

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	16/09/2020 15:42
Date Of Accident	15/09/2020 17:40
Exact Location Of Accident	PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4015D
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Insured/Policyholder

Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE. LTD.
Co Reg No	201414828K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84884081

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D19MFL0006751
Cover Note Number	

Driver

Name of Driver	HEW CHOONG CHIANG
NRIC No	S7970360E
Date Of Birth	22/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2002
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97850437
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	818B CHOA CHU KANG AVENUE 1 #07-122
Postcode	682818
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	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: : MALE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5867Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SCN5899G
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 SFN99X
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 HEW CHOONG CHIANG
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SLU4015D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.



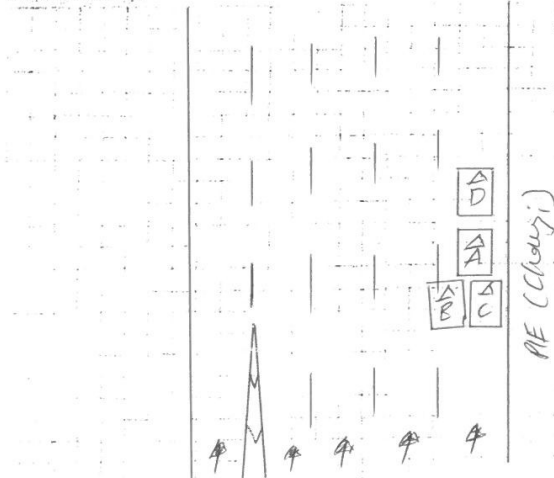
Policyholder's Signature
Date & Time:

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


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



SKETCH PLAN



Vehicle A: SLU401SD
 Vehicle B: SHG586TY
 Vehicle C: SCN 5899G
 Vehicle D: SFN99X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 6/20200916/7031.

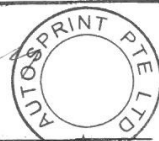
DECLARATION

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.:





**SINGAPORE
POLICE FORCE**



G/20200916/7031

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POLICE REPORT (NP299)

Report No. G/20200916/7031

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 16/09/2020 13:30	Vide Report No.	Station Diary No.
Name Of Informant HEW CHOONG CHIANG	Address 818B CHOA CHU KANG AVENUE 1 #07-122 SINGAPORE 682818	
ID Type / ID No. NRIC NO / S7970360E	Contact No. Home/Office: Mobile: 97850437	
Nationality SINGAPORE CITIZEN	Email Address brett2743@gmail.com	
Occupation Chauffeur	Sex Male	Age 41
Institution/School Name	Date of Birth 22/05/1979	Race Chinese
Date/Time Of Incident 15/09/2020 17:40	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

I am a private hire driver on ride-hailing platform TADA. I was on trip sending a passenger from Jurong West to KINEX mall.

When I was travelling on lane 1 along PIE towards city near exit 24, a silver Bentley (SFN99X) in front of my car driven by Arumugam Jayakumar (G7308039N) came to a sudden stop. I braked and managed to come to a complete stop behind the Bentley. However, moments later, my car was hit from behind 2 times. Because of the impact from behind, my car surged forward and hit the Bentley.

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: 16/09/2020 13:30
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20200916/7031

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200916/7031

After exiting my car, I realised there were 2 more vehicles involved in the accident. My car was hit on the passenger rear side by a red Renault taxi (SHC5867Y) driven by Chan Chin Wai (S7070365C) and was also hit directly behind by a black Mercedes (SCN5899G) driven by Kuah Siong Hin (S0117162C).

According to Chan, he swerved his taxi to the left to avoid my car but was not successful and crashed into my car. Moments after the black Mercedes crashed directly into the back of my car. My passenger claimed that he was ok and arranged for alternative transport and left the scene. I took photos of the cars involved with the accident and exchanged particulars with all the drivers involved with the accident. I also arranged for my car to be towed because the accident had damaged the passenger side rear wheel and the car could not be driven.

I felt a slight headache after the accident and went back home to rest. When I reached home, I extracted the video from my car camera and verified that the accident occurred as per Chan's description. The next morning (16/09/20) my headache worsened and my neck and back started to be stiff and painful when I moved them. I decided to see my family GP and was given medicine and 3 days MC (16/09/20 - 18/09/20).

Subjects Involved			
Suspect			
Person Name	Chan Chin Wai		
ID Type	NRIC NO	ID No	S7070365C
Gender	Male	Race	Chinese
Language	English	Occupation	Taxi driver
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		16/09/2020 13:30	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE
POLICE FORCE**



G/20200916/7031

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200916/7031

Mobile No	94354491	Relation To Informant	Driver of red Renault taxi SHC5867Y
Person Name	Kuah Siong Hin		
ID Type	NRIC NO	ID No	S0117162C
Gender	Male	Race	Chinese
Language	Chinese	Mobile No	92380806
Relation To Informant	Driver of black Mercedes SCN5899G		
Victim			
Person Name	HEW CHOONG CHIANG		
ID Type	NRIC NO	ID No	S7970360E
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Chauffeur	Address	818B CHOA CHU KANG AVENUE 1 #07-122 SINGAPORE 682818
Mobile No	97850437	Is Informant A Victim?	Yes
Person Name	HEW CHOONG CHIANG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/09/2020 13:30

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

