

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	16/01/2018 10:00
Date Of Accident	12/01/2018 08:45
Exact Location Of Accident	FARRER RD TWDS QUEENSTOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6587U
Insured/Policyholder	
Name Of Registered Owner	FU JIA
Co Reg No	53367335J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1751581700
Cover Note Number	

Driver

Name of Driver	TOH YEW KENG (ZHUO YOUQING)
NRIC No	S7523743Z
Date Of Birth	10/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84445678
Fax Number	
Contact Number	OFFICE-84445678
Email Address	NOEMAIL

Address	BLK 66 WOODLANDS DRIVE 16 #10-35
Postcode	737893
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	FBG9241B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH YEW KENG (ZHUO YOUQING)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJD6587U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.
- (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.:

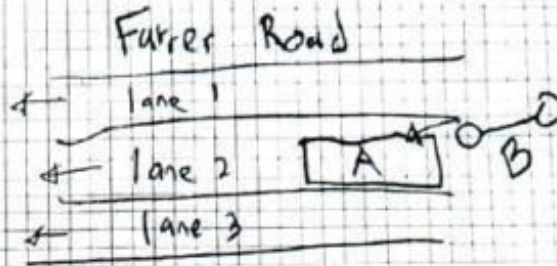
Accident Sketch Plan

SKETCH PLAN

Toward Queenstown

A: SJD65874

B: FBG9241B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/01/2018 at 8.45am

1. I am travelling towards Queenstown direction. There was a Female passenger sitting at the back of the car.
2. The weather was wet and drizzling. Suddenly the motor bike FBG9241B bang on my RIGHT side of my car. The road was wet and slippery.
3. My car was going slowly as there was a massive jam.
4. I came out of my car and assist the rider to direct the traffic and park my car at the bus.
5. There was pain at my lower back due to the impact.
6. I went to visit the GP and was given 2 days MC.
7. Due to the accident, there was a sharp pain felt at my lower back cause by the impact.

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:
NRIC/FIN No.:

G/ARAC SketchPlanform. V3

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Scanned by CamScanner


Accident Sketch Plan

On 12 Jan 2018 at 8.45am. It was raining and the road was wet while travelling slowly because there was a massive jam.

Due to the massive jam, I am driving ~~slowly~~ straight and slowly. The motor cyclist FBG 9241B hit me from the RIGHT side of my car. There was a female passenger on board my car.

Due to the accident, there was a sharp pain at my lower back caused by the impact. I was given 2 day MC by the Doctor.


Policyholder's signature
Date: 12/1/18


Driver Signature
Date 12/1/18

Medical Cert



S AND L FAMILY CLINIC

☐ Bk 235, Yishun Street 21, #01-445
Singapore 760235, Tel: 6757 6885
☒ Bk 729, Yishun Street 71, #01-105
Singapore 760729, Tel: 6754 6203



MEDICAL CERTIFICATE

No. 79856

Date: 12/1/18

This is to certify that Tom Yew Kong

is suffering from Acute Back sprain

He/She will be unable to attend duty/school for two day(s), from 12/1/18

to 13/1/18 inclusive

Recommendations: _____

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

☒ DR. SIU YOUNG TONG M.B. B.S. (S'PORE)
☐ DR. LIM BOH LEN M.B. B.S. (S'PORE)



S AND L FAMILY CLINIC

☐ Bk 235, Yishun Street 21, #01-445
Singapore 760235, Tel: 6757 6885
☒ Bk 729, Yishun Street 71, #01-105
Singapore 760729, Tel: 6754 6203



Official Receipt No. 41318

Date: 12 JAN 2018

Received from: Tom Yew Kong

the sum of Dollars: Sixty One Only

DESCRIPTION		COST
CONSULTATION FEES		\$ 20
MEDICATIONS / INVESTIGATIONS / PROCEDURES		
1	Diclo	\$ 1
2	Paracetamol	\$ 6
3	Morice	\$ 8
4	Aciclovir gel	\$
5		\$
6		\$
7		\$
8		\$
DISCOUNT		\$
TOTAL		\$ 61

leaf
S AND L FAMILY CLINIC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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