

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 Actual 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 First Submission	25/11/2024 18:49 (SGT)
Reported by	Actual Driver
Date of Accident	24/11/2024 14:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) BEFORE EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR505Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH WEI JUN (ZHUO WEIJUN)
NRIC No	SXXXX496D
Email Address	WEIJUNTOH90@GMAIL.COM
Mobile Phone No	(Phone) +65-86116161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140480383

DRIVER

Name of Driver	HO JUE YING
NRIC No	SXXXX139J
Date Of Birth	03/08/1992
Occupation	Indoor
Driving Pass Date	04/11/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-83388208
Alt. Phone Number	-
Email Address	WEIJUNTOH90@GMAIL.COM
Address	13 TELOK BLANGAH CRESCENT
Address complement	#07-344
Postcode	090013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TOH WEI JUN
Gender	Male

PASSENGER 2

Name	TOH YU TING EUNA
Gender	Female

PASSENGER 3

Name	ESTELLE ONG XUAN YA
Gender	Female

PASSENGER 4

Name	BIDES JANICE
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ2353X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT3276S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH WEI JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLR505Z

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	TOH YU TING EUNA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLR505Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3	
Name of injured person	ESTELLE ONG XUAN YA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLR505Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	BIDES JANICE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SLR505Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5	
Name of injured person	HO JUE YING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLR505Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NR/C/ID card)

Sketch Plan

	<p>A = SLR505Z</p> <p>B = SGQ2353X</p> <p>C = SMT3276S</p> <p>PIE (Changi) before</p> <p>Eunos Exit</p>
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Describe Circumstance of the Accident

Refer to Police Report

T/20241125/7084

Declaration

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


Doğrudanlar's Signature

Policyholder's Signature / Date & Time

Signature (if driver is not the

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)







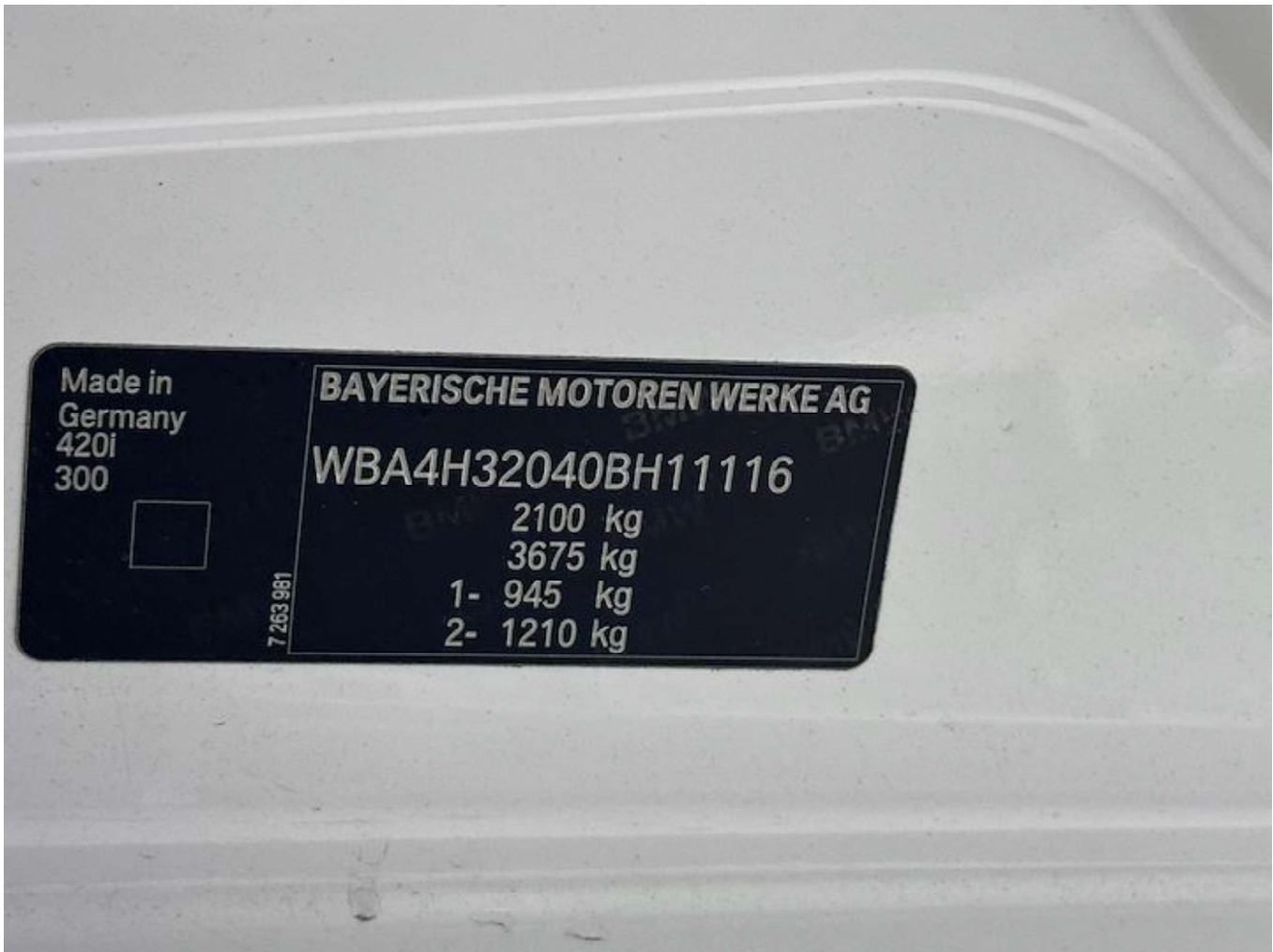














**SINGAPORE
POLICE FORCE**



T/20241125/7084

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

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Report No. T/20241125/7084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2024 16:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO JUE YING			Address: 13 TELOK BLANGAH CRESCENT #07-344 SINGAPORE 090013		
ID Type / ID No.: NRIC NO / S9227139J			Contact No.: Home/Office: Mobile: 83388208		
Nationality: SINGAPORE CITIZEN			Email: MAYA.HJY@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 03/08/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Admin			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2024 14:25	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR505Z	Motor car					4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241125/7084

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

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Report No. T/20241125/7084

CONTINUATION OF REPORT

Driver			
Name	HO JUE YING		ID No. S9227139J
Related Vehicle	SLR505Z (Motor car)		Contact No. 83388208
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving SLR505Z along PIE(Changi) when I had gradually come to a stop due to traffic conditions before Eunox exit.

My family members namely:

Toh Wei Jun
Toh Yu Ting Euna
Estelle Ong Xuan Ya
Bides Janice

were on board my vehicle and all 5 of us were belted.

Moments after coming to a complete stop, a massive impact slammed into the rear of my vehicle, catching all 5 of us completely off guard.

The impact was so massive that despite the safety distance and me stepping on my brakes, I could not prevent my vehicle from surging forward, colliding with the car in front.

Before my body was restrained by the seat belt, I knocked my right knee against the underside of my dashboard.

Upon alighting, I realised that we were involved in a 3 car chain collision involving:

SMT3276S
SLR505Z
SGQ2353X

where ours was the middle vehicle.

Shortly after the accident, I started feeling aches over my neck, shoulders, chest, right knee, upper and lower back areas.

My family members complained of similar symptoms and we sought treatment at Caredoc Medical Clinic the following day.

My husband, children and I were given 5 days MC each while my helper was given 2 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

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



T/20241125/7084

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Report No. T/20241125/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
25/11/2024 16:06

Classification Of Case:

NP168