

## 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             | 04/12/2017 17:18                          |
| Date Of Accident           | 02/12/2017 08:45                          |
| Exact Location Of Accident | JLN AHMAD IBRAHIM OUTSIDE TUAS CHECKPOINT |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJQ6403Z |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                                 |
|--------------------------|---------------------------------|
| Name Of Registered Owner | GOH GENERAL ENGINEERING PTE LTD |
| Co Reg No                | -                               |
| Email Address            | FREDDYTOH@GMAIL.COM             |
| Mobile Phone No          | (LOCAL) +65-81839598            |
| Alternative Phone No     | OFFICE-81839598                 |

#### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | NISSAN               |
| Model  | LATIO-1.5 SPORTS (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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 2100138696-08000                     |
| Cover Note Number         |                                      |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TOH FREDDY            |
| NRIC No              | S8322060J             |
| Date Of Birth        | 30/06/1983            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 21/05/2004            |
| Driving Experience   | 13 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81839598  |
| Fax Number           |                       |
| Contact Number       | OTHERS-81839598       |
| EEmail Address       | FREDDYTOH@GMAIL.COM   |

|   |                |
|---|----------------|
| Address   | 112 MARIAM WAY |
| Postcode  | 508615         |
| 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   | 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 |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 2   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | EUNOS NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171202/2075

#### 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         | SKW7391Z        |
| Vehicle Make/Model/Colour           | HYUNDAI ELANTRA |
| 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 SGQ8070Y  
Vehicle Make/Model/Colour VOLKSWAGEN JETTA  
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 3

Vehicle Registration Number GY2490R  
Vehicle Make/Model/Colour NISSAN CABSTAR  
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 FREDDY  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJQ6403Z  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

### DETAILS OF INJURED PERSON 2

Name SOH YU HUAN JOCELYN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJQ6403Z  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO

Address

Postcode

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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.
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 #2

SKETCH PLAN

(A) SJQ 6403Z  
(B) SKW 7391Z  
(C) SGT 8070Y  
(D) GY 2490R

A  
B  
C  
D

Jln Ahmad Ibrahim  
outside Teas Checkpoint  
before Tanjungbun towards  
Malaysia




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. (Report No. T/2017/203/2075)

DECLARATION

I/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:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Reda Waddah  
NRIC/FIN No.:



Sketch Plan #4



SINGAPORE  
POLICE FORCE



T/20171202/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20171202/2075

CONTINUATION OF REPORT

| Details of Vehicle Involved |      |         |  |       |                     |                  |
|-----------------------------|------|---------|--|-------|---------------------|------------------|
| Vehicle No.                 | Type | Make    | Model                                    | Color | Condition           | No. of Passenger |
| SKW7391Z                    | Car  | HYUNDAI | ELANTRA<br>1.6 AT ABS<br>D/AB 2WD<br>4DR | Blue  | Slightly<br>Damaged | 2                |

| Details of Person Involved        |                           |  |                                   |
|-----------------------------------|---------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                           |  |                                   |
| No. of Pedestrians Injured: NIL   |                           | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                           |  |                                   |
| Name                              | TOH FREDDY                | ID No.                                 | S8322060J                         |
| Related Vehicle                   | SJQ6403Z (Car)            | Contact No.                            | 81839598                          |
| Hospital/Clinic                   | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 02/12/2017                | Date Discharge                         | 02/12/2017                        |
| No. of Days granted Medical Leave | 03                        | Degree of Injury                       | Slight                            |
| Passenger                         |                           |  |                                   |
| Name                              | JOCELYNN SOH YU HUAN      | ID No.                                 | S9502268E                         |
| Related Vehicle                   | SJQ6403Z (Car)            | Contact No.                            | 98566140                          |
| Hospital/Clinic                   | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 02/12/2017                | Date Discharge                         | 02/12/2017                        |
| No. of Days granted Medical Leave | 03                        | Degree of Injury                       | Slight                            |

**Brief Details.**

On 2nd December 2017 at about 8:44am, I was driving my car (SJQ 6403 Z, Nissan Latio Purple) along the road before the entrance of Tuas Immigration Checkpoint towards Malaysia. I have a passenger with me, namely Ms Jocelynn Soh Yu Huan (NRIC: S9502268E, HP: 98566140), seated on the front left passenger seat of the car.

Due to heavy traffic congestion before the immigration of Tuas Checkpoint, I stopped my car.

Suddenly, I felt an impact coming from the rear of my car. The impact surged my car forward, but I did not collide with the front car. My passenger and I immediately alighted from the car to inspect the damages sustained, as well as took photos of the accident scene and exchange particulars with other drivers.

I realized the car behind me, SKW7391Z, collided with the rear bumper of my car. The rear bumper of my



Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20171202/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20171202/2075

CONTINUATION OF REPORT

car sustained serious damages on its rear bumper. This incident is a chain collision involving 4 vehicles. The car behind SKW7391Z, SGQ8070Y, collided onto them as a lorry, GY2490R, collided with the SGQ8070Y, which surged forward.

Ms Jocelynn immediately experience pain on the rear of her neck and her rear shoulders due to the whiplash. I felt pain on my rear neck and rear shoulders after a while.

4 CERTIS CISCO officers then arrived later to handle the scene. No TP officers attended to the scene. An ambulance arrived only after we left the scene.

We left the scene after a while. I am able to drive my car towards Tampines to go to the clinic to see a doctor, before lodging this police report.

Sketch Plan #6



SINGAPORE  
POLICE FORCE



T/20171202/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999


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Report No. T/20171202/2075

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:<br>G /<br>Sgt 2 NUR 'ASRI BIN AGUS                    | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>02/12/2017 14:38  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI 2 YEO GEAK ENG CECILIA<br>Contact No.: 65476404 | Classification Of Case:   |
| Authentication Stamp<br>NP168  |   |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

