

Adrian Lee  
AIG - NR

## 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	04/11/2019 12:04
Date Of Accident	03/11/2019 10:40
Exact Location Of Accident	CTE TWDS ANG MO KIO NORTH FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1218H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN JUNJIE
NRIC No	S9005329I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97330490
Alternative Phone No	OFFICE-97330490

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY

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	5104535323-01
Cover Note Number	

### Driver

Name of Driver	CHEN JUNJIE
NRIC No	S9005329I
Date Of Birth	18/02/1990
Occupation	INDOOR
Date Of Driving Pass	30/04/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97330490
Fax Number	
Contact Number	OFFICE-97330490
Email Address	NOEMAIL

Address	BLK 407 SERANGOON AVE 1 #05-89
Postcode	550407
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)	4
Passenger 1	NAME: : TAN SEE THENG GENDER: : FEMALE
Passenger 2	NAME: : CHEN YUXUAN ATLAS GENDER: : MALE
Passenger 3	NAME: : KEN CHIN LIANG KOON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG CTE TOWARDS ANG MO KIO NORTH FLYOVER AT SECOND LANE OF 4 LANES. HEAVY TRAFFIC, ALL VEHICLES IN FRONT OF ME SLOWED DOWN, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. I ALIGHTED AND REALISED THERE WERE TOTAL 3 VEHICLES GOT INVOLVED.

#### 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	SKF685L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 SLR3061S  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
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 CHEN JUN JIE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMD1218H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHE YUXUAN ATLAS  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMD1218H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN SEE THENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMD1218H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

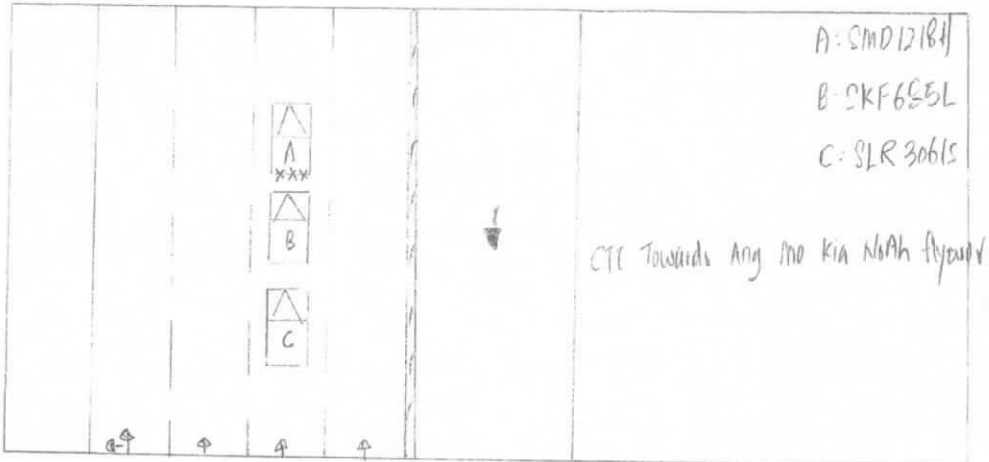
Name	KEN CHIN LIANG KOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD1218H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	





# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along CTE towards Ang Mo Kio North Flyover at 2nd lane of 4 lanes.

Heavy traffic, all vehicles in front of me slowed down, I followed suite.

Suddenly, I felt an impact. Veh "B" collided onto rear portion of my vehicle and caused damages.

I alighted and realised there was total 3 vehicles get involved.

## 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.: