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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	07/11/2019 15:07
Date Of Accident	06/11/2019 12:35
Exact Location Of Accident	CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB9496J
Insured/Policyholder	
Name Of Registered Owner	L&L TRADING
Co Reg No	53344445D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97839483
Alternative Phone No	OFFICE-97839483
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109267231
Cover Note Number	
Driver	
Name of Deliver	CHAMALLEE VILAN CHENC

Name of Driver SHAWN LEE YUAN CHENG

NRIC No S9625198Z
Date Of Birth 16/07/1996
Occupation OUTDOOR
Date Of Driving Pass 09/01/2017

Driving Experience 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93873870

Fax Number

Contact Number OFFICE-93873870

EMail Address NOEMAIL

BLK 227 YISHUN STREET 21 Address

#08-504

Postcode 760227

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191106/7026.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMP5344L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD5435B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 SKF7299Y

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 SHAWN LEE YUAN CHENG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GBB9496J
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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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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

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 Signatu Name:

NRIC/FIN No.:

to ARAIK Search Floridom, VS

Accident Sketch Plan

ATCH PLAN			
	11-11		Veh A : (488949)
		A	Veh B Snp 354
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	11	A	Ven 6 - 400 542
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DECLARATION			
We declare the foregoing par	ticulars are true in every re	spect.	\sim
	12	_	Vaaa
alley outer's Supplement	Driver's signature		Reporting Centre Personnel's Signature
	AND PROPERTY OF THE PARTY OF TH		Separation sensite Personners Sugniture
te & CHICKS	(If driver is not the Date & Time:	policyholder)	Name: NRIC/FIN No.:



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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191106/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 06/11/2	me Report I 019 16:32	Made:	Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars			
SHAWN	Informant: LEE YUAN	N CHENG	Address: APT BLK 227 YISHUN STRE 760227	ET 21 #08-504 SINGAPORE	
ID Type NRIC N	/ ID No.: 0 / S96251:	98Z	Contact No.: Home/Office:	Mobile: 93873870	
National SINGAP	ity: ORE CITIZ	EN	Email: shawnleeyc@gmail.com		
Sex: Male	Age: 23	Date of Birth: 16/07/1996	Type of Informant: Driver		
Race: Chinese		-	Language: English	Institution / School Name:	
Occupati onsite re			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2019 12:35	Type of Location Flyover
CENTRAL EX	PRESSWAY	Road Surface:	11	Road Speed Limit:
		The second secon		
Clear		Dry	15	50 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	-	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBB9496J	Van	HIDRO	Missississis .	a didin	Containon	0
GBD5435B	Lorry				Slightly Damaged	1
SKF7299Y	Car				Slightly Damaged	3
SMP3544L	Car				Slightly Damaged	1

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191106/7026

CONTINUATION OF REPORT

Details of Perso			HARMAN AND A			
Any Pedestrian Ir						
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver		E STATE OF THE PARTY OF	TO THE REAL PROPERTY.	Marie III	- 1000	
Name	SHAWN LEE YUAN	CHENG		ID No		S9625198Z
Related Vehicle	GBB9496J (Van)			Conta	ct No.	93873870
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry; NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the Stated time And date , i was Driving Veh A (GBB9496J) entering sliproad into PIE(CHANGI) from CTE toward AYE. Suddenly Veh C (GBD5435B) Jam brake and i follow suit Then i felt an Impact from my rear cause me to surge forward and hit onto the rear of Veh C. Afterwhich i alighted the car and realised i was involve in a chain collison i was the 2nd Vehicle, 3rd Vehicle that hit me cause me to surge forward is SMP3544L and the last veh is SKF7299Y police attend the scene, after which i went to see a doctor i have received 3 days mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191106/7026

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

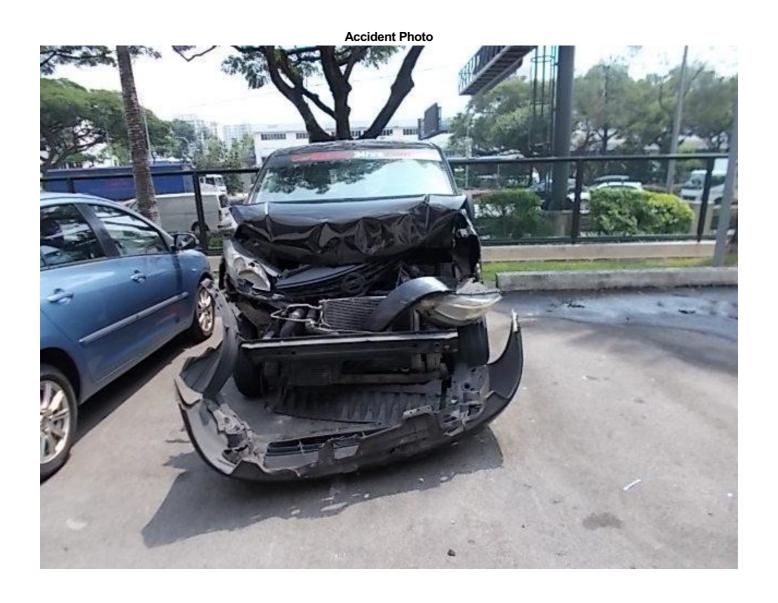
Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
06/11/2019 16:32

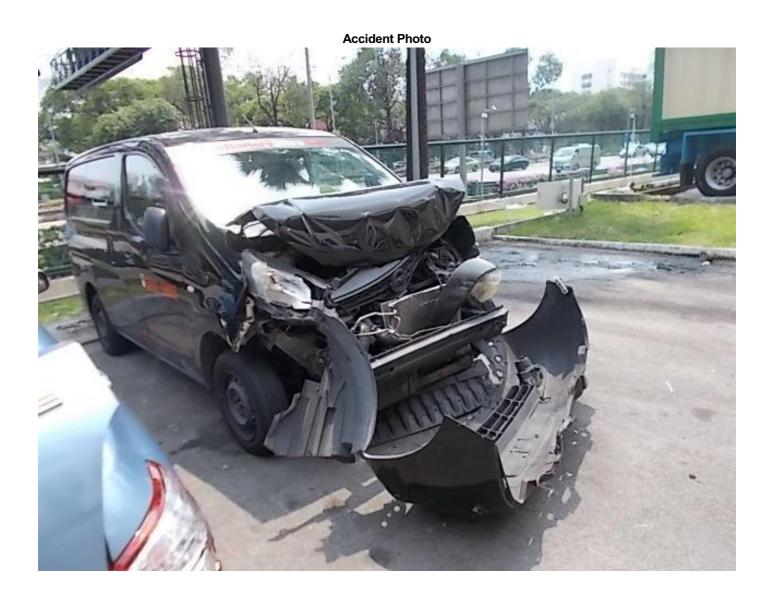
Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp



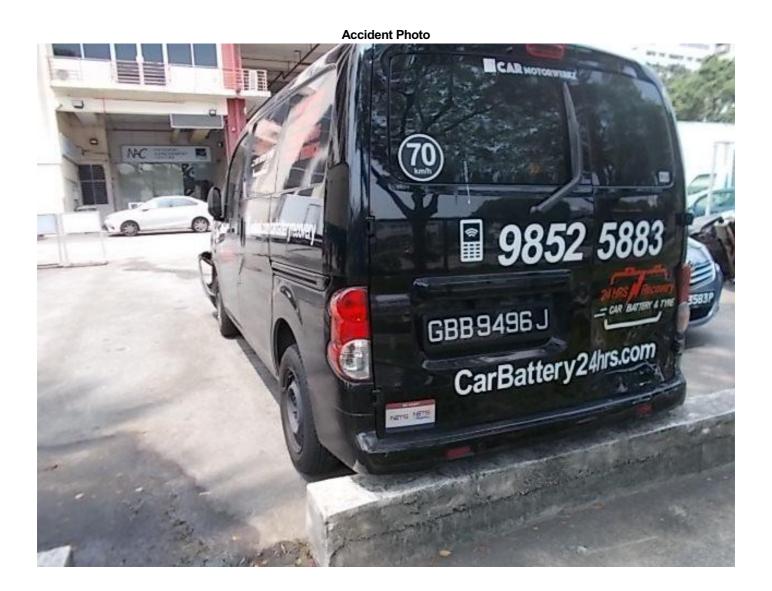












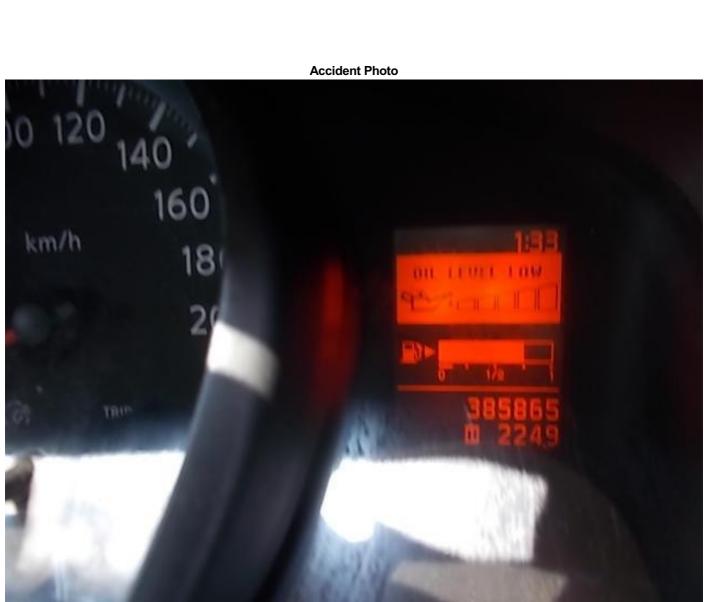




9852 5883 GBB9496-J CarBattery2 4hrs.com







Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 – 17-00
UEN: 5665300206 / GST Reg. No.: M400017785

				ADDEN	DUM				
4	PARTICULARS OF	PERSONMA	KINGTHEA	MENDMEN	ITS:				
	Original Report No	AHA!	19147570		Vehic	cle Registratio	on No: _	GBB9496	7
	Name(as shown in NRI	a: Lst	Trading		NRIC	/FIN/Passpor	rt No : _	53344445	D.
	(*Vehicle Driver / \	Vehicle Own	er) (*) Plea	se delete as	appropria	ate			
	Address	:						Singapore	e(
	Contact (Tel)	:			Mobi	le No. : 93	83948	5	
	Email Address	:							
	Date of Accident	: 6/11/19			Time	of Accident :	N:3	5 .	
	Place of Accident	: (18)	CAYED to	uds PIE	(chan	2:7			
	Insurance Compar	ny:_ ЫТО	c						
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