

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	03/02/2020 15:32
Date Of Accident	01/02/2020 11:50
Exact Location Of Accident	CTE EXIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD345R
Insured/Policyholder	
Name Of Registered Owner	SHA CHIN SIONG
NRIC No	SXXXX330A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94301441
Alternative Phone No	OFFICE-94301441

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016415-MVA-R002
Cover Note Number	

Driver

Name of Driver	SHA CHIN SIONG
NRIC No	SXXXX330A
Date Of Birth	27/02/1979
Occupation	INDOOR
Date Of Driving Pass	04/10/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94301441
Fax Number	
Contact Number	OFFICE-94301441
EEmail Address	NOEMAIL

Address	BLK 35 YISHUN ST 51 #11-31
Postcode	767992
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: : ANG YI ZHI GENDER: : FEMALE
Passenger 2	NAME: : SHA QUN RUI GENDER: : MALE
Passenger 3	NAME: : SHA LEYXUAN GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT T/20200201/2106

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3757T
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 2

Vehicle Registration Number SLF4580S
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 SHA CHIN SIONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD345R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANG YI ZHI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD345R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


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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:



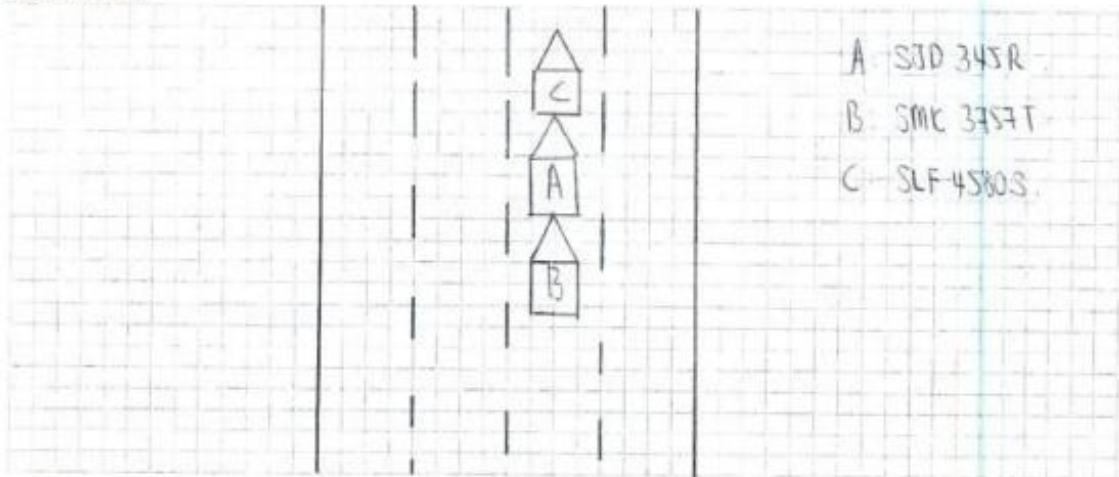
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer attached the Police Report : T/ 2020 0201 12106.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200201/2106

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No. T/20200201/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 17:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SHA CHIN SIONG			Address: APT BLK 35 YISHUN STREET 51 SIGNATURE AT YISHUN SINGAPORE 767992	
ID Type / ID No.: NRIC NO / S7977330A			Contact No.:	Mobile: 94301441
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 27/02/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ASSISTANT MANAGER			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: 01/02/2020 11:50	Type of Location: EXPRESSWAY
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE BEWTEEN ANG MO KIO AVE 1 AND ANG MO KIO AVE 3 EXIT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
SJD345R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Slightly Damaged	4
SLF4580S	Car					1
SMK3757T	Car					1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200201/2108

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200201/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD345R	QBE Insurance (Singapore) Pte Ltd	V0016415	05/12/2019	04/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	ANG YI ZHI	ID No.	S8334787B	
Related Vehicle	SJD345R (Car)	Contact No.	NIL	
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	01/02/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	
Driver				
Name	SHA CHIN SIONG	ID No.	S7977330A	
Related Vehicle	SJD345R (Car)	Contact No.	94301441	
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	01/02/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	
Driver				
Name	TAY YEOW TENG	ID No.	S1394510A	
Related Vehicle	SLF4580S (Car)	Contact No.	NIL	
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/20200201/2106

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200201/2106

CONTINUATION OF REPORT

Driver			
Name	OH SIOK TIN MELISSA	ID No.	S7306423F
Related Vehicle	SMK3757T (Car)	Contact No.	NIL
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 01/02/20 at about 1151hrs, I was driving my vehicle bearing vehicle number SJD345R with 3 other passenger(my wife and 2 children) onboard along CTE between Ang Mo Kio Ave 1 and Ang Mo Kio Ave 3 exit. As I was driving along the said road, I observed that there was a heavy vehicle on the most right lane moving slowly. Hence, there were vehicle changing to the next lane. As I was driving along the said road, I observed that the vehicle infront bearing vehicle number SLF4580S had braked. I followed and stopped my vehicle. Subsequently, I felt an impact from the rear of my vehicle and that impact had caused my vehicle to lunge forward causing my vehicle to collide with the vehicle infront. The vehicle behind is bearing vehicle number SMK3757T. After the collision, we alighted from the vehicle and exchanged particulars.

After the accident, I felt pain at my neck area, my wife felt nausea, hence we went to consult the doctor and was granted 5 days MC respectively.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200201/2106

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200201/2106

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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2020 17:10

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP188



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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