

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	10/01/2020 16:06
Date Of Accident	09/01/2020 07:35
Exact Location Of Accident	ALONG PIE TWDS BKE NEAR ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF6286M
Insured/Policyholder	
Name Of Registered Owner	AUDREY ANASTASIA GWENDOLYN TAN YEW KENG
NRIC No	SXXXX258J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98288032
Alternative Phone No	OTHERS-81113300

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5064214469-05
Cover Note Number	

Driver

Name of Driver	AIDEN CHONG PYN
NRIC No	SXXXX944Z
Date Of Birth	25/11/1998
Occupation	INDOOR
Date Of Driving Pass	24/04/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-81113300
Fax Number	
Contact Number	
Email Address	AIDEN.CHONG98@GMAIL.COM

Address	BLK 375 HOUGANG ST 31 #13-81
Postcode	530375
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	4
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)	2
Passenger 1	NAME: : AUDREY TAN YEW KENG GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200110/2088

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE2104B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	81126331
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ9058X

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 SCV5687J

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 AIDEN CHONG PYN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGF6286M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name AUDREY TAN YEW KENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGF6286M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

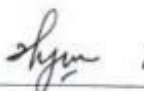
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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:

 10/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SGF6286M
B - SJE2104B
C - SL29058X
D - SCV5687J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200110/2088

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200110/2088

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200110/2088

CONTINUATION OF REPORT

Driver			
Name	JERELD	ID No.	NIL
Related Vehicle	SLZ9058X (Car)	Contact No.	93261990
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

Brief Details.

On 09/01/2020 at about 0735hrs, I was travelling along PIE towards BKE near Adam Road in vehicle SGF6286M. At that moment, I was on the first lane and the traffic was between moderate to heavy. The vehicle in front of mine suddenly applied brakes and came to a complete stop. I followed suit. It was then, I felt two impacts (front and back). I was not seriously injured and alighted to exchange particulars with the other drivers. From my knowledge, it was a chain collision involving 4 vehicles and I was the 3rd vehicle. The 2nd vehicle is SLZ9058X and the 4th vehicle is SJE2104B. Traffic police was at scene but ambulance was not around. Subsequently, all drivers then left the scene. My passenger and I did not feel well and proceeded to Joash Family Clinic & Surgery.

My passenger Tan Yew Keng Audrey received 3 days of MC from 09/01/2020 to 11/01/2020. I received 3 days of MC from 09/01/2020 to 11/01/2020. I wish to state that there is in-car camera installed inside my vehicle but I am unable to retrieve the video footage.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



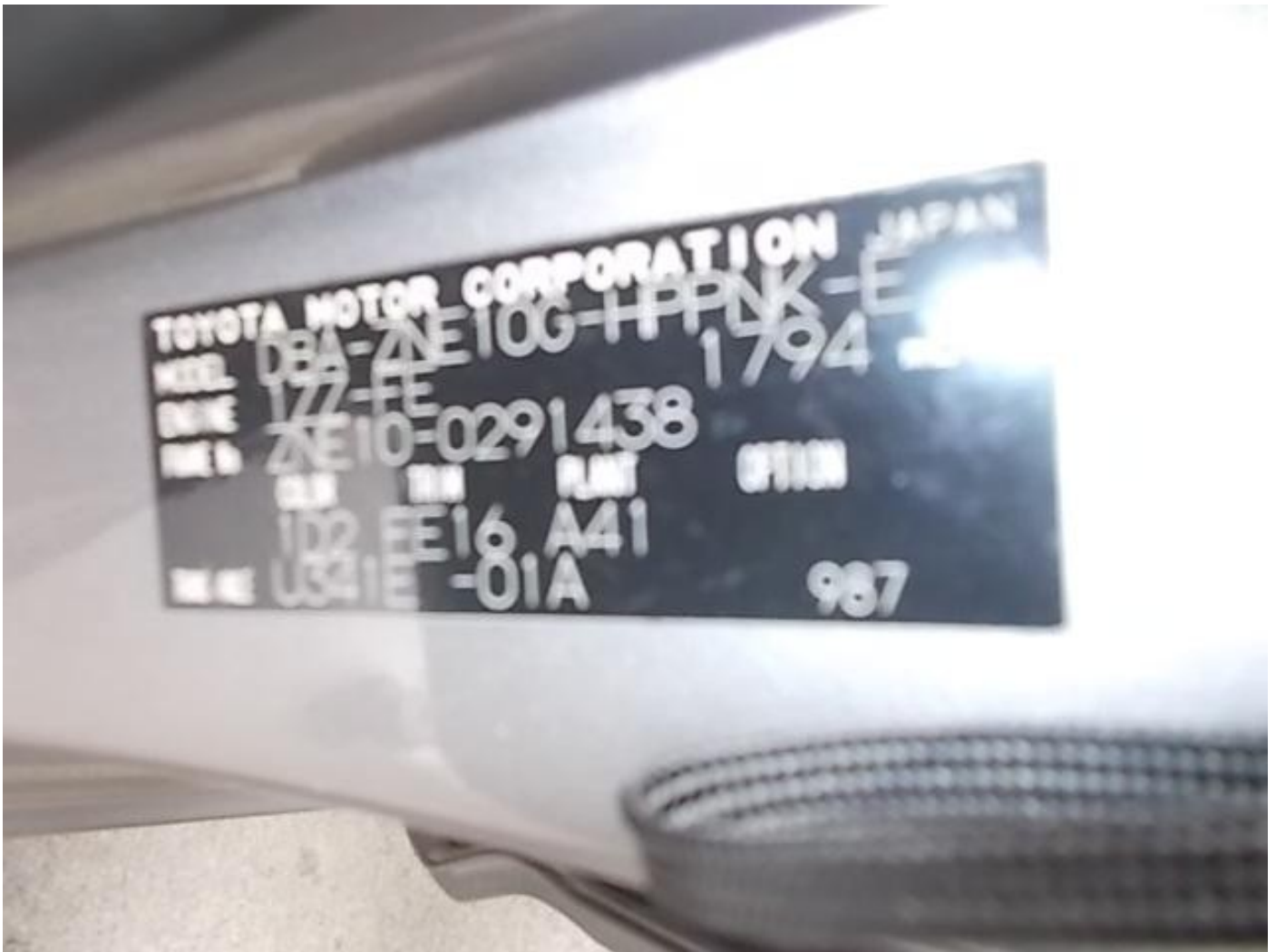
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200110/2098

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No: T/20200110/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2020 15:37		Vide Report No.:		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: AIDEN CHONG PYN			Address: APT BLK 375 HOUGANG STREET 31 #13-81 SINGAPORE 530375		
ID Type / ID No.: NRIC NO / S9838944Z			Contact No.: Home/Office: Mobile: 81113322		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 25/11/1998	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: National Service Fulltime			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 07:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY BUKIT TIMAH EXPRESSWAY Along PIE towards BKE near Adam Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

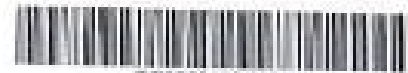
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF6288M	Car	TOYOTA		Grey		1
SJE2104B	Car	HONDA		Black		0
SLZ8058X	Car	TOYOTA		White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200110/2088

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No: T/20200110/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	AUDREY TAN YEW KENG	ID No.	S7336258J
Related Vehicle	SGF6286M (Car)	Contact No.	98288032
Hospital/Clinic	JOASH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	AIDEN CHONG PYN	ID No.	S9838944Z
Related Vehicle	SGF6286M (Car)	Contact No.	81113322
Hospital/Clinic	JOASH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJE2104B (Car)	Contact No.	81126331
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**



T2020011002088

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T2020011002088

CONTINUATION OF REPORT

Driver			
Name	JERELO	ID No.	NIL
Related Vehicle	SLZ9058X (Car)	Contact No.	93261980
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

Brief Details.

On 09/01/2020 at about 0735hrs, I was travelling along PIE towards BKE near Adam Road in vehicle SGF6288M. At that moment, I was on the first lane and the traffic was between moderate to heavy. The vehicle in front of mine suddenly applied brakes and came to a complete stop. I followed suit, it was then, I felt two impacts (front and back). I was not seriously injured and alighted to exchange particulars with the other drivers. From my knowledge, it was a chain collision involving 4 vehicles and I was the 3rd vehicle. The 2nd vehicle is SLZ9058X and the 4th vehicle is SJE2104B. Traffic police was at scene but ambulance was not around. Subsequently, all drivers then left the scene. My passenger and I did not feel well and proceeded to Joash Family Clinic & Surgery.

My passenger Tan Yew Kang Audrey received 3 days of MC from 09/01/2020 to 11/01/2020. I received 3 days of MC from 09/01/2020 to 11/01/2020. I wish to state that there is in-car camera installed inside my vehicle but I am unable to retrieve the video footage.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200110/2058

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 8 SINGAPORE 538775
Tel No: 1800-4890995

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Report No: T/20200110/2058

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:
P /
Sgt 3 ASHLEY TOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/01/2020 15:37

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP1162

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: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120004543 Vehicle Registration No: SGF 6286M
Name (as shown in NRIC) : AIDEN CHUNG PYN NRIC/FIN/Passport No : SXXXX944Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 375 HOUGANG ST 21 #13-81 Singapore(530575)
Contact (Tel) : _____ Mobile No. : 81113300
Email Address : _____
Date of Accident : 09/01/20 Time of Accident : 07:35
Place of Accident : ALONG PIE TWO3 BEE NEAR ADAM RD
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH A NO AT SKETCH PLAN

Policyholder / Driver's Signature
Date:

shw 10/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: