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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/08/2020 12:02
Date Of Accident	29/08/2020 22:20
Exact Location Of Accident	PIE TWDS TUAS AFTER STEVENS RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM5850D
Insured/Policyholder	
Name Of Registered Owner	LYDIA HO JYH YUN
NRIC No	SXXXX083I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673196
Alternative Phone No	OFFICE-93673196
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5067694334-05
Cover Note Number	
Driver	

Name of Driver NG KIAN CHIN JIMMY

NRIC No SXXXX921Z
Date Of Birth 01/12/1959
Occupation INDOOR
Date Of Driving Pass 13/10/1983

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97679301

Fax Number

Contact Number OFFICE-97679301

EMail Address NOEMAIL

Address BLK 4 GHIM MOH ROAD

#06-272

Postcode 270004

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

cie

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

5

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200830/7022.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGK9564P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHAN CHOW HING

NRIC/Passport Number

Contact Number 93875903

Address Postcode

Page 2 of 19

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

UNKNOWN

Vehicle Registration Number

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 UNKNOWN

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 4

Vehicle Registration Number SJZ5091Z

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

NO

Name NG KIAN CHIN JIMMY

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGM5850D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Page 3 of 19

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)
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

KETCH PLAN	1 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1	
COKOKO KOKO	PTE truds Tuas	Ven A SGN5850D Ven B: SGE9564P Ven C: Unknown Ven D: Unknown Ven E: SJ250912
11	11	
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
Re	for to police report	
	D I III T	12 2 1 2
	Kepart NO-1	20200830 7022
ECLARATION	A	
We declare the foregoing par	rticulars are true in every respect.	-1
	10	
	/	
		N N
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Senature Name:





1 of 4 Report No. T/20200830/7022

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

REPORT OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 30/08/2020 22:13		fade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars				
	Informant: CHIN JIM		Address: 4 GHIM MOH ROAD #06-272 SINGAPORE 270004			
ID Type NRIC NO	/ ID No.: D / S13559:	21Z	Contact No.: Home/Office: Mobile: 97679301			
National SINGAP	ity: ORE CITIZ	EN	Email: ngjimmy.kc@gmail.com			
Sex: Male	Age: 60	Date of Birth: 01/12/1959	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Training officer			Driving Licence Information: Class: Date of Expiry:			

Type of Attended by Police Accident:		Drink Drive: No	Date/Time of Accident: 29/08/2020 22:20	Type of Location Approaching a bend	
Location: PIE					
Weather: Clear		Road Surface: Slightly wet	11000	oad Speed Limit:	
Clear	114111311311				
The state of the s		Traffic Control: Not Controlled	10.70	raffic Volume: oderate	

Details of V	ehicle Invo	Ived				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGK9564P	Car	HONDA				0
SGM5850D	Car					0
SJZ5091Z	Car	HONDA		White		0





Police Station Of Origin:

10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20200830/7022

2 01 4

Tel No: 65470000

Traffic Police

CONTINUATION OF REPORT

Details of Perso	n Involved	Winds of the	PARTIES SAN	10-17 NO.	mic	
Any Pedestrian I	nvolved: No					CHE STREET, SQUARE,
No. of Pedestrian			Use of Pe	destrian C	roce	ing: NA
Driver			036 017 6	destrian C	1055	sirig. IVA
Name	CHAN CHOW HING	G		ID No.		S1522162C
Related Vehicle	SGK9564P (Car)			Contact	No.	93875903
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	II NO COLOR	Date	1	VIL.	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver				The same		WILLIAM BAND
Name	NG KIAN CHIN JIM	MY		ID No.		S1355921Z
Related Vehicle	SGM5850D (Car)			Contact	No.	97679301
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		IIL	
No. of Days granted Medical Leave		NIL	Degree of		IIL	
Driver		100 - 100	or the second	JONES AND	1	TELESCE STATE OF STATE
Name	ZAKARIAH BIN KAS	SSIM		ID No.		S1159121C
Related Vehicle	SJZ5091Z (Car)			Contact	No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence a Expiry	A	Class: NIL Date of Expiry: NIL
Date	NIL		Date		IL	
No of Dave grant	ed Medical Leave	NIL	Degree of			

Brief Details.

The accident occurred along the centre lane of PIE towards Jurong just after the Whitley Road exit at approximately 10:20 pm. I was the fourth car in a 5 cars chain collision. I was on the centre lane and suddenly saw the car in front of me, SJZ5091Z driven by S1159121C Zakariah Bin Kassim stopping suddenly. I applied emergency breaking and my car collided lightly into the rear of the white Honda in front of me. Almost immediately thereafter, I felt a car, SGK9564P driven by S1522162C Chan Chow Hing slamming into the back of my car resulting in spillage of my personal effects from the storage box located at the front. After checking the extend of the damages to all three cars and checking that the drivers from the



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



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Report No. T/20200830/7022

CONTINUATION OF REPORT

other 2 cars are not injured, we exchanged particulars and furnished my particulars to the police officer who arrived at the scene. The police officer after noting that my car could still be driven allowed me to carry on with my journey home.



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

Sketch Plan Informant is not able to provide sketch

NP168



4 of 4 Report No. T/20200830/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2020 22:13
Officer In Charge Of Case: TP / TPHQ / TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authentication Stamp	

















