

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	30/07/2020 19:22
Date Of Accident	29/07/2020 13:45
Exact Location Of Accident	CTE TWDS AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV6991B
Insured/Policyholder	
Name Of Registered Owner	OZ CAR RENTAL PTE LTD
Co Reg No	2XXXXX382N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91268654
Alternative Phone No	OFFICE-91268654

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	YES
Policy Number	5112240182
Cover Note Number	

Driver

Name of Driver	LEO CHIN TSUNG
NRIC No	SXXXX294F
Date Of Birth	21/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2008
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83931722
Fax Number	
Contact Number	OFFICE-83931722
Email Address	NOEMAIL

Address	BLK 408 HOUGANG AVENUE 10 #13-1086
Postcode	530408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200730/2107.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ8333K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU5101T

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) 1

DETAILS OF INJURED PERSON 1

Name LEO CHIN TSUNG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGV6991B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.



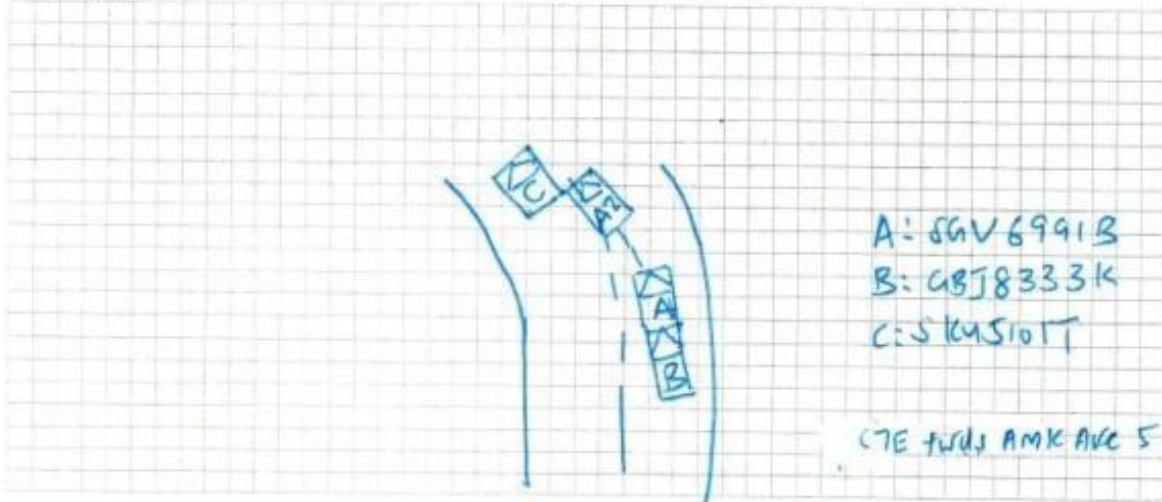
Policyholder's Signature
Date & Time:

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 to police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

GUARANTY SketchPlanForm V3

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

30/4/20

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200730/2107

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20200730/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 17:38		Vide Report No.: F/20200729/0102		Station: 41
Informant's Particulars				
Name of Informant: LEO CHIN TSUNG		Address: APT BLK 408 HOUGANG AVENUE 10 #13-1088 SINGAPORE 530408		
ID Type / ID No.: NRIC NO / S1805294F		Contact No.: Home/Office: Mobile: 83931722		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 21/02/1967	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: PART TIME SALESPERSON		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2020 13:45	Type of Location:
Location: CENTRAL EXPRESSWAY ANG MO KIO AVENUE 5 ENTRANCE OF ANG MO KIO AVENUE 5 FROM CTE				
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: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBJ8333K	TOW TRUCK				Seriously Damaged	0
SGV6991B	Car				Seriously Damaged	0
SKU5101T	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200730/2107

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Report No. T/20200730/2107

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On the 29th of July 2020 at about 1345 hours, I was driving my car bearing the plate number SGV6991B along Central Expressway (CTE) turning into the entrance of Ang Mo Kio Avenue 5. It was a 2 lane road and I was on the right lane. There was a heavy traffic and my vehicle was stationary. I then felt a strong impact coming from the left rear of my vehicle. I lost consciousness and after I woke up, I felt a strong pain on my left arm. I could not move until the paramedics came and assisted me out of my car. There was a car on the lane next to mine bearing the plate number SKU5101T and there was a tow truck bearing the plate number GBJ8333K. I believe that the said tow truck had collided into my car from the rear resulting into my car colliding with the car next to mine. I was subsequently conveyed to Khoo Teck Phoo hospital. I was discharged on the same day and the doctor told me that my left arm is fractured. I was given 14 days of MC.

Traffic Police was also present at scene vide incident F/20200729/0102 and the SD card of my in vehicle camera was handed over to the officer at scene. I did not have any passenger inside my car. The whole rear portion of my car is damaged as well as left front bumper is also damaged. I wish to state that this is vehicle is a rented car from OZ Car Rental Pte Ltd.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20200730/107

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Report No: T/20200730/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



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T/20200730/2

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 3 MUHAMMAD NABIL AMSYAR BIN
ABDUL HAFED

Signature Of Informant:

30/7/20

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2020 17:38

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



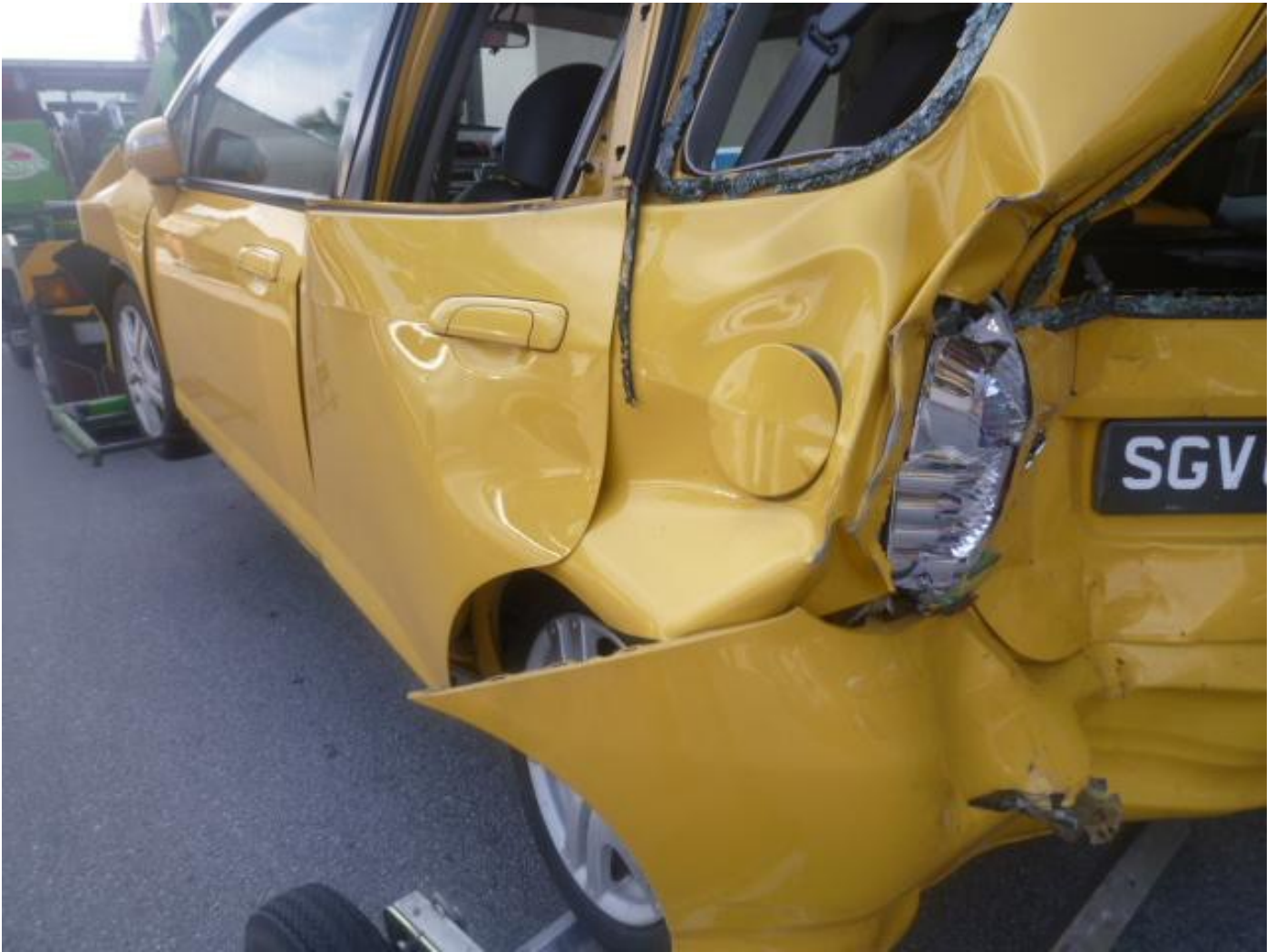
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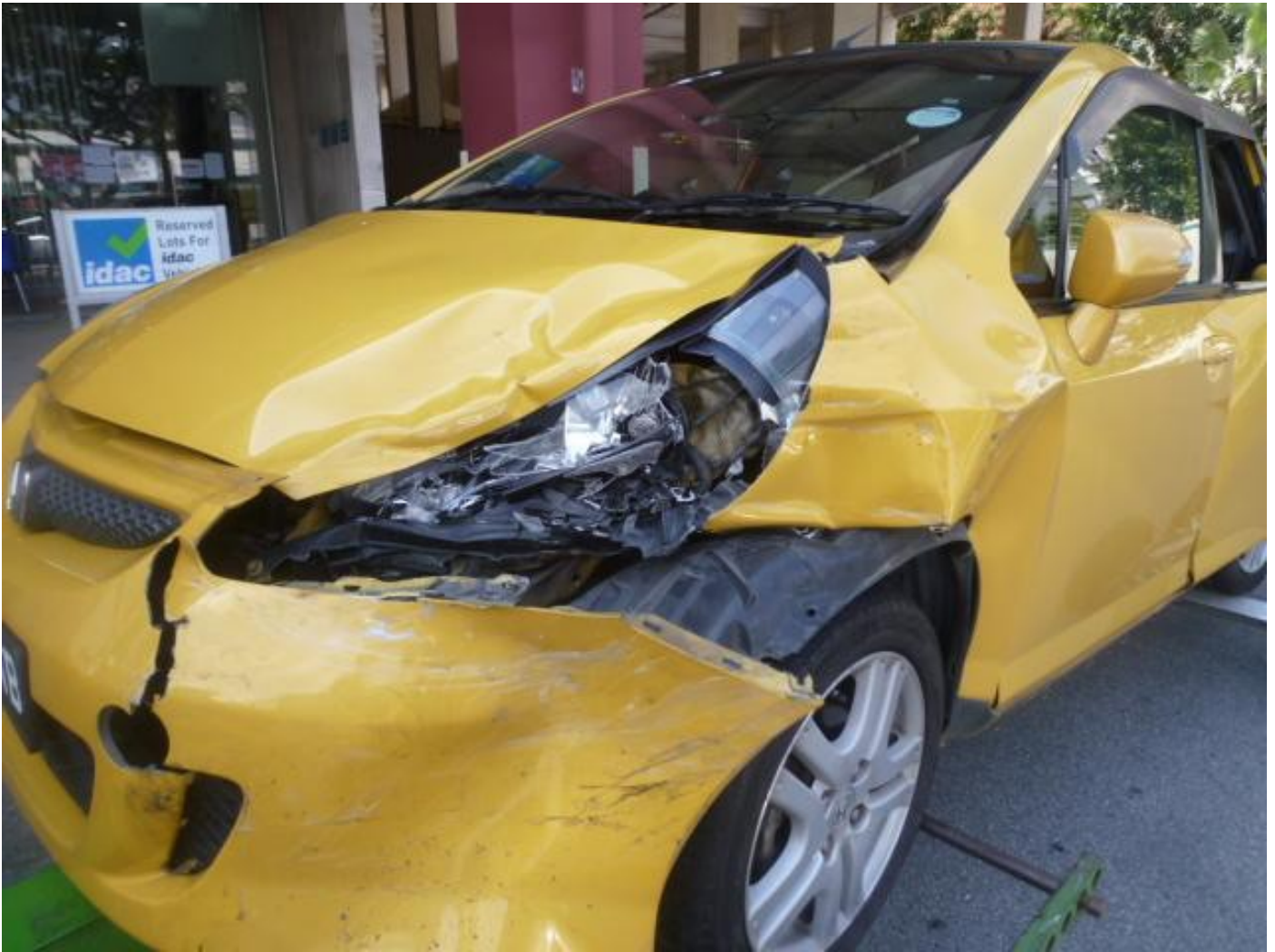
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