

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	08/01/2020 10:16
Date Of Accident	04/01/2020 11:00
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6767P
Insured/Policyholder	
Name Of Registered Owner	CHAI KAU HIAN
NRIC No	SXXXX508C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90620622
Alternative Phone No	OFFICE-90620622

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114571528
Cover Note Number	

Driver

Name of Driver	CHAI KAU HIAN (CAI GAOXIAN)
NRIC No	SXXXX508C
Date Of Birth	10/11/1976
Occupation	INDOOR
Date Of Driving Pass	19/12/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90620622
Fax Number	
Contact Number	OFFICE-90620622
Email Address	NOEMAIL

Address	70 BURGUNDY CRESCENT
Postcode	658783
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/2143.

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	SLR998J
Vehicle Make/Model/Colour	SUBARU IMPREZA
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	SLJ623H
Vehicle Make/Model/Colour	TOYOTA WISH
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	CHAI KAU HIAN (CAI GAOXIAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGP6767P
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 to 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.

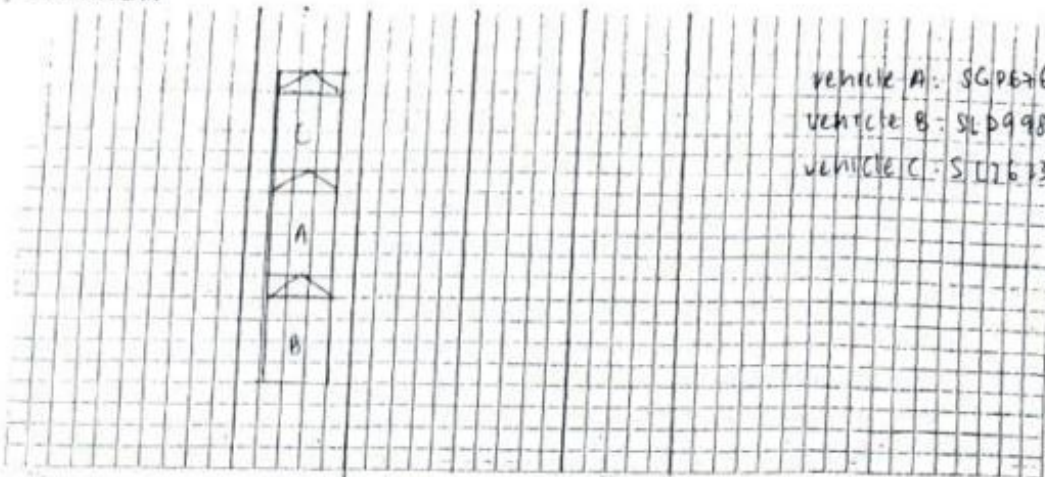
Policyholder's Signature:
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

4/3/047 Standardform 1/04

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		 T/20200104/2143				
Police Station Of Origin: Bukit Timah N.P.C. 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999		1 of 4 Report No: T/20200104/2143				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made 04/01/2020 22:03		Vide Report No.				
		Station Diary No.: 94				
Informant's Particulars						
Name of Informant CHAI KAU HIAN		Address 70 BURGUNDY CRESCENT SINGAPORE 658783				
ID Type / ID No. NRIC NO / S7636508C		Contact No Home/Office Mobile: 90620622				
Nationality SINGAPORE CITIZEN		Email				
Sex Male	Age 43	Date of Birth 10/11/1976	Type of Informant Driver			
Race Chinese		Language	Institution / School Name			
Occupation TECHNICIAN OFFICER		Driving Licence Information Class 3 Date of Expiry				
General Information of the Accident						
Type of Accident	Non-Injury Others	Drink Drive No	Date/Time of Accident 04/01/2020 11:00			
Type of Location Straight Road						
Location Along Road 1 PAN-ISLAND EXPRESSWAY PIE towards Tuas, Before Paya Lebar exit						
Weather Clear		Road Surface Dry	Road Speed Limit			
Traffic Flow Two 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
SGP6767P	Car	HONDA	JAZZ 1.4A	Blue	Seriously Damaged	3
SLJ623H	Car	TOYOTA	WISH	Beige	Slightly Damaged	0
SLR998J	Car	SUBARU	IMPREZA	Blue	Slightly Damaged	0
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20200104/2143

Report No: T/20200104/2143

CONTINUATION OF REPORT



Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company	5114571528	12/12/2019	21/12/2022
SGP6767P	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAI KAU HIAN	ID No.	S7636508C
Related Vehicle	SGP6767P (Car)	Contact No.	90620622
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	NG POH LIM	ID No.	S2513466D
Related Vehicle	SLJ623H (Car)	Contact No.	96802828
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	ONG WU SHENG	ID No.	S9037969J
Related Vehicle	SLR998J (Car)	Contact No.	90089112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report

		
SINGAPORE POLICE FORCE		T:0200010402143
Police Station Of Origin Bukit Timah N P C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4620000		3 of 4 Report No. T:0200010402143
CONTINUATION OF REPORT		
<p>Brief Details. On 04/01/2019 at about 1100hrs I was driving along PIE towards Tuas while I was exiting Paya Lebar exit, the car (8LJ623H) in front of me came to a stop as such I stop my car as well. Suddenly a car (8LH908J) came from the back and hit me car that causes me to hit the car in front of me.</p> <p>All the driver the alight of the vehicles, we then exchange particulars and took pictures of the damages. All the drivers agreed on settling the accident through insurance. My car damages was on my front bumper area and my rear boot area. Nobody was injured at that point of time. I do not have a in car camera.</p> <p>After that around evening, I felt pain on my chest, my back and the back of my neck as such I went to Mount Alvernia Hospital to see the doctor and I was given 3 days of MC.</p>		

Police Report



SINGAPORE
POLICE FORCE



T/20200104/2143

4 of 4

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20200104/214

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:

E /
Sgt 2 TEO JIE DONG, MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2020 22:03

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

SN 170

Authentication Stamp:

NP168



SINGAPORE
POLICE FORCE

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



Accident Photo



Accident Photo

