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.

	aloresald.	
		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
	D	ETAILS 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 (LOCAL) +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

2

Number of Passengers (Including Driver)

Number of Passengers (including Driver)

NAME: : AUDREY TAN YEW KENG

GENDER: : FEMALE

Details of Police Action

Passenger 1

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOGANG N.P.C

Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

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?

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

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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

(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:

00

Reporting Centre Personnel's Signature

10/01/20

Name: NRIC/FIN No.:

Accident Sketch Plan

	PIE TWOS BK	E NEAR ADA!
SGF6268M SJE2104B SLZ9058X SCV56875	- ADACKARBI	4
DESCRIBE CIRCUMSTANCE		
Pls refu	to the police repor	1: 7/20200110/208
DECLARATION		
	ticulars are true in every respect.	2/ym 10/01/2

Individual Statement



T/2020110/2088

T/20200110/2088

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4 Report No. T/20200110/2088

Driver						
Name	JERELD			ID No		NIL
Related Vehicle	SLZ9058X (Car)			Contact No.		93261990
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

CONTINUATION OF REPORT

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.

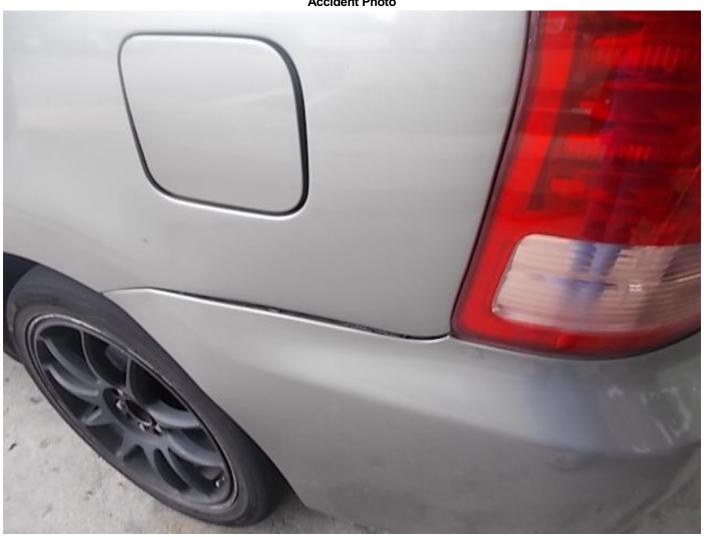




Accident Photo SGF 6286 M









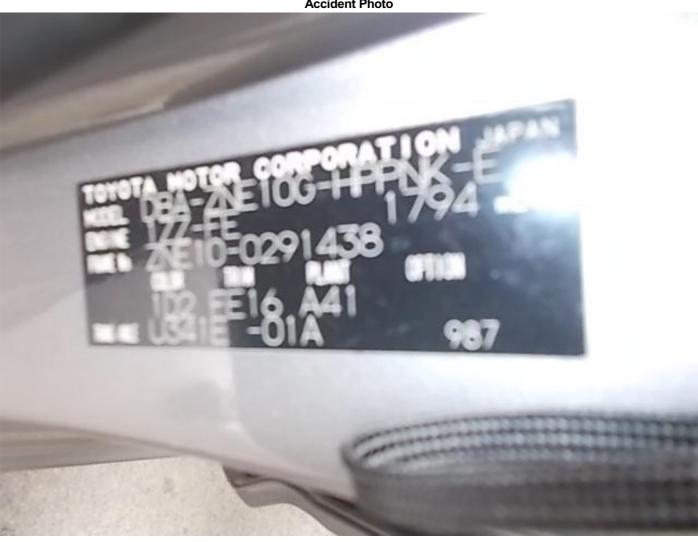
















Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 4 Report No. T/20200110/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2020 15:37			Vide Report No.:	Station Diary No.: 86	
Informa	mt's Partic	ulars			
Name of Informant AIDEN CHONG PYN			Address: APT BLK 375 HOUGANG STREET 31 #13-81 SINGAPORE 530375		
ID Type / ID No.: NRIC NO / \$8638944Z Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 81113322		
			Emsil:		
Sex: Age: Date of Birth: Male 21 25/11/1998		Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:	
Occupation: National Service Fulltime			Driving Licence Informa Class: 3	ation: Date of Expiry:	

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 07:35	Type of Location Straight Road	
BUKIT TIMAL Along PIE tox	EXPRESSWAY EXPRESSWAY rards BKE near Adar				
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow		Traffic Control	T	Traffic Volume:	
Type of Collis	ion:		4	rryone conveyed by	

Vehicle No.	Турв	Make	Model	Color	Condition	No of Passenge
SGF6286M	Car	TOYOTA		Grey		1
SJE2104B	Car	HONDA		Black		0
SLZ9058X	Car	TOYOTA		White		0





Police Station Of Origin: Hougang N.P.C 50 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

2 of 4 Report No. T/20200110/2088

CONTINUATION OF REPORT

Details of Perso	on Involved				
Any Pedestrian I		_ N-			
No. of Pedestria	ns Injured: NIL	Use of	Pedestria	n Cross	sing: NA
Passenger					
Name	AUDREY TAN YEW KENG		ID No.		S7338258J
Related Vehicle	SGF6286M (Car)		Cont	act No.	98288032
Hospital/Clinic	tospital/Clinic JOASH FAMILY CLINIC & SURGERY			s of ig ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/01/2020	Date D	ischarge	NIL	
	led Medical Leave 03	Degree	of Injury		
Driver		2000	ar migury	1 3 1911	
Name	AIDEN CHONG PYN		ID No		S9838944Z
Related Vehicle	SGF6286M (Car)		Conta	ot No.	81113322
Hospital/Clinic	JOASH FAMILY CLINIC & SUI	RGERY	Class Drivin Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2020	Date Du	scharge		
	ed Medical Leave 03	Degree	of Injury	Slight	
Driver			er solved	- wugan	
Name	Unknown Driver		ID No.		NIL
Related Vehicle	SJE2104B (Car)		Conta	et No.	81126331
lospital/Clinic	NIL		Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	- A - A	NIL	
to, of Days grants	ed Medical Leave Nil	Degree -	of Injury	Airi	



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Police Station Of Origin; Hougang N.P.C

80 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 4 Report No. 1/20200110/2086

Driver	National Control of the Control of t		
Name.	JERELO	ID No.	MIL
Related Vehicle	SLZ9058X (Car)	Contact No.	93261990
Hospital/Clinic	NEL.	Class of Driving Licence & Expiry Date	Class: N/L Date of Expiry: N/L

CONTINUATION OF REPORT

Date Discharge NIL

Degree of Injury NIL

Brief Details.

Date Treatment

No. of Days granted Medical Leave

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.

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NA





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 4 of 4 Report No. T/20200118/2088

CONTINUATION OF REPORT

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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 F / 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	- 1