

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 | 10/01/2018 17:09 |
| Date Of Accident | 09/01/2018 20:45 |
| Exact Location Of Accident | CLEMENTI AVE 6 ENTERING AYE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBF9939C |
| Insured/Policyholder | |
| Name Of Registered Owner | LEONG JIA HAO |
| NRIC No | S8917792H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91834375 |
| Alternative Phone No | OFFICE-88888888 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | PROACE-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 17-MU006359-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEONG JIA HAO |
| NRIC No | S8917792H |
| Date Of Birth | 27/05/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/12/2012 |
| Driving Experience | 5 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91834375 |
| Fax Number | |
| Contact Number | OFFICE-88888888 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 640 CHOA CHU KANG ST 64 #12-15 |
| Postcode | 680640 |
| 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 | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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 | KAKI BUKIT NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4429999 - FAX NO: 62444377 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER POLICE REPORT T/20180110/2083

Attachment(s)

| | |
|---|-----------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | PLS GET FROM WORKSHOP |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SLA3101A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | PHOEBE CHEN XIN YI |
| NRIC/Passport Number | S9605102F |
| Contact Number | 96627876 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|---------------|
| Name | LEUNG JIA HAO |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | GBF9939C |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

SKETCH PLAN


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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:

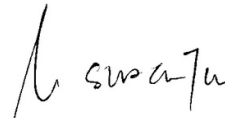
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

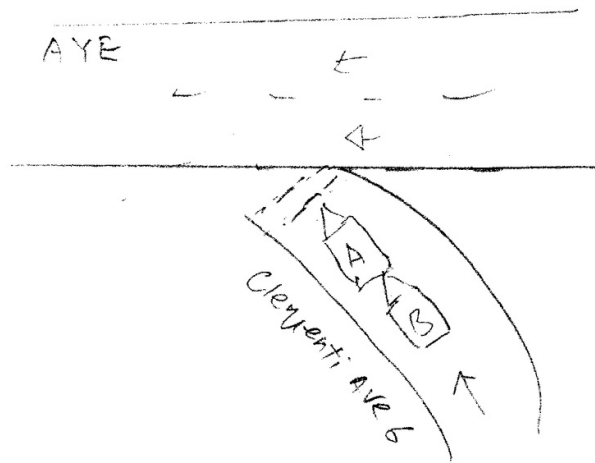


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

☒ Policyholder's Signature

☒ Driver's Signature

☒ Reporting Officer's Signature

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180110/2083

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

1 of 3

Report No. T/20180110/2083

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 10/01/2018 14:23 | Vide Report No.: | Station Diary No.: 8 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: LEUNG JIA HAO | | | Address: APT BLK 640 CHOA CHU KANG STREET 64 #12-15 SINGAPORE 680640 | |
| ID Type / ID No.: NRIC NO / S8917792H | | | Contact No.: | Mobile: 91834375 |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 28 | Date of Birth: 27/05/1989 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: 3 | |
| | | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|-------------------|---------------------------------|---|----------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 09/01/2018 20:45 | Type of Location: Straight Road |
| Location: Along Road 1 CLEMENTI AVENUE 6 TOWARD AYE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| 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 |
|------------|------|--------|-------------------------------------|-------|---------------------|-----------------|
| GBF9939C | Van | TOYOTA | PROACE COMPACT COMFORT SWB | White | Slightly Damaged | 0 |
| SLA3101A | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
|------------|-------------------|--------------|-----------|-------------|
|------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20180110/2083

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180110/2083

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------------|--------------|------------|-------------|
| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
| GBF9939C | TOKIO MARINE INSURANCE SINGAPORE LTD. | MU006359 | 18/05/2017 | 17/05/2018 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEUNG JIA HAO | ID No. | S8917792H |
| Related Vehicle | GBF9939C (Van) | Contact No. | 91834375 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | PHOEBE CHEN XIN YI | ID No. | S9605102F |
| Related Vehicle | SLA3101A (Car) | Contact No. | 96627876 |
| 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 | NIL | Degree of Injury | NIL |

Brief Details.

On 09/01/2018 at about 8.45pm, I was driving my van bearing registration number GBF9939C along Clementi Ave 6 toward AYE. Along the road, I had stopped my van in order to allow a bus to drive past, suddenly I felt an impact from the rear of my van and due to the impact, my van had move forward. I then went out of the vehicle to make a check and noticed that the car bearing registration number SLA3101A collided onto my van's rear. We then exchange particulars and left. On 10/01/2018 at about 11.08am, I went to Mount Alvernia Hospital for check up due to the accident and was given 5 days Medical Certificate. I wish to state that I had in car camera and had recorded the car collided onto my van.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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SINGAPORE 460526
Tel No: 1800-4429999



T/20180110/2083

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Report No. T/20180110/2083

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:

G /

Sgt 3 TIONG YEE SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430



**SINGAPORE
POLICE FORCE**
Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/01/2018 14:23

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

