#### 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 <u>truthful and accurate</u> 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

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	HIACE
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

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

BLK 538 ANG MO KIO AVENUE 5 Address

#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** 

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: Police Station Address

**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 (ALL ACCIDENT CLAIMS WILL BE BARE BY THE DRIVER AND NOT THE INSURED)

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJP1402P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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

MAICH420-87012-1842/6 6444 9655

Email: jagresanthonyaliva@hotmail.com (if driver is not the policyholder)

ANSI

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

- 4/3/2019

Name: NRIC/FIN No.:

## Sketch Plan #2

SKETCH PLAN			wan To PTE
A	B   C	<del></del>	<del>-&gt;</del>
-DC3163M -SJP1402P — —	-	CTE (Tow	arda City)
DESCRIBE CIRCUMSTANCES OF TR	HE ACCIDENT		
		DEPORT	
2	to the Police	6 170	
Sta	Annet	Sex.	
DECLARATION			
I/We declare the foregoing particulars a	No		1. 413/201
Policy R556 99 51379493B Bote 47A JALAN KAYU #06-368 SINGAPORE 791447 HP: 8420 8702 FAX: 6444 9655 hail: jamesanthonysilva@hotmail.com	Driver's Signature (If driver is not the policyholder Date & Time)		Centre Personnel's Signature

#### 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:

- 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

Vertion as of 15 Jan 2002

#### **LETTER**

JEAN-JERRYL TOURS & TRANSPORT SVCS

Business Registration - No. 53259493B HP: 8420 8702 FAX: 6444 9655 Email; punesanthonyulva@hotmoit.com

#### 3 March 2019

# LETTER OF UNDERTAKING

I, Ho Jenson John @ Shima Tatsuya (I/C No: S7630617F) of Block 538 Ang Mo Kio Avenue 5 #03-4036 Singapore 560538,

Hereby undertake full responsibility of the accident caused by myself on route to my own personal appointment and not during working time on the 3 March 2019 at 10.15am along the CTE.

I also undertake full responsibility of the cost of the damages incurred on the company vehicle, PC3163M, as well as all insurance claims and liabilities towards the company on this accident by third parties.

and aylo3/3619

Mr. James Silva

Tours & Jean-Jerryl Transport Svcs

JEAN-JERRYL TOURS & TRANSPORT SVCS
REG. NO: 532594938
BLK 447A JALAN KAYU #06-366
SINGAPORE 791447
HP: 8420 8702 FAX: 8444 9855
Email: jamesanthonyaliva@hotmail.com

Ho Jenson John @ Shima Tatsuya (I/C No: S7630617F)

Ho Jenson, John 87630617F

#### **LETTER**

4TH MARCH 2019.

DEAR SIR/MADAM,

CN BEHALF OF MADAM CLIVIA

JAMES SILVA, I/C 1745544/IC

LEREBY DELARE THAT AT THE

TIME OF THE SAID ACCIDENT, THE

DRIVER HO JENSON I/C 57630617F

JOHN

NAS NOT ON DUTY ON THAT DAY.

AND ALL CLAIMS THAT IS GOING

TO BE CLAIMED BY THE DTHER PARTY

ALL TO BE BEARED BY THE JAID DRIVER

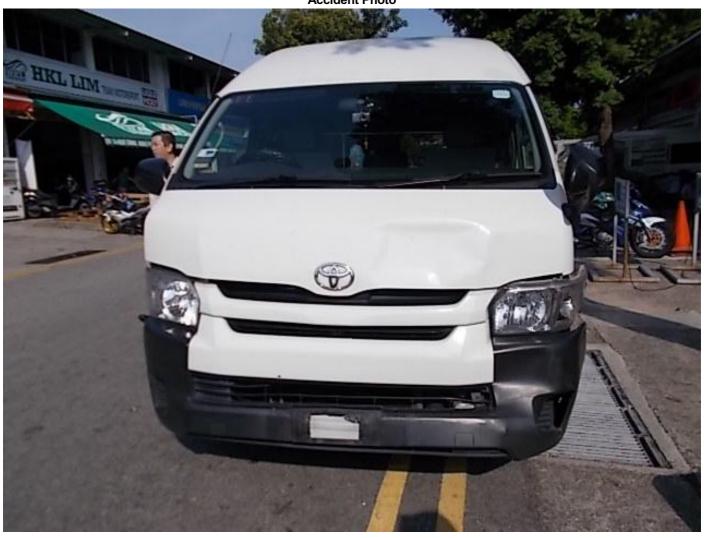
OLIVEA JAMES SILVA

40 JENGEN JOHN 57630617 F

AR

JEAN-JERRYL TOURS & TRANSPORT SVCS
REG. NO: 532594938
BLK 447A JALAN KAYU #06-386
SINGAPORE 791447
HP: 8420 8702 FAX: 6444 9656
Email: jamesanthonysilva@hotmail.com

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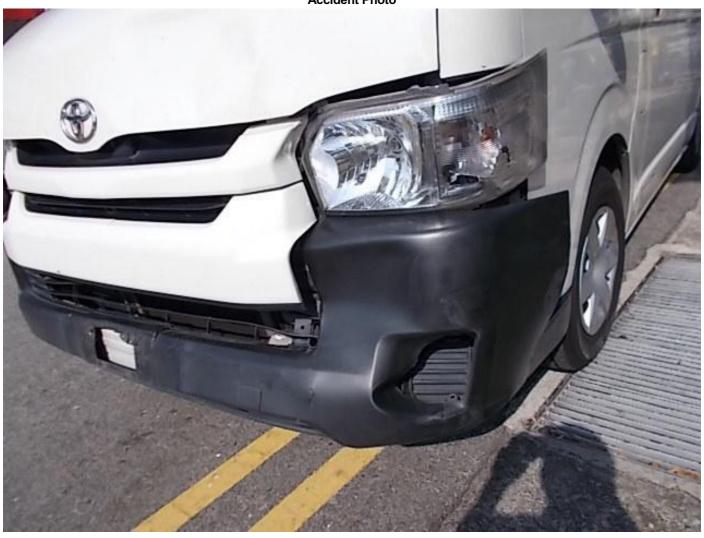




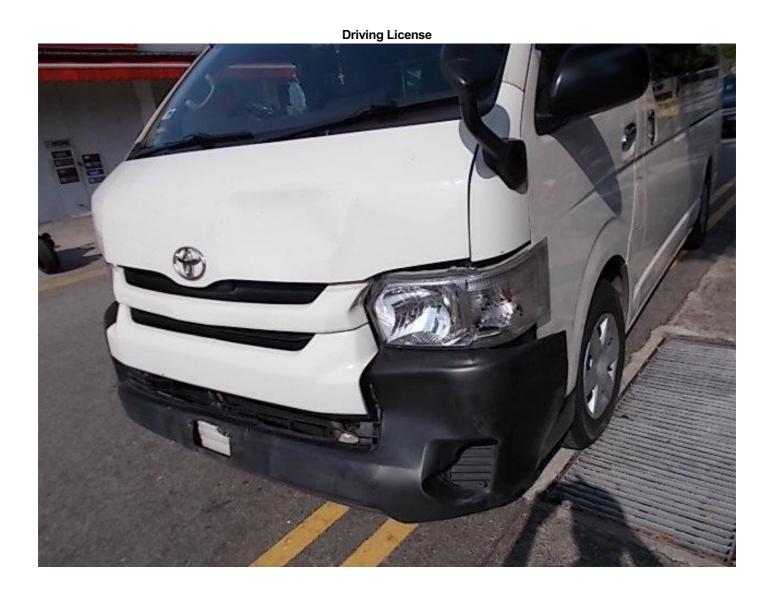












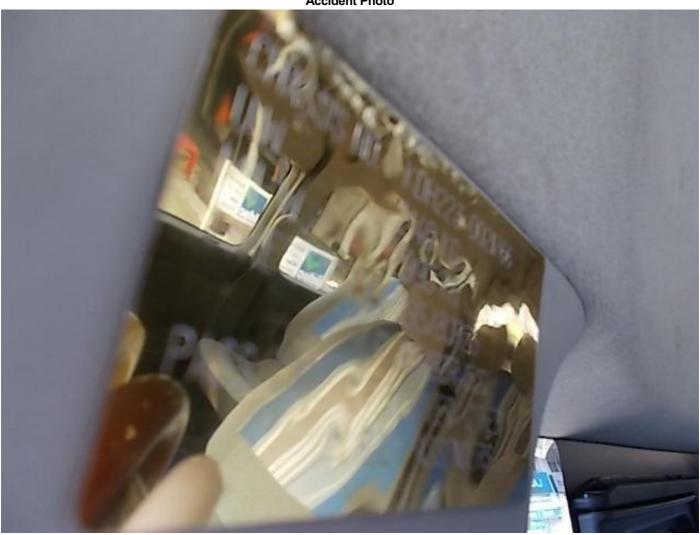












#### **Addendum Sheet**



## 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: \$665500206 / GST Reg. No.: M400017735

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

					ADDE	NDUM	ı		
A)	PARTICULARS OF PI	ERSO	NMAKING	STHE	AMENDM	ENTS:			
	Original Report No	M	NA419	02	8901	v	ehicle Re	gistration No	PC 3163M
	Name(as shownin NRIC)	: <u>Ho</u>	JENSON,	JOHN	@ SHIMA	TATSUX	RIC/FIN/	ANAN ELIYA Passport No	HUBE 57630617F
	(*Vehicle Driver / Vo Address				ase delete n Mo Kto			3-4036	Singapore(560538)
	Contact (Tel)	a	_			N	lobile No	.:_ 963	161040
	Email Address	3				SILVA	@ HOTA	nAIL. CCI	U
	Date of Accident		03/03	1201	9	Ti	me of Ac	cident:	10:00
	Place of Accident		CT	E	TWOS	CIT	4		
	Insurance Company	6	NTI	LC	INC	OWE	INSUR	ANCE CO.	OPERATIVE LTI
3)	ADDITIONALINFOR	MAT	ION/AM	ENDN	MENTS:				
	I have made a repor make the following Ameno	amen			ionedaccii Wate	dent and ひおe		e to include	additional information or
								1.	U [ 3 2019
	Policyholder / Driver Date:	r's Sig	nature				Reportin Name: NRIC/FII Date:	ng Centre Per	sonnel's Signature

#### **Addendum Sheet**



ALDA ANAMALA . .

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: S665500204 057 Reg. No.: M400017733

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

# 1 5 ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Email Address Time of Accident : Date of Accident CTHE TOWARDS Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: UNDER WENING FROM DRIVER OCOMBA Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date: