

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	01/04/2019 17:03
Date Of Accident	30/03/2019 09:45
Exact Location Of Accident	JURONG CANAL DR YO:HA @ JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5042Y
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	MAZDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100-01
Cover Note Number	

Driver

Name of Driver	CHEW TIEN SENG
NRIC No	S1618775E
Date Of Birth	13/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1981
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90616938
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 816A KEAT HONG LINK #09-53
Postcode	681816
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190331/2122

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8977X
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 SJC9245S
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 CHEW TIEN SENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLF5042Y
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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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.:

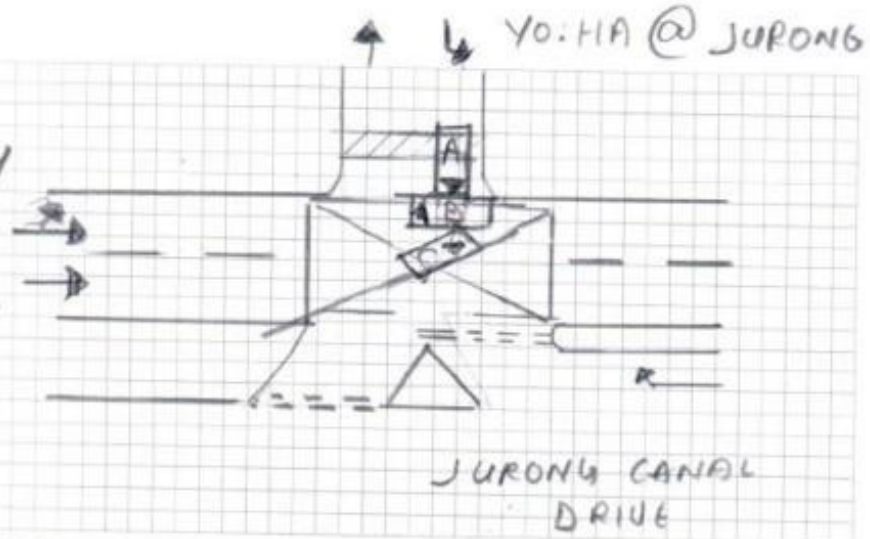
Accident Sketch Plan

SKETCH PLAN

A - SLF5042Y

B - SLV8977X

C - SLG92455



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: T/20190331/1122

DECLARATION

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

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190331/2122

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/20190331/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW TIEN SENG	ID No.	S1618775E
Related Vehicle	SLF5042Y (Car)	Contact No.	90616938
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 30/3/2019 at about 0945hrs, I had just dropped a passenger at Yo:HA @ Jurong which was located along Jurong Canal Drive. I was driving a blue Mazda car (SLF5042Y). I then wanted to exit the said compound. As such, I stopped to look for oncoming vehicles. I noticed that there was one blue Honda car (SLV8977X) along Jurong Canal Drive (towards PIE Tuas) intending to turn right in to the Yo:HA compound. I observed that the car had stopped before proceeding to turn right in to the said compound. As the blue car intending to turn right in to the compound, the left side of the blue car was hit by a black Honda car (SJC9245S) which was travelling along Jurong Canal Drive (towards Jurong East Ave 1). As the black Honda car collided with the blue Honda car, the blue Honda car skidded sideways and collided with the front part of my car. All of us alighted and then given particulars to TP. Ambulance came but nobody was conveyed. The front hood of my car was damaged due to the collision. The blue Honda car doors could not be opened. The male subject then escaped out from his front driver side window. The front bumper and hood of the black Honda car was also damaged due to the collision. TP then took my in-vehicle camera and the blue Honda in-vehicle camera. I was issued an acknowledgement slip as well. Nobody was injured due to the collision.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190331/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 648818
Tel No: 1800-2689999

1 of 3

Report No: T/20190331/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2019 23:06		Vide Report No.: D/20190330/0042		Station Diary No.: 185
Informant's Particulars				
Name of Informant: CHEW TIEN SENG		Address: APT BLK 816A KEAT HONG LINK #09-53 SINGAPORE 681816		
ID Type / ID No.: NRIC NO / S1618775E		Contact No.: Home/Office: Mobile: 90516938		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 13/07/1963	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2019 09:45	Type of Location: Straight Road
Location: Along Road 1 JURONG CANAL DRIVE YO HA @ JURONG				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJC8245S	Car	HONDA		Black	Slightly Damaged	0
SLF5042Y	Car	MAZDA		Blue	Slightly Damaged	0
SLV8977X	Car	HONDA		Blue	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190331/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649618
Tel No: 1800-2689999

2 of 3

Report No. T/20190331/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW TIEN SENG	ID No.	S1618775E
Related Vehicle	SLF5042Y (Car)	Contact No.	90616938
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.

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Police Report



SINGAPORE
POLICE FORCE



T/20190331/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 646818
Tel No: 1800-2689999

3 of 3

Report No. T/20190331/2122

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 3 MUHAMMAD FADHIL KAMRODEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/03/2019 23:06

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN 126

Authentication Stamp
NP158

Signature

Singapore Police Force