

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	24/06/2019 15:00
Date Of Accident	22/06/2019 22:30
Exact Location Of Accident	TPE TWDS CHANGI LP 181
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR6387S
Insured/Policyholder	
Name Of Registered Owner	LT AUTO
Co Reg No	5108238503
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5108238503
Cover Note Number	-

Driver

Name of Driver	CHEONG TECK MENG
NRIC No	S1839366B
Date Of Birth	12/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771077
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 311 WOODLANDS ST 31 #04-28
Postcode	730311
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	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG TPE TWDS CHANGI NEAR L/P181, VEH INFRONT OF ME STOP, AS SUCH I FOLLOW TO STOP MY VEH. MOMENT LATER, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SLL9057Y) HIT ONTO MY VEH REAR PORTION.

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	SLL9057Y
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 SHD400M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 3

Vehicle Registration Number SKF5285A
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 CHEONG TECK MENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGR6387S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

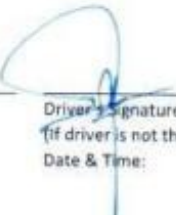
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8. Consent under the Personal Data Protection Act (PDPA)

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: LT AUTO


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 = SGR 6397 S
B = SLL 9057 Y
C = SHD 400 M
D = SKF 5285 A

TPE two's Changi LIP 181

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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**

Police Station of Origin:
Traffic Police
110, North Bridge Road, SINGAPORE 408488.
Tel No. 6470302

Page No. 12214031716

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made:
27/05/2018 18:15

Vehicle Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: Aileen
Address: 315 WOODLAND STREET 21 #04-28 SINGAPORE 730311
Contact No.:
Home/Office: Mobile: 96771077
Nationality: TAMIL
Type of Informant: Driver
Sex: Male Age: 30 Date of Birth: 12/04/1984
Race: Chinese Language: English
Occupation: Driving License Information: Class: 3
Present First Driver: Institution: School Name: Date of Expiry:

General Information of the Accident

Type of Accident: Road Block Number: 187
Location: Road Surface: Dry
Weather: Clear
Traffic Flow: One Way
Type of Collision: Between Moving Vehicles - Head To Rear
Date/Time of Accident: 27/05/2018 22:30
Type of Location: Straight Road
Road Speed Limit: 60 km/h
Traffic Volume: Moderate
Anyone Conveyed by Ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SCHUBERTS	Car	TOYOTA	Wish	Silver	Seriously Damaged	1
SHOQIM	Car	RENAULT		Red	Seriously Damaged	0
SHYJESIA	Car	MINI	Coopers	Silver	Seriously Damaged	1
ILLURISHY	Car	TOYOTA	Alto	White	Seriously Damaged	0



Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

POLICE REPORT

[illegible]

POLICE REPORT

 <p>SINGAPORE POLICE FORCE</p> <p>Directorate of Criminal Investigation 100-102, RAFFLES PLACE SINGAPORE 228697</p>	 <p>Report No: C-2015-00170</p>
<p>CONTINUATION OF REPORT</p>	
<p>Sheet 1 of 2 Information is not able to provide printout plan</p>	
<p>Signature Of Officer Recurring The Report Not applicable</p>	<p>Signature Of Informant This being an official report, no signature is required. No signature is required.</p>
<p>Signature Of Interpreter Not applicable</p>	<p>Date/Time 23/06/2015 18:16</p>
<p>Officer in Charge Of Case IN CHARGE HO JEE-KANG, KIAN Contact No: 65476170</p>	<p>Classification Of Case</p>
<p>Authentication Stamp</p>	

Accident Photo



Accident Photo



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