

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	08/04/2019 17:51
Date Of Accident	05/04/2019 18:00
Exact Location Of Accident	GAMBAS AVE NEAR L/P: 27
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5419L
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	NO
Policy Number	5108115247
Cover Note Number	

Driver

Name of Driver	YEOH CHEE CHUAN
NRIC No	S8690335J
Date Of Birth	06/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87690540
Fax Number	
Contact Number	OFFICE-87690540
Email Address	NOEMAIL

Address	BLK 6 MARSILING DRIVE #07-86
Postcode	730006
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190405/2220.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF5260X
Vehicle Make/Model/Colour	SCIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAN JUN YUAN SHAWN
NRIC/Passport Number	S8848833D
Contact Number	92373778
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ7117T
Vehicle Make/Model/Colour	MERC C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHIA HUI TONG DEREK
NRIC/Passport Number	S9313206H
Contact Number	97948065

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YEOH CHEE CHUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ5419L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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. The 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 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 my 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 situated 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 (a) 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 Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: SMJ549L
Veh B: SKF5260X
Veh C: GJG7117T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date 5/4/19 and time 6:2pm
I was driving along gambas Ave (Lampart 27) on veh A: SMJ549L
I was on the 3rd lane stationary because of vehicles turning
left. Suddenly I felt a great impact from the back and
realised veh B: SKF5260X hit my rear. When I got down the
car I realised another car veh C: GJG7117T hit veh B.

DECLARATION

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 Person's Signature
Name:
NRIC/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20190405/2220

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 23:01	Vide Report No.:	Station Diary No.: 248
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: YEOH CHEE CHUAN		Address: APT BLK 6 MARSILING DRIVE #07-86 SINGAPORE 730006	
ID Type / ID No.: NRIC NO / S8690335J		Contact No.: Home/Office: Mobile: 87690540	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 06/06/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 GAMBAS AVENUE				
Lamp Post Number: 27				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJQ7117T	Car					1
SKF5260X	Car				Seriously Damaged	1
SMJ5419L	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3
Report No. T/20190405/2220

CONTINUATION OF REPORT

Name	Shia Hui Tong Derek		ID No.	S9313206H
Related Vehicle	SJQ7117T (Car)		Contact No.	NIL
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
Driver				
Name	Han JunYuan Shawn		ID No.	S8848833D
Related Vehicle	SKF5260X (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	YEOH CHEE CHUAN		ID No.	S8690335J
Related Vehicle	SMJ5419L (Car)		Contact No.	87690540
Hospital/Clinic	UNIHEALTH		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2019		Date Discharge	05/04/2019
No. of Days granted Medical Leave	04		Degree of Injury	NIL

Brief Details.

On 05/04/2019 at 1800hrs, I was travelling along Gambas avenue when the front of a car had collided onto the rear of my vehicle (SMJ5419L). When I stepped out of my car, I discovered that the vehicle (SKF5260X) behind had also collided with another vehicle (SJQ7117T). It happened near lamppost 27 of Gambas Avenue. I had already went to see the doctor and received 4 days of MC. No other injury or damage to government property.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2220

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20190405/2220

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: L / Sgt 1 MOHAMMAD ZULFAEZAT BIN ROSLEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 23:01
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

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

