

# 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 witholding of material facts may allow insurance companies to repudiate

- 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	19/06/2022 14:18 (SGT)
Date of Accident	19/06/2022 02:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LAVENDER STREET BEFORE BENDEMEER RD
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

CILITION

Honda

Vollido Moglottation Maribol	GEO 1100D	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner	Yes JMR AUTO LEASING	

Company Reg No 53372120B **Email Address** JASON.CHUAHB.80@GMAIL.COM (Phone) +65-83633557 Mobile Phone No

Alternative Phone No +65-83633557

# VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Model Freed Variant ..... Exact purpose for which vehicle was being used at time of Private hire

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private hire Vehicle Category

Transmission ..... Auto CC 1500

# INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ..... Comprehensive Fleet Policy 5125935912 Policy Number

#### DRIVER

CHUA HAN BOON JASON Name of Driver S8016791A

Cover Note Number

Date Of Birth	13/06/1980
Occupation	Outdoor
Date Of Driving Pass	09/06/2003
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-83633557
Alt. Phone Number	-
Email Address	JASON.CHUAHB.80@GMAIL.COM
Address	BLK 108B MCNAIR ROAD #22-04
Address complement	- ************************************
Postcode	323108
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	
indurance company of other vehicle owned by briver	
GENERAL INFORMATION OF THE ACCIDENT	
denerve in Grandon of the Assistant	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are assident photos queilable for attachment?	Vec
Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes
Was there any video captured by Car Camera?  Was there any audio recorded?	No No
vvas tilete atty audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	VD2916M
Vehicle Registration Number  Vehicle Manufacturer	YP3816M
venice Manuacturer	5

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the 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.

TO CENTER OF THE PROPERTY OF T

Policyholder's Signature Date & Time:

Driver's Signiture (If driver is not the policyholder)

Date & Time: 19 6 2022

Reporting Centre Personnel's Signature

Name: MOEWAN

NRIC/FIN NO.: 9994845

		A-Soundso
LAYENDER TYREET HEF BENDEMEER RO DESCRIBE CIRCUMSTAN		
	REFER TO POLICE	2202
	CHIEF IS KONIGE !	WENOK
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	m - Hilliam m	
The second secon		
7722-31		
<u> </u>	afficialis in wax 13 %	
DECLARATION  I/We der to the control of the control	iculars are true in every respect.	f
Policyholder's Signature	Driver's Signature (If drived is not the policyholder)	Reporting Centre Personnel's Signature Name: MENIAN



1 of 3

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

Report No. T/20220619/7004

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 10:53	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: AN BOON		Address: 108B MCNAIR ROAD #22-20	04 SINGAPORE 323108	
NRIC NO	/ ID No.: D / S80167	91A	Contact No.: Home/Office: Mobile: 83633557		
Nationality: SINGAPORE CITIZEN			Email: JASON.CHUAHB.80@GMAII		
Sex: Male	Age: 42	Date of Birth: 13/06/1980	Type of Informant: Driver	The state of the s	
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,2A,3	Date of Expiry: 31/12/2040	

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 19/06/2022 02:40	Type of Location X-Junction
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# LAVENDER STREET

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	60 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Traffic Light - Working	Light
Type of Collision: Between Moving Vehicles - H	ead To Side	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.		Make	Model	Color	Conditio	No of
SLU1198D	Car	HONDA	FREED 1.5G HYBRID	White	Seriously Damaged	7

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU1198D	NTUC Income Insurance Co-Operative Limited	5125935912	22/02/2022	22/11/2022



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



2 of 3 Report No. T/20220619/7004

#### CONTINUATION OF REPORT

Details of Perso Any Pedestrian II			Decision Care			
No. of Pedestrian			Use of Po	edestria	n Cross	ing: NA
Driver						
Name	CHUA HAN BOON JASON		ID N	0,	S8016791A	
Related Vehicle	SLU1198D (Car)			Cont	act No.	83633557
Hospital/Clinic	NIL			Class Drivin Licer Expir	ng nce &	Class: 2B,2A,3 Date of Expiry: 31/12/2040
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

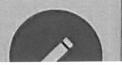
## Brief Details.

I was travelling straight towards beach road direction on a bi-direction lane (right turn & straight) at Lavender Street, Junction opposite Arc 380 building.

The pointe van YP3816M suddenly swerved into my lane without signaling & quickly. I horked at police van YP3816M to alert driver & tried to serve to my right safely & quickly to avoid collision, but its too late.

Policy van YP3816M have created bad damages from my vehicle front left all the way to my rear left rim & tyre (punctured).

Wave videos & pictures of damages exceeding 2MB.





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



Report No. T/20220619/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476209

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

19/06/2022 10:53

Classification Of Case:

