

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	30/03/2019 09:31
Date Of Accident	29/03/2019 14:45
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4471B
Insured/Policyholder	
Name Of Registered Owner	CHEW KOK KIONG
NRIC No	S8111318A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90903678
Alternative Phone No	OFFICE-90903678

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107159209 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	CHEW KOK KIONG
NRIC No	S8111318A
Date Of Birth	23/04/1981
Occupation	INDOOR
Date Of Driving Pass	22/06/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903678
Fax Number	
Contact Number	OFFICE-90903678
EEmail Address	NOEMAIL

Address	238 JURONG EAST ST 21 #08-386
Postcode	S600238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKEN BY IO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2062H
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	CHING HON SIONG
NRIC/Passport Number	S7002804B
Contact Number	91000238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SKV4471B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

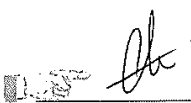
SKETCH PLAN


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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.
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.

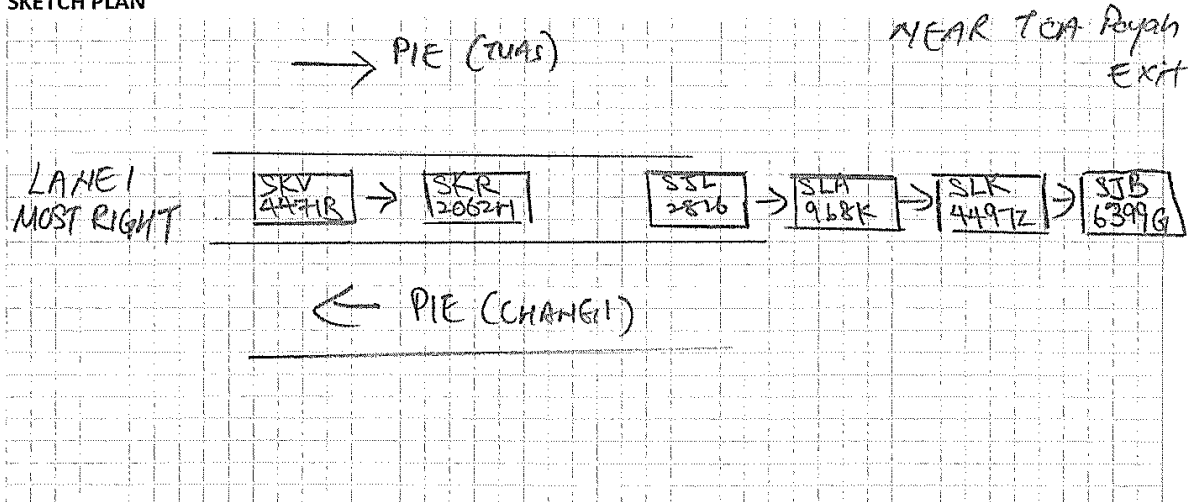

Policyholder's Signature
Date & Time: 30/3/19 0930HRS


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/3/19 0930HRS

IDAC BUKIT BATON (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6560 0722
Email: vacbb@singnet.com.sg

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/03/2019 at about 1445hrs, I was driving Gabbich SKV4471R. I had picked up 2 passengers from Geylang area and was driving along PIE toward TUAS near Toa Payoh Exit on most right lane. While driving, the car in front of me which was an Audi, Car plate SKR2062H suddenly jammed his brakes. I then jammed my brakes, but was not able in time and thus collided into the Audi car. At that point of time, I had 2 passenger in my car. One of them was bleeding in the mouth due to the accident. Subsequently both of my passengers was conveyed to hospital by ambulance.

DECLARATION

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


Policyholder's Signature

Date & Time:

30/3/19 0934HRS


Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/3/19 0934HRS

IDAC BUKIT BATON (P.A.U.)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 5312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190329/2180

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190329/2180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 18:37		Vide Report No.: E/20190329/0102		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: CHEW KOK KIONG			Address: APT BLK 238 JURONG EAST STREET 21 #06-386 SINGAPORE 600238		
ID Type / ID No.: NRIC NO / S8111318A			Contact No.: Home/Office: Mobile: 90903678		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 23/04/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE Towards Tuas 17km mark near Toa Payoh Exit				
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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR2062H	Car				Slightly Damaged	1
SKV4471B	Car	KIA	CARENS 2.0(A) GDI	Blue	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV4471B	NTUC Income Insurance Co-Operative Limited	5107159209	25/01/2019	17/03/2020



**SINGAPORE
POLICE FORCE**



T/20190329/2180

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190329/2180

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chong Hon Slong	ID No.	S7002804B
Related Vehicle	SKR2062H (Car)	Contact No.	91000238
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	CHEW KOK KIONG	ID No.	S8111318A
Related Vehicle	SKV4471B (Car)	Contact No.	90903678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/03/2019 at about 1445hrs, I was driving GrabHitch in a blue in colour Kia Carens, bearing registration plate number SKV4471B. I had just picked up 2 passengers from Geylang area and was driving along PIE towards Tuas near Toa Payoh Exit on most right lane. While driving, the car in front of me which was an Audi, bearing registration plate number, SKR2062H, suddenly jammed his brakes. I then jammed my brakes, but was not able to brake in time and thus collided into the Audi car.

At that point of time, I had 2 passengers in my car. One of my passengers was bleeding in the mouth due to the accident. Subsequently, both of my passengers was conveyed to hospital by the ambulance. I wish to state that I have an in-vehicle camera in the car. The traffic police also gave me a card with the case number E/20190329/0102. The front bumper of my car is badly damage due to the accident.

**SINGAPORE
POLICE FORCE**

T/20190329/2180

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20190329/2180

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:
D /
Sgt 2 MUHAMMAD ZAINULARIFFIN BIN MOHD
ZAINUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LEE MING CAI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/03/2019 18:37

Classification Of Case:

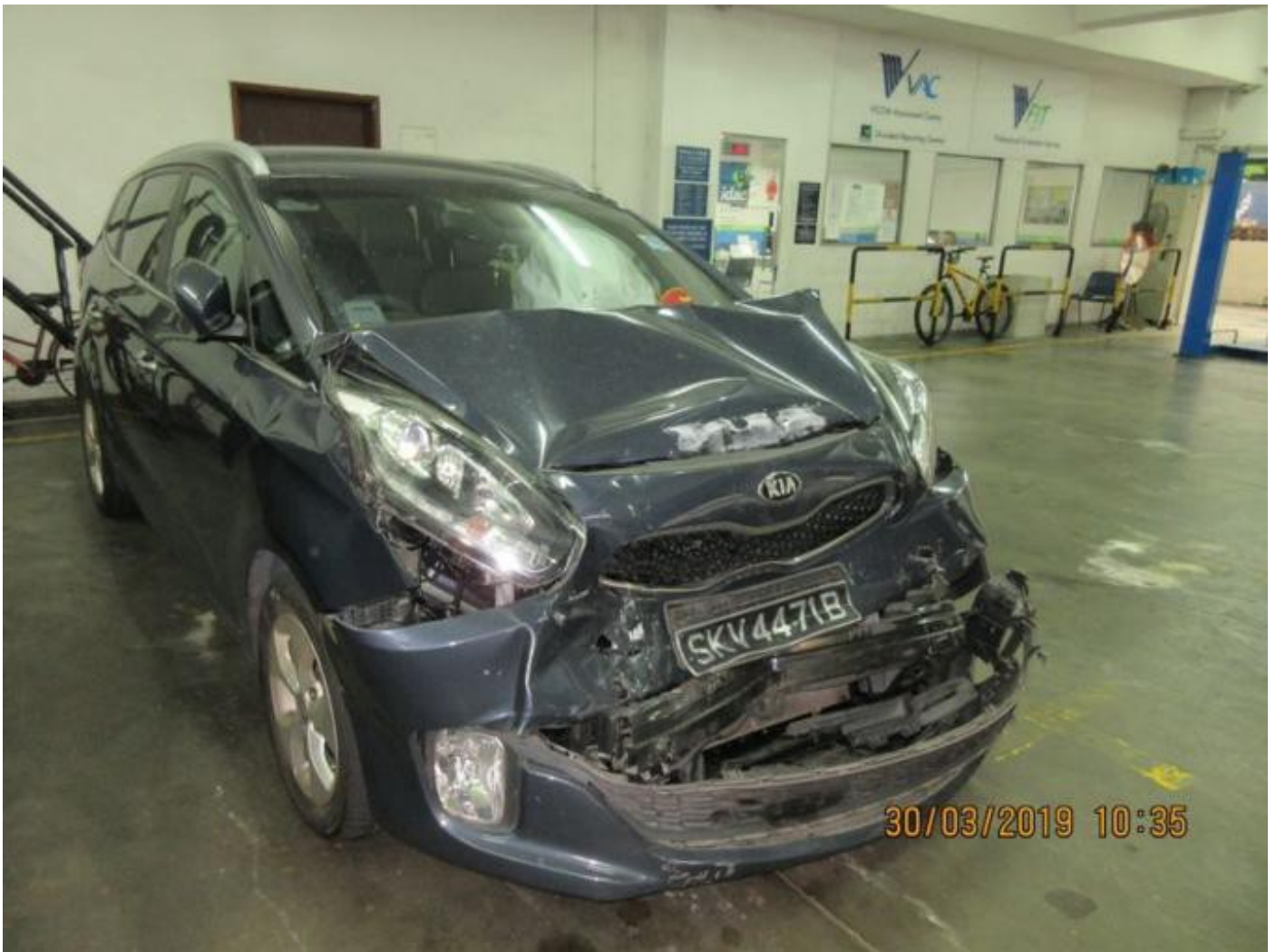
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

