

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	05/04/2019 13:45
Date Of Accident	29/03/2019 09:30
Exact Location Of Accident	THOMSON RD TWDS NOVENA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1041E
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
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	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	5101671180-01
Cover Note Number	

Driver

Name of Driver	CHONG CHIN LEONG (ZHANG ZHENLONG)
NRIC No	S8118835A
Date Of Birth	14/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84186690
Fax Number	
Contact Number	OFFICE-84186690
Email Address	NOEMAIL

Address	BLK 223 LORONG 8 TOA PAYOH #25-751
Postcode	310223
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : VALYA AZZAYA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190330/2019.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF672E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 GBF4059A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 CHONG CHIN LEONG (ZHANG ZHENLONG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMC1041E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name VALYA AZZAYA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMC1041E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.
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

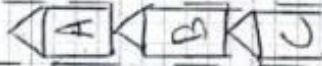
SKETCH PLAN

A: SMC 1041 E

B: GBF 672 E

C: GBF 4059 A

Thomson Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, (SMC 1041 E) WAS TRAVELLING ON THE MIDDLE LANE ON THE STATED VENUE. ~~WHILE~~ AS THE FRONT VEHICLE APPLIED BRAKES, I FOLLOWED SUIT ~~AS~~ AND KEPT AT LEAST 1 CAR DISTANCE AWAY AS MY WIFE WAS PREGNANT, (VALYA AZZAYA S8E61695 A), SUDDENLY, THERE WAS A HUGE BANG FROM MY REAR; ~~AND~~ I CHECKED ON MY WIFE AND IMMEDIATELY CALLED FOR AMBULANCE AS SHE HAD PAIN ON HER ABDOMINAL AREA. AFTER THAT, I ALIGHTED AND REALISED ITS A CHAIN COLLISION BETWEEN MY VEHICLE AND GBF 672 E AND GBF 4059 A.



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.:

Police Report



**SINGAPORE
POLICE FORCE**



1-20190329/0059

1 of 3

Report No: 1-20190329/0059

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 05:43		Vide Report No: E/20190329/0059	Station Diary No: 13
Informant's Particulars			
Name of Informant: CHONG CHIN LEONG		Address: APT BLK 223 LORONG 8 TOA PAYOH #25-751 SINGAPORE 310223	
ID Type / ID No: NRIC NO / S8118835A		Contact No: Home/Office: Mobile: 84186690	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 14/04/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 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 09:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
GBF4059A	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White		0
GBF672E	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White		0
SMC1041E	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	White	Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190330/2019

Police Station Of Origin:

Toa Payoh N P C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No. 1800-2519999

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Report No. T/20190330/2019

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	CHONG CHIN LEONG	ID No	S8118535A
Related Vehicle	SMC1041E (Car)	Contact No	84166690
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Passenger

Name	VALYA AZZAYA	ID No	S8561695A
Related Vehicle	SMC1041E (Car)	Contact No	88185078
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details

On 29/03/2019 at about 0930hrs, I was driving my vehicle (SMC1041E) along Thomson Road together with my wife, and I had stopped the car at a traffic light junction as it was red. Out of a sudden, I felt impact from the rear. I realized that a lorry (GBF672E) had collided into my vehicle. I got out of my vehicle to make a check. I discovered that a second lorry (GBF4059A) had collided into the lorry that was behind me.

Due to the impact, my pregnant wife felt some contraction, as such, ambulance and police were called. My wife was then conveyed to KKH by the ambulance. Right after the accident happened, I felt some discomfort, as such I went to Tan Tock Seng Hospital to get myself checked as well. I was given 4 days of medical leave.

My vehicle sustained a serious damage on its rear, and it had to be towed away.

Police Report



SINGAPORE
POLICE FORCE



10019033002019

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Report No: 720190333/2019

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319154
Tel No: 1800-2519999

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:

E /

Sgt 2 NURUL NADIAH BINTE MOHAMED
SARIFF

Signature Of Interpreter:

Not applicable

Officer in Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No: 65476960

Signature Of Informant:

Date/Time:

30/03/2019 05:43

Classification Of Case:

Authentication Stamp

NP108

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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