

## 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 Submission	25/06/2021 16:27 (SGT)
Date of Accident	24/06/2021 14:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	ALONG CTE TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2866J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUA HONG PTE LTD
Company Reg No	2XXXXXX309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	(Phone) +65-66619688
Alternative Phone No	(Office) +65-66619688

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	FREED HYBRID 1.5G AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109921641-02-000206
Cover Note Number	-

#### DRIVER

Name of Driver	PAIMAN BIN KIMON
NRIC No	SXXXX699D

Date Of Birth	15/02/1963
Occupation	Outdoor
Date Of Driving Pass	16/08/1988
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85112667
Alt. Phone Number	-
Email Address	CLAIMS@HUAHONG.COM.SG
Address	APT BLK 551 WOODLANDS DRIVE 44 #07-62
Address complement	-
Postcode	730551
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANIS
Gender	Male

#### PASSENGER 2

Name	SHAFIQ
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SUBMIT TO NTUC INCOME
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV7910T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SHEN YIH
NRIC No	SXXXX611G
Contact Number	(Phone) +65-90400330
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM3847P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEE HONG PEOW
NRIC No	SXXXX666I
Contact Number	(Phone) +65-98552226
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	PAIMAN BIN KIMON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

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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.



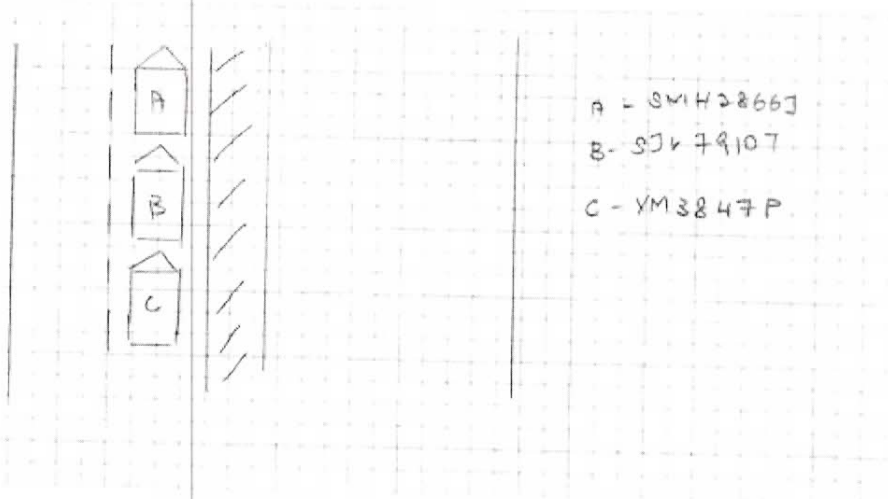
Policyholder's Signature  
Date & Time:

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

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



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

### DECLARATION

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



Policyholder's Signature  
Date & Time:

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

\* IMPORTANT NOTE:

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim) there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the date of occurrence.

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


**SINGAPORE  
POLICE FORCE**
**POLICE REPORT (NP299)**

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000



E/20210624/7037

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Report No. E/20210624/7037

Date/Time Report Made 24/06/2021 19:56	Vide Report No.	Station Diary No.
Name Of Informant PAIMAN BIN KIMON	Address 551 WOODLANDS DRIVE 44 #07-62 SINGAPORE 730551	
ID Type / ID No. NRIC NO / S1577699D	Contact No. Home/Office: Mobile: 85112667	
Nationality SINGAPORE CITIZEN	Email Address ngahman12@gmail.com	
Occupation PHV driver	Sex Male	Age 58
Institution/School Name	Date of Birth 15/02/1963	Race Javanese
Date/Time Of Incident 24/06/2021 14:30	Location Of Incident CENTRAL EXPRESSWAY	

**Brief details.**

On the stated date and time I vehicle SMH2866J was travelling with 2 passenger, MR Anis and Mr Shafiq on the stated venue.  
Suddenly vehicle SJV7910T came from behind and hit onto my vehicle rear portion. The impact was great. I then alighted and realised that it was a 3 car chain collision and that vehicle YM3847P (last vehicle) had hit onto SJV7910T first causing it to surge forward to hit my car. I felt only an impact. The impact also causes pain on my neck back and shoulders and knee.  
I then proceeded to Norwood Medical Clinic near my place to seek treatment and I was given 5 days MC.

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: 24/06/2021 19:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



E/20210624/7037

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Report No. E/20210624/7037

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: 24/06/2021 19:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	