

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	14/10/2019 13:23
Date Of Accident	12/10/2019 11:45
Exact Location Of Accident	AYE (MCE) 10KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8120G
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84327669
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
Fleet Policy	NO
Policy Number	5112391013
Cover Note Number	
Driver	
Name of Driver	TSEN KIM CHUNG
NRIC No	S2619215C
Date Of Birth	09/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84327669
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 191B RIVERVALE DRIVE #06-904
Postcode	542191
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	6
Was any body injured in the Accident?	NO
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: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT AND ATTACHED

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	SMJ856R
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 SMD8063R
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 3

Vehicle Registration Number NA
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 4

Vehicle Registration Number SMA8453P
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 5

Vehicle Registration Number SMN8605A
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)

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.:

Police Station Origin :

Serial No. F 09292



Report No.

IP No.

IO In-charge :

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 12/10/19 @ 1502hrs	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: S2619215C Tsen Kim Chung		Address: Blk 191B Rivervale Drive #06-904 Postal Code: 542191	
ID Type/No: S2619215C	Date of Birth: 9/10/1966	Contact No.:- Home: Mobile: 84327669 Office:	Driving Licence Information :- Class: Date of Expiry:
Race: Chinese	Age: 53	Sex: M	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)
Occupation (state name and address of work place if you are working or name of school/institution if you are a student) Grab Driver			

Information on the Accident			
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: 12/10/19	Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 1145hrs	

Location of Accident (state road name and specify landmark if any). If accident occurred at junction, state all road names that form the junction
AYE towards MCE (10km)

Type of Collision:		(ii) Moving Vehicle Against:		Weather:	
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input checked="" type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):	
Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: km/h	Drink Drive: Yes (No) Anyone conveyed by ambulance: Yes/No

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SMD8020G	Honda Vezel	Serious	TSEN Kim Chung S2619215C	3	84327669				
SMD806R	-	Serious	Ng Wei Siang Donny S8722032H						
SMD8063R	-								
SMD8453P	-								

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Police Station Of Origin :



Report No.
IP No.
IO In-charge :

CONTINUATION OF REPORT

Pedestrian(s) Involved		
Pedestrian Involved: Yes / No		
Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured

Information on Eyewitness	
Any eyewitness available: Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Briefly describe this report shall be signed by the informant.

On 12/19 around 1145hrs, I was driving my green vehicle (SMN81206) with one passenger along AYE towards MCE. It was clear and sunny at that time with heavy traffic jam. As the car (SMJ556R) in front of me came to a complete stop, I managed to stop my car behind in time as well. Suddenly, I felt a jerk from the back causing my vehicle to hit onto the car in front. When I made a check, I noticed that a chain collision between six vehicles has occurred. Traffic police and ambulance was at scene and provided me with an incident number D/20191012/0074 and incident refer to 10 Jee Ang.

I wish to state that the passengers of vehicle SMA8453P was conveyed by ambulance.

I wish to state that I am ~~not~~ helping this report as advised by the traffic police.

<p>Instructions</p> <ol style="list-style-type: none"> Number each vehicle and show direction of travel by arrow. Number each pedestrian and show direction by arrow. Use solid line to show path of vehicle before incident. Use dotted line to show path of vehicle after incident. Show distance and direction to landmarks, identify by name. Include road signs and any other important physical features. 	<p>Sketch Plan</p>
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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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: Sgt (2) Emily Chan	Signature Of Informant: <i>[Signature]</i>
Name/Signature Of Interpreter: POLICE OFFICER SN 070	Date:
Investigation Officer In-Charge Of Case: <i>[Signature]</i>	Classification Of Case: