portion of my vehicle hit onto vehicle SJP1402P. Traffic Police officer Brandon also came to attend to us shortly as I believe that he was attending to an earlier road traffic accident at the slip road of Lorong Chuan. We exchanged our particulars and was advised to lodge a report via our Insurance. I have an in-vehicle camera which recorded the footage.

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Hermi

Date: 03/03/2019 Time: 1810hrs

S/D Ref: 120

Police Post/Unit: Ang Mo Kio South NPC

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License

Accident Photo

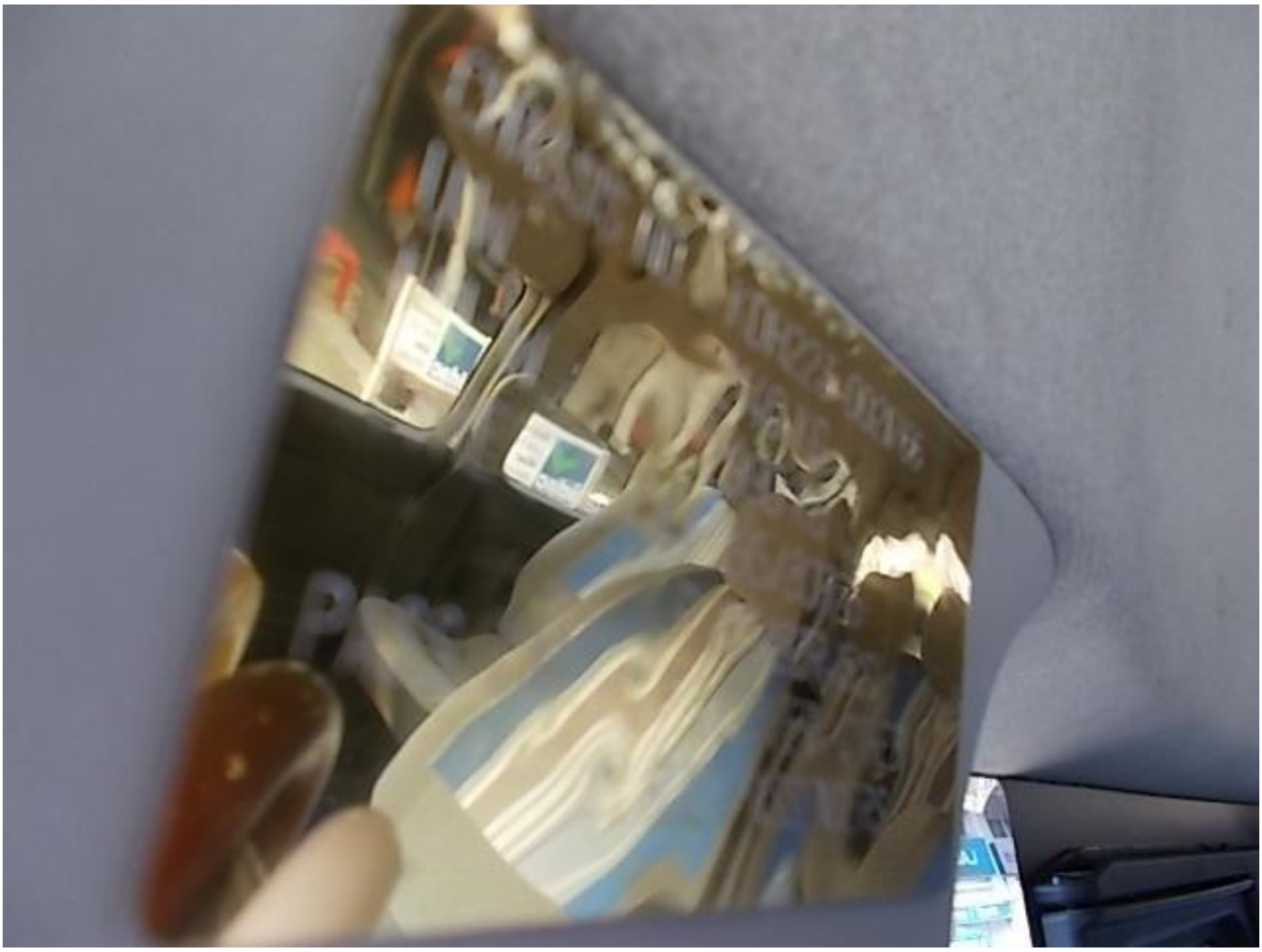
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MNA4190289O1 Vehicle Registration No: PC 3163M

Name(as shown in NRIC) : HO JENSON, JOHN @ SHIMA TATSUYA @ VACHANAN ELIYAHUBE NRIC/FIN/Passport No : S7630617F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 538 ANG MO KIO AVENUES, #03-4036 Singapore(560538)

Contact (Tel) : — Mobile No. : 96581040

Email Address : JAMESANTHONYSILVA @ HOTMAIL.COM

Date of Accident : 03/03/2019 Time of Accident : 10:00

Place of Accident : CTE TWDS CITY

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 To Private use

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 4/3/2019