

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	29/03/2019 14:19
Date Of Accident	28/03/2019 16:30
Exact Location Of Accident	CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8445Z
Insured/Policyholder	
Name Of Registered Owner	HWV RENTAL PTE. LTD.
Co Reg No	201721318E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64647339

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101235899
Cover Note Number	DRIVO PREMIUM

Driver

Name of Driver	MORGAN CHUA HUG TECK
NRIC No	S9244383C
Date Of Birth	27/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-90126132
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 932 YISHUN CENTRAL 1 #08-95
Postcode	760932
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NORMAL RENTAL
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	JRN5372 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190329/2017;

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	JRN5372
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WANG LONG
NRIC/Passport Number	
Contact Number	0107608598
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK2828C
Vehicle Make/Model/Colour	FERRARI 458 ITALIA 4.5L SMT ABS D/AB 2WD 2DR HID
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO KOK SHEN
NRIC/Passport Number	S7214210A
Contact Number	87782828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMK6Y
Vehicle Make/Model/Colour	PORSCHE BOXSTER 2.7 A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEVIN LEE
NRIC/Passport Number	
Contact Number	92332222
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MORGAN CHUA HUG TECK
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	SJT8445Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 932 YISHUN CENTRAL 1 #08-95
Postcode	760932

Accident 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.



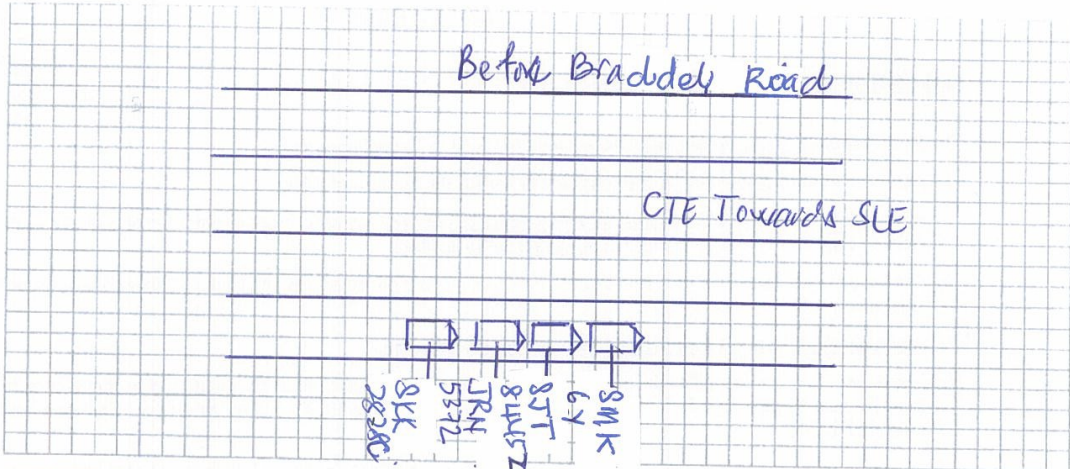
Policyholder's Signature: _____
Date & Time: _____

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: accbk@singnet.com.sg
Name: _____
NRIC/FIN No.: _____

29 MAR 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

GP/AMC SketchPlanForm v3

29 MAR 2019

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190329/2017

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20190329/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 03:21		Vide Report No.: E/20190328/0111		Station Diary No.: 32
Informant's Particulars				
Name of Informant: MORGAN CHUA HUG TECK		Address: APT BLK 932 YISHUN CENTRAL 1 #08-95 SINGAPORE 760932		
ID Type / ID No.: NRIC NO / S9244383C		Contact No.: Home/Office: Mobile: 90126132		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 27/11/1992	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Interior designer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE general direction towards Ang Mo Kio / Yishun				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
JRN5372	Car				Seriously Damaged	1
SJT8445Z	Car				Seriously Damaged	0
SKK2828C	Car				Seriously Damaged	0
SMK6Y	Car				Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190329/2017

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190329/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE WANG LONG	ID No.	NIL
Related Vehicle	JRN5372 (Car)	Contact No.	0107608598
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	MORGAN CHUA HUG TECK	ID No.	S9244383C
Related Vehicle	SJT8445Z (Car)	Contact No.	90126132
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	HO KOK SHEN	ID No.	S7214210A
Related Vehicle	SKK2828C (Car)	Contact No.	87782828
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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190329/2017

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190329/2017

CONTINUATION OF REPORT

Driver			
Name	LEVIN LEE	ID No.	NIL
Related Vehicle	SMK6Y (Car)	Contact No.	92332222
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

Brief Details.

On the 29/03/2019 at about 1630hrs, I was driving my vehicle SJT8845Z along the right lane of CTE, towards the general direction of Ang Mo Kio and Yishun. It was drizzling and there was rather heavy traffic along the expressway. As I continued straight, a Porsche SMK6Y driving in front of me slowed down, as such I followed suit and reduced the speed of my vehicle. Suddenly, I felt an impact from the rear of my vehicle. The impact caused my vehicle to move forward and it slightly collided into the rear portion of SMK6Y. I alighted from my vehicle to make a check and discovered that four cars were involved in the particular accident. A Ferrari SKK2828C collided into the rear of a Malaysian vehicle JRN5372, which caused it to collide into the rear of my vehicle SJT8845Z, and caused my vehicle to collide into SMK6Y. All the involved drivers exchanged particulars. No one was visibly injured. The driver for SMK6Y informed that he was in a hurry and left after exchanging particulars.

Subsequently, the traffic police arrived and interviewed the remaining parties. We were advised to lodge a traffic accident report vide G/20190328/0111. The tow truck came and towed away our vehicles.

After the accident, I felt some pain from the back of my head and the lower part of my back, as such went to see a doctor at Tan Tock Seng Hospital. I was given a medical certificate of 6 days.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190329/2017

Police Station Of Origin:
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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190329/2017

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:

G /

Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 03:21

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD

Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Sketch Plan Pg. 1



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH19072338
NAME: MORGAN CHUA HUG TECK		NRIC: S9244383C

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **6** day(s) from **28-Mar-2019** to **02-Apr-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **28-Mar-2019 20:47** to **29-Mar-2019 00:10**

29-Mar-2019
Date

XU JIEYING (62087D)
Issued by

Emergency Department
Location


Signature



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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: S665S0020G / 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 : _____ Vehicle Registration No: 8JT84452
 Name (as shown in NRIC) : Morgan Chua Hui Teck NRIC/FIN/Passport No : S9244383C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 90126132
 Email Address : _____
 Date of Accident : 28.03.2019 Time of Accident : 16.20
 Place of Accident : Central Expressway
 Insurance Company : NME

(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:

update third party detail.

Policyholder / Driver's Signature
 Date:

IDAC KAKI BUKIT (VAC)
 Reporting Centre
 Name: 28 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg