

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	08/03/2019 15:52
Date Of Accident	08/03/2019 10:15
Exact Location Of Accident	AYE TWDS CHANGI AFTER JURONG TWON HALL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4585J
Insured/Policyholder	
Name Of Registered Owner	AL AUTORENT PTE LTD
Co Reg No	201832693N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5106255239
Cover Note Number	

Driver

Name of Driver	HO SEE SHIANG
NRIC No	S1496857A
Date Of Birth	14/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-96323693
Fax Number	
Contact Number	OFFICE-96323693
Email Address	NOEMAIL

Address	BLK 811 JURONG WEST STREET 81 #06-74
Postcode	640811
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?	YES
Foreign Vehicle Registration Number	JFW6693 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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: : SAKINAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190308/2090.

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	JFW6693
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 SKT1782J
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 INJURED PERSON 1

Name HO SEE SHIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4585J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SAKINAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4585J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

B. 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

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police report T/20190305/2090

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NIC/FIN No.:

© NAMC Sub Plan Form_V3

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190308/2090

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20190308/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 13:35	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars			
Name of Informant: HO SEE SHIANG		Address: APT BLK 811 JURONG WEST STREET 81 #06-74 SINGAPORE 640811	
ID Type / ID No.: NRIC NO / S1496857A		Contact No.: Home/Office: Mobile: 96323693	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 14/05/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/03/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards Changi, After Jurong Town Hall Exit Lamp Post Number: 646				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
JFW6693	Car				Seriously Damaged	0
SKT1782J	Car		A4 SEDAN 2.0 TFSI S TRONIC		Slightly Damaged	0
SLX4585J	Car		X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR		Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190308/2090

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190308/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM LI SHONG	ID No.	870204026157
Related Vehicle	JFW6693 (Car)	Contact No.	NIL
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 HA KWONG RICHARD LAVAL YOUNE CHEONG	ID No.	S7584372J
Related Vehicle	SKT1782J (Car)	Contact No.	97363063
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	HO SEE SHIANG	ID No.	S1496857A
Related Vehicle	SLX4585J (Car)	Contact No.	96323693
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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/20190308/2090

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No: T/20190308/2090

CONTINUATION OF REPORT

Passenger			
Name	SAKINAH BINTE HUSSAIN	ID No.	NIL
Related Vehicle	SLX4585J (Car)	Contact No.	90237020
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	Slight

Brief Details.

On 08/03/2019 at about 1015hrs, I was driving my vehicle, SLX4585J, along AYE towards Changi on the extreme tight lane with a passenger. After passed Jurong Town Hall Exit, the vehicle in-front, SKT1782J, applied e-brake. I managed to stop my vehicle behind his however my vehicle was collided from the rear by another vehicle, JFW6693. I then alighted and exchanged particular with the other driver involved. No visible injuries seen on the drivers and passenger. Police was called in however I am unable to wait as my passenger is going to work. My vehicle sustain damages to the front and rear of the vehicle. The front vehicle, SKT1782J, sustain damages to the rear of the vehicle. The Malaysian vehicle, JFW6693, vehicle totally damages and it unable to move.

After dropping off my passenger, I received a call from my customer service(Grab) stating that my passenger sustain injuries due to the accident earlier.

Police Report



SINGAPORE
POLICE FORCE

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20190308/2090

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Report No. T/20190308/2090

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:
J /
Sgt 1 IBRAHIM BIN ROSLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/03/2019 13:35

Classification Of Case:

SN 126



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



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : MNA19031531 Vehicle Registration No : SLX4JRTJ
Name(as shown in NRIC): HO SE Shiang
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
NRIC/Passport No : SN96857A
Address : Blk 811 Jurong West Hlrd 81 406-74 (64081)
Contact (Tel) : _____ (M/P) : 96323693
(Email) : _____
Date of Accident : 8/3/19 Time of Accident : 10:15
Place of Accident : Ave 10/2 Changi after Jurong town hwy Rd A1F
Insurance Company : NTUC

(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:

1. Amend vehicle C in the sketch plan. SLX1782J



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm