

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	13/12/2019 09:25
Date Of Accident	12/12/2019 08:00
Exact Location Of Accident	LORNIE HWY TWDS THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6601Z
Insured/Policyholder	
Name Of Registered Owner	ACL CONSTRUCTION (S) PTE LTD
Co Reg No	200105356R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68970322

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4 2.4X A
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003438-01-000
Cover Note Number	

Driver

Name of Driver	CHUA ENG GUAN
NRIC No	S7263933B
Date Of Birth	23/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94519295
Fax Number	
Contact Number	OFFICE-94519295
Email Address	NOEMAIL

Address	53-G KG SELANCHAR PAGOH MUAR 84600, JOHOR MALAYSIA
Postcode	84600
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

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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2117.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM1597C
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94303551
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ2875J
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96328051
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA ENG GUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJP6601Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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. 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.
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: _____

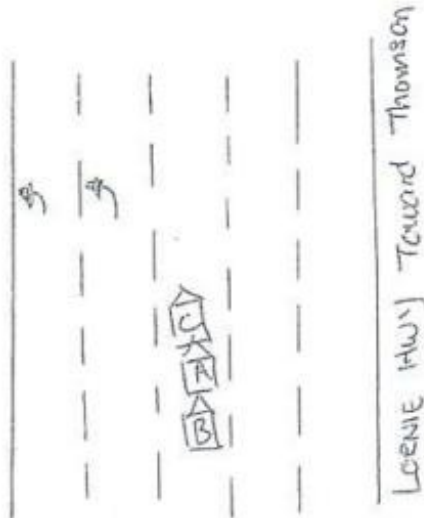

Driver's Signature
(if driver is not the policyholder)
Date & Time: _____


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

Accident Sketch Plan

SKETCH PLAN

- (A) SJP 66012
- (B) SLM1597C
- (C) SLJ 2875J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving along Loenie Hwy. The vehicle in front brake and stop. I there fore also brake and stop in time. Suddenly Veh B came from behind and hit onto the rear of my vehicle. The impact is so great that it pushes my veh to hit the vehicle in front. whole accident was captured by my vehicle built in video recorder.

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 Representative Signature
Name
NRIC/ID No.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999



T/20191212/2117

1 of 4

Report No. T/20191212/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/12/2019 15:27

Vide Report No.:

Station Diary No.:
34

Informant's Particulars

Name of Informant:
CHUA ENG GUAN

Address:
53-G KG SELANCHAR PAGOH MUAR 84600, JOHOR
MALAYSIA

ID Type / ID No.:

NRIC NO / S7263933B

Contact No.:

Home/Office:

Mobile: 94519295

Email:

Nationality:

MALAYSIAN

Sex:

Male

Age:

47

Date of Birth:

23/01/1972

Type of Informant:

Driver

Language:

Chinese

Institution / School Name:

Race:

Chinese

Occupation:

CONSTRUCTION WORKER

Driving Licence Information:

Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury

Conveyed By Ambulance

Drink

Drive:

No

Date/Time of

Accident:

12/12/2019 08:00

Type of Location:

Straight Road

Location:

Along Road 1

LORNIE ROAD

toward braddell road before Thomson exit

Weather:

Clear

Road Surface:

Wet

Road Speed Limit:

Traffic Flow:

Dual Carriage Way

Traffic Control:

Not Controlled

Traffic Volume:

Heavy

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by

ambulance:

No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP6601Z	Car				Seriously Damaged	0
SLJ2875J	Car					0
SLM1597C	Car					1

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T/20191212/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S7263933B
Name	CHUA ENG GUAN	Contact No.	94519295
Related Vehicle	SJP6601Z (Car)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	CRESCENT CLINIC & SURGERY		
Date Treatment	12/12/2019	Date Discharge	12/12/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver		ID No.	NIL
Name	FRANCIS	Contact No.	96328051
Related Vehicle	SLJ2875J (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	NIL
Name	MR ONG	Contact No.	94303551
Related Vehicle	SLM1597C (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/12/2019 at about 0800hrs, I was driving my company's car, SJP6601Z along Lorrie Road toward Braddell road direction before Thomson exit. I was on the third lane of the five lanes road. On my lane, there was a traffic accident ahead at such the traffic was heavy and I came to a stop. I look at the rear mirror and spotted a car, SLM1597C coming fast and collided into the rear of my car. The impact caused my car to move forward and collided into a car, SLJ2875J which was in front of me. Due to the impact, my car front and back portions were damaged. We exchange particulars and left. After which, I received a call from the traffic police that the passenger of SLM1597C was conveyed to the hospital. I felt pain on my neck and went to Crescent Clinic & Surgery for a check. I was given 2 days of medical leave.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2117

Report No. T/20191

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

T/20191212/2117

4 of 4

Report No. T/20191212/2117

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:

G /
Sgt 2 ANG KAH LUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2019 15:27

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP158



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

