

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	17/06/2019 10:50
Date Of Accident	14/06/2019 09:15
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7670X
Insured/Policyholder	
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Co Reg No	201825832G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67146652

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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?	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	5103073119
Cover Note Number	

Driver

Name of Driver	TAN CHUN YONG (CHEN JUNRONG)
NRIC No	S7434331G
Date Of Birth	11/10/1974
Occupation	INDOOR
Date Of Driving Pass	02/03/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93664344
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 458 CHOA CHU KANG AVE 4 #16-205
Postcode	680458
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	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPOR NO.:T/20190614/2146.

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	SGL8184D
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 SJX4348D

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 TAN CHUN YONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF7670X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address BLK 458 CHOA CHU KANG AVE 4
#16-205

Postcode 680458

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: _____

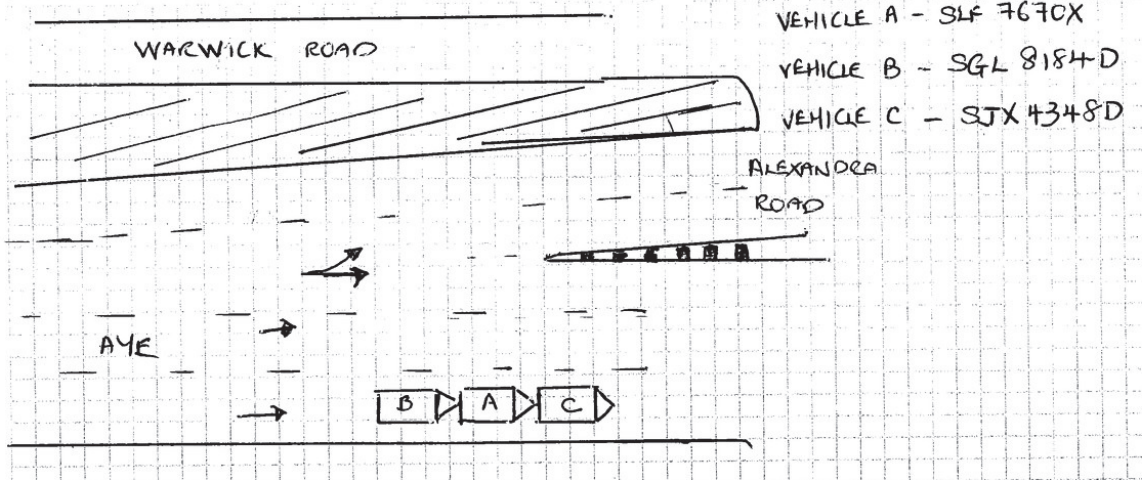
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT, T|20190614|2146 (ANG MO KIO SOUTH NPC)

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.: _____



**SINGAPORE
POLICE FORCE**



T/20190614/2146

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190614/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 18:20		Vide Report No.:		Station Diary No.: 136	
Name of Informant: TAN CHUN YONG		Address: APT BLK 458 CHOA CHU KANG AVENUE 4 #16-205 SINGAPORE 680458			
ID Type / ID No.: NRIC NO / S7434331G		Contact No.: Home/Office: Mobile: 83660047			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 44	Date of Birth: 11/10/1974	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PHV DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/06/2019 09:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS CITY, BEFORE ALEXANDRA EXIT				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Damage	Damage Description	Damage Status	Damage Amount
SGL8184D	Car			Slightly Damaged	0
SJX4348B	Car			Slightly Damaged	0
SLF7670X	Car			Slightly Damaged	1



**SINGAPORE
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T/20190614/2146

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Tel No: 1800-4519999

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Report No. T/20190614/2146

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHIN QUEE FATT GERARD	ID No.	S1351790H
Related Vehicle	SGL8184D (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
Name	TAN CHUN YONG	ID No.	S7434331G
Related Vehicle	SLF7670X (Car)	Contact No.	83660047
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

Brief Details:

On 14/06/2019 at about 9.15am, I was driving my car, Honda Vezel, SLF7670X, along AYE towards City, along the first lane. When I was somewhere before the Alexandra exit, suddenly, the car (SJX4348B) in front of me emergency braked. As such, I also applied my brakes. However, the car (SGL8184D) behind me collided into my rear. This caused my car to hit the rear of the front car as well. All of us alighted from the vehicle to exchange the details. However, before we manage to do it, another driver came to assist us. He informed that it will be safer if we move our vehicles to the side road which is Warwick Road.

As such, all the 3 cars proceeded to the Warwick Road and stopped our cars. I managed to exchange particulars with the driver behind me. However, when I wanted to contact the driver for the car in front of me, the driver was nowhere to be found. His car, SJX4348B, was still parked at the roadside. I do not know where the driver have gone and I did not manage to talk to the driver and exchange particulars.

I then drove off after the scene after that. No ambulance or traffic police came to the scene.



**SINGAPORE
POLICE FORCE**



T/20190614/2146

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Report No. T/20190614/2146

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Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

SI NORSHAFIK BIN AB HAMID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2019 18:20

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force