

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	07/01/2015 15:15
Date Of Accident	06/01/2015 15:10
Exact Location Of Accident	CTE TOWARDS PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT8582H
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN NAM
NRIC No	S7631983I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97917222
Alternative Phone No	Office-97917222

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1483485
Cover Note Number	

Driver

Name of Driver	TAN CHIN NAM
NRIC No	S7631983I
Date Of Birth	08/10/1976
Occupation	Indoor
Date Of Driving Pass	29/11/1995
Driving Experience	19 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-97917222
Fax Number	
Contact Number	Office-97917222
Email Address	NOEMAIL

Address BLK 981B BUANGKOK CRESCENT #13-25
 Postcode 532981
 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 -
 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
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Sengkang Npc
 Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY: Singapore
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO. T/20150106/2152.
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGW175A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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 SJZ1176P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE C

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


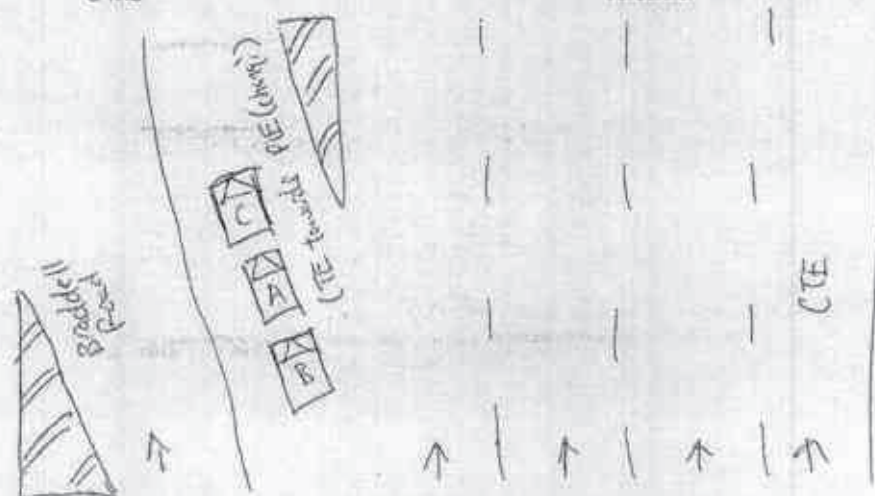
DETAILS OF INJURED PERSON 1

Name	TAN CHIN NAM
Approximate Age	
Injuries Sustain	SPINE AND BACK
Injured person in which vehicle?	SFT8582H
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLAN

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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)
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/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.

<p> 7/01/15</p> <p>Policyholder's Signature / Date & Time 1:30pm</p> <p>Sketch Plan</p> <p>A: SFT 8582A B: SGW 175A C: SJZ 1176P</p> 	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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Describe Circumstances of the Accident

Refer to Report No. T/20150106/2152.

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1:20pm

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

Witnessed by Reporting Centre
Personnel

POLICE REPORT Pg.1

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE 54502

Tel No: 1800-343 8999



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Report No. T/20150106/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2015 23:22	Vide Report No.: E/20150106/0085	Station Diary No.: 145
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Informant's Particulars

Name of Informant: TAN CHIN NAM			Address: APT BLK 981B BUANGKOK CRESCENT #13-25 SINGAPORE 532981		
ID Type / ID No.: NRIC NO / S76319831			Contact No.: Home/Office: Mobile: 97917222		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 08/10/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	No	Date/Time of Accident:	06/01/2015 15:10	Type of Location:	expressway
Location: Along Road 1 CENTRAL EXPRESSWAY towards PIE Changi, Near exit 8B.							
Weather: Clear		Road Surface: Dry			Road Speed Limit:		
Traffic Flow:		Traffic Control:			Traffic Volume:		
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
SFT8582H	Car	TOYOTA	COROLLA 1.6	Grey	Seriously Damaged	0
SGW175A	Car					0
SJZ1176P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SFT8582H	AXA INSURANCE SINGAPORE PTE LTD	P1483485	14/04/2014	13/04/2015

POLICE REPORT Pg.2

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 54502
Tel No: 1800-343 8999



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Report No. T/20150106/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHIN NAM	ID No.	S7631983I
Related Vehicle	SFT8582H (Car)	Contact No.	97917222
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	Liu Bailin	ID No.	S2636626G
Related Vehicle	SGW175A (Car)	Contact No.	96746157
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)	NIL	Degree of Injury	NIL
Driver			
Name	Foo Boon Chew	ID No.	S1368445F
Related Vehicle	SJZ1176P (Car)	Contact No.	NIL
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)	NIL	Degree of Injury	NIL

Brief Details.

On 06/01/2015 at about 1510hrs, I was driving my car SFT8582H along CTE towards PIE Changi. I was driving into the slip road entering PIE Changi at about 60km/h-70km/h when suddenly a car from the rear, SGW175A, hit onto the rear of my car. The impact from the hit then made my car to hit the car in front, SJZ1176P. Subsequently Traffic police was also at scene to attend to the accident vide report no: E/20150106/0085. I was conveyed by ambulance to TTSH. I was given outpatient treatment and 3 days MC from 06/01/2015 to 08/01/2015.

Station Of Origin:
 Chang N.P.C.
 Raffles Square #01-02 SINGAPORE 545028
 Tel No: 1800-343 8999



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Report No. T/20150106/2152

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:

F /

MOHD FERRIE FEDLY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2015 23:22

Officer In Charge Of Case:

TP / GIA /

Esther Chong

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168