

## 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 ability.
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 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	25/08/2014 16:10
Date Of Accident	23/08/2014 12:30
Exact Location Of Accident	AYE>CHANGI AFTER CLEMENTI AVE 06
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4080M
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### Insured/Policyholder

Name Of Registered Owner	FOO TONG FATT
NRIC No	S1346265H

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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	Comprehensive
Fleet Policy	No
Policy Number	5066383038
Cover Note Number	26/06/2014 TO 25/06/2015

### Driver

Name of Driver	FOO CHANGSHENG
NRIC No	S8736619G
Date Of Birth	16/11/1987
Occupation	Indoor
Date Of Driving Pass	22/01/2009
Driving Experience	5 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-98975660
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 270 TOH GUAN ROAD #09-97 S-600270
Postcode	
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	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Telok Blangah Neighbourhood Police Post
Police Station Address	ROAD: Blk 51 Telok Blangah Drive , POSTCODE: 100051 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20140823/4078. ATTENDED BY SITI

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WA5868B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX8583L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHB9648J  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SJG1769D  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF INJURED PERSON 1**

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

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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.
8. Consent under the Personal Data Protection Act (PDPA)

Witnessed by Reporting Officer  
Personnel **25 AUG 2014**

Page 4 of 15

## Describe Circumstances of the Accident

on 23.8.14 about 12.30pm. I was travelling in my vehicle A along AVE towards Changi before Clementi Ave 6. latent car stopped. I also stopped. Suddenly I felt an impact from behind. Vehicle B hit back seat of my vehicle. The great impact to pushed my vehicle hit against Vehicle C. It was a chain collision involving 5 vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 6741 6697  
Fax: 6749 2305  
Email: vackb@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

25 AUG 2014

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116 SINGAPORE  
100055  
Tel No: 1800-2729999



T/20140823/4078

1 of 3

Report No. T/20140823/4078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2014 15:18		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: FOO CHANGSHENG			Address: APT BLK 270 TOH GUAN ROAD #09-97 SINGAPORE 600270		
ID Type / ID No.: NRIC NO / S8736619G			Contact No.: Home/Office: Mobile: 989750660		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 16/11/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2014 12:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY CLEMENTI AVENUE 6 AYE towards Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHE9648S	Car	CHEVROLET			Slightly Damaged	0
SJG1769D	Car	HYUNDAI		Black	Slightly Damaged	0
SJX8583L	Car	NISSAN	Cefiro		Slightly Damaged	0
SKN4080M	Car	HONDA	Stream	Grey	Seriously Damaged	0
WA5868B	Car	MITSUBISHI	Triton	Black	Slightly Damaged	0

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116 SINGAPORE  
100055  
Tel No: 1800-2729999



T/20140823/4078

2 of 3

Report No. T/20140823/4078

CONTINUATION OF REPORT

**Brief Details.**

On 23/08/2014 at about 1240hrs, I was driving my vehicle (SKN4080M) along AYE toward Changi (Clementi Ave 6). I was travelling at the first lane of the expressway. Subsequently, I came to a stop as the traffic condition was heavy at the point of time. Suddenly, I felt huge impact from the rear of my vehicle. As the impact was too huge, my vehicle surged forward and collided to the rear of another vehicle (SJX8583L) I then went out of my vehicle and made a check. I discovered that one of the foreign registered vehicle (WA5868B) collided to the rear of my vehicle. I realised that there is also two other vehicle also collided to the rear of the foreign vehicle. (SHB9648S) (SJG1769D)

I wish to state that no one was injured during the accident

Sketch Plan #5 Pg.1

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116 SINGAPORE  
100055  
Tel No: 1800-2729999



T/20140823/4078

3 of 3

Report No. T/20140823/4078

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:  
D /  
Phoon Kok Wei

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Esther Chong  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/08/2014 15:18

Classification Of Case:

Signature Police Officer

## SINGAPORE ACCIDENT STATEMENT

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### ACCIDENT STATEMENT

Date Of Report	24/08/2014 20:45
Date Of Accident	23/08/2014 13:00
Exact Location Of Accident	AYE/ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1769D
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#### Insured/Policyholder

Name Of Registered Owner	SONG WAI HONG ADRIAN
NRIC No	S7536955G

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 1.6 (FD)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10410437
Cover Note Number	N.A

#### Driver

Name of Driver	SONG WAI HONG ADRIAN
NRIC No	S7536955G
Date Of Birth	09/12/1975
Occupation	INDOOR
Date Of Driving Pass	29/11/1997
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96518749
Fax Number	
Contact Number	

E-Mail Address	ADRIANSONG75@YAHOO.COM.SG
Address	
Postcode	
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	COLLISION- HEAD TO REAR (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO

#### 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

I was travelling along aye ecp on the extreme right lane when the front vehicle jam brake due to accident ahead. I applied brake but wasn't in time to stop and my vehicle hit the taxi in front. The taxi did not make any contact with his front vehicle.

Are accident photos available for attachment?	YES
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9648S
Vehicle Make/Model/Colour	CHEVROLET / EPICA 2.0DSL AT / RED
Details Of Properties	NA
Name of Driver	NG
NRIC/Passport Number	
Contact Number	90915578
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodging of the 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 making 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.
  - (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/are 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.

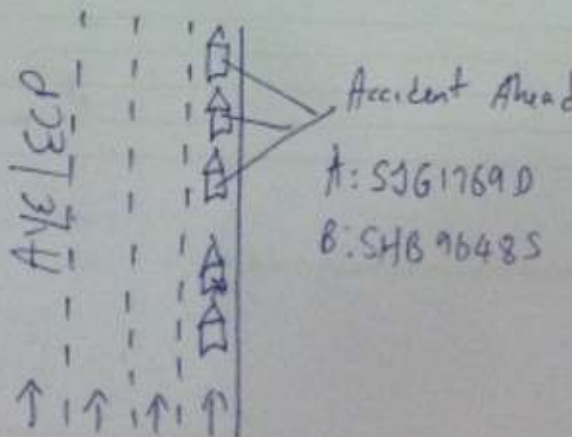
VERIFIED BY  
MARSH OFFICER  
AIZAM  
S746982 6 C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was travelling along aye ecp on the extreme right lane when the front vehicle jam brake due to accident ahead. I applied brake but wasn't in time to stop and my vehicle hit the taxi in front.

The taxi did not make any contact with his front vehicle.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - AIZAM, S7469826C

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 August, 2014 8:13 pm

Date/Time:

24 August, 2014 8:13 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

