

## 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	10/04/2017 09:59
Date Of Accident	07/04/2017 07:45
Exact Location Of Accident	ALONG SLE TWDS BKE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC797D
Insured/Policyholder	
Name Of Registered Owner	STORMBOX
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98274737
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI16V13376/VBS/R04
Cover Note Number	-
Driver	
Name of Driver	TOH KHOON SEONG
NRIC No	S1284733E
Date Of Birth	16/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1979
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98274737
Fax Number	
Contact Number	OFFICE-98274737
EEmail Address	NOEMAIL

Address	BLK 354 CHOA CHU KANG CENTRAL #12-329
Postcode	680354
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION- CHANGE/CROSS LANE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 116 TECK WHYE LANE , <b>POSTCODE:</b> 680116 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7629999 - <b>FAX NO:</b> 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5535A
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 GBC8516L

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 TOH KHOON SEONG

Approximate Age

Injuries Sustain NECK & BACK & VOMITING

Injured person in which vehicle? PC797D

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### 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/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.

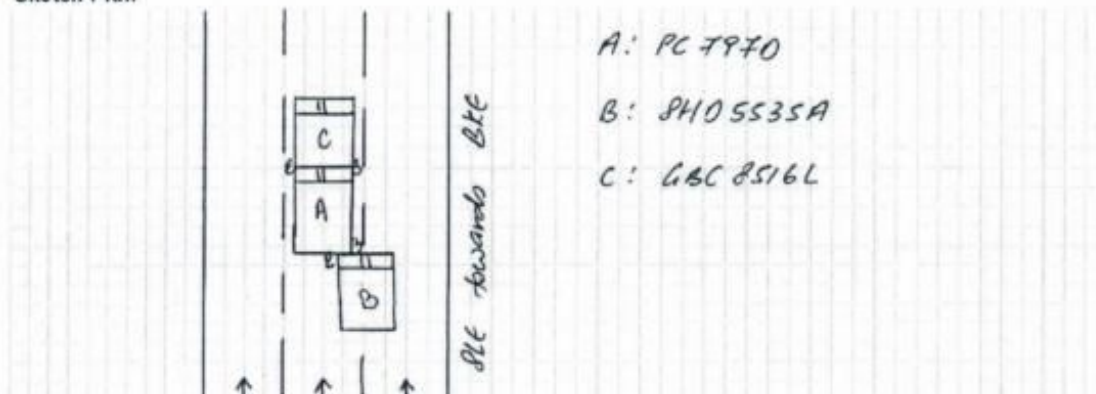


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

Describe Circumstances of the Accident

Refer to Traffic Police Report  
T/ 20170408 / 2054

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20170408/2054

1 of 3

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

Report No. T/20170408/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2017 12:18		Vide Report No.:		Station Diary No.: 11
<b>Informant's Particulars</b>				
Name of Informant: TOH KHOON SEONG		Address: APT BLK 354 CHOA CHU KANG CENTRAL #12-329 SINGAPORE 680354		
ID Type / ID No.: NRIC NO / S1284733E		Contact No.: Home/Office: Mobile: 98274737		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 16/03/1958	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: COACH DRIVER		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2017 07:45	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY BUKIT TIMAH EXPRESSWAY ALONG SLE TOWARDS BKE				
Weather: Clear		Road Surface: UNSURE	Road Speed Limit:	
Traffic Flow: One Way		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
GBC8516L	Van					0
PC797D	Bus/Coach/Mi nibus					0
SHD5535A	Taxi					0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**




T/20170408/2054

2 of 3

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Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

Report No. T/20170408/2054

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH KHOON SEONG	ID No.	S1284733E
Related Vehicle	PC797D (Bus/Coach/Minibus)	Contact No.	98274737
Hospital/Clinic	THE HOUSECELL GP 	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	08/04/2017	Date Discharge	08/04/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

### Brief Details.

On 08/04/2017 at about 0745hrs, I was travelling along SLE towards BKE and I was on the second lane. As the traffic was slow and the all the vehicles from the front has come to a stop and my vehicle also come to a stop. Suddenly, there is a taxi (SHD5535A) changed lane from the first lane to the second lane and due to insufficient space, it hit onto the rear of my vehicle. Due to the impact, my vehicle hit onto the rear of a van (GBC8516L). After the taxi driver hit onto my vehicle, the taxi driver immediate reversed his taxi. There is no car recorder installed on my vehicle. As I felt pain on my neck area, I went to seek medical attention and I was given 03 days of MC from 07/04/2017 to 09/04/2017.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20170408/2054

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

3 of 3

Report No. T/20170408/2054

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:

J /

Staff Sgt TOH ZHENG YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

08/04/2017 12:18

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

