

## 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 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	20/01/2018 21:35
Date Of Accident	19/01/2018 16:00
Exact Location Of Accident	ALONG CANTONMENT ROAD TOWARDS NEIL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6320P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRANKY SUKianto TANUDJOJO
NRIC No	S7479604D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90400006
Alternative Phone No	OFFICE-90400006

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10791235
Cover Note Number	

### Driver

Name of Driver	LEE CHEN NEE
NRIC No	S8027134D
Date Of Birth	11/09/1980
Occupation	INDOOR
Date Of Driving Pass	19/05/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	+65-90400006
Fax Number	
Contact Number	
E Mail Address	TOITYTOITY@YAHOO.COM.SG

Address	121 TANJONG RHU ROAD #12-18 SINGAPORE 436914
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	5

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20180120/2150) ON 19/1/2018 AT ABOUT 4PM, I STOPPED MY VEHICLE (SLT6320P) BEHIND THE STOP LINE ALONG SLIP ROAD OF CANTONMENT ROAD TOWARDS NEIL ROAD FOR ONCOMING VEHICLE TO PASS FIRST. SUDDENLY, A TAXI (SHA5278H) COLLIDED HEAD-TO-REAR IN TO MY VEHICLE CAUSING DAMAGES TO MY VEHICLE'S REAR PORTION. THERE WERE 4 PASSENGERS IN MY VEHICLE AND THEY FELT PAIN ON THE NECK AND BACK AREA DUE TO THE DAYS OF MEDICAL LEAVE AS I FELT PAIN AT THE NECK AND BACK AREA. I AM LODGING REPORT FOR INSURANCE CLAIMS.

#### 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	SHA5278H
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name LEE CHEN NEE  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SLT6320P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name LUCY  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SLT6320P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name NIA  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SLT6320P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name CALEB  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SLT6320P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 5**

Name GIDEON  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SLT6320P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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 be 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 be 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 also 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.

*[Handwritten Signature]*

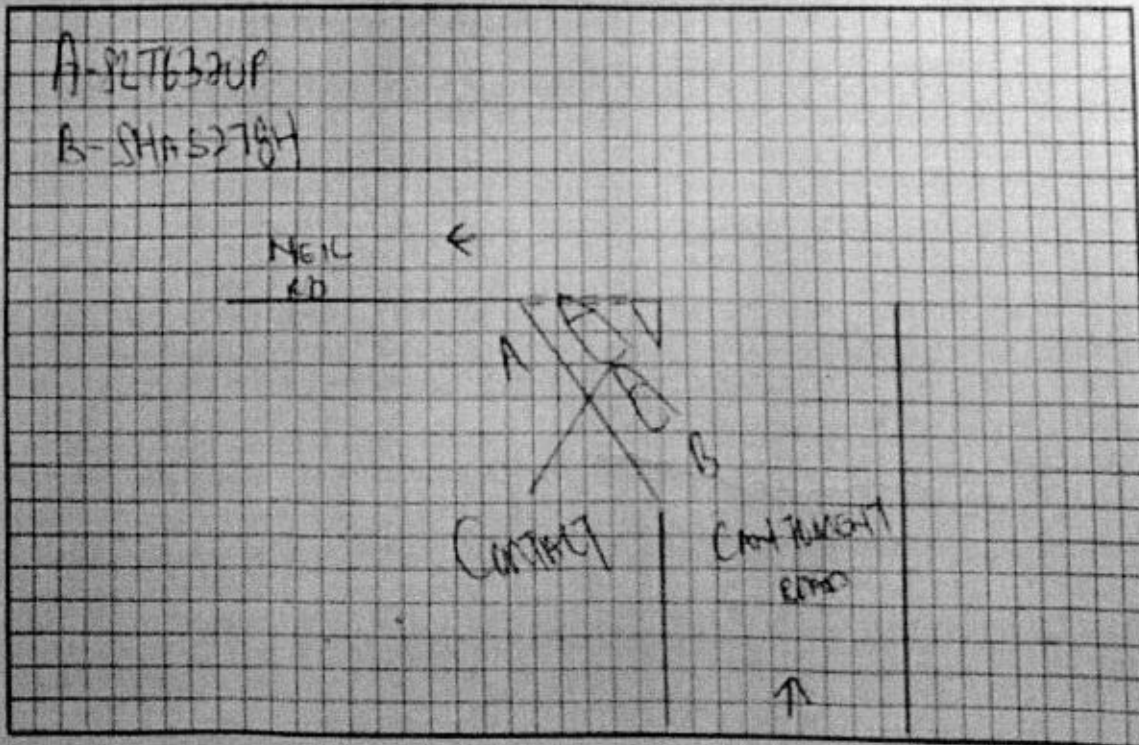
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMED SHARIL  
BIN SATAR

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Common Statement

### ACCIDENT STATEMENT (2000 characters)

I slow down and stop at the stop line along filter lane of cantonment rd towards neil rd to give way to oncoming traffic when suddenly veh b hit against my rear. My rear was badly damage. My passenger and myself suffer a back and neck pain..

Taxi Voucher No

Are you claiming your own insurance policy for the repair of your vehicle?

No. Claim 3rd party

### DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect.

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 January, 2018 6:55 pm

Date/Time:

20 January, 2018 5:50 pm

**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180120/2150

1 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180120/2150

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2018 21:02		Vide Report No.:		Station Diary No.: 127	
<b>Informant's Particulars</b>					
Name of Informant: LEE CHEN NEE			Address: 121 TANJONG RHU ROAD #12-18 SINGAPORE 436914		
ID Type / ID No.: NRIC NO / S8027134D			Contact No.: Home/Office: Mobile: 90400006		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 11/09/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2018 16:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 CANTONMENT ROAD NEIL ROAD Slip road of CANTONMENT ROAD towards NEIL ROAD near lamppost 13 Lamp Post Number: 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHA5276H	Car				Slightly Damaged	0
SLT6320P	Car				Slightly Damaged	4

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180120/2150

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180120/2150

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Tan Eng Hwee	ID No.	S1727978E
Related Vehicle	SHA5278H (Car)	Contact No.	93807161
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
<b>Driver</b>			
Name	LEE CHEN NEE	ID No.	S8027134D
Related Vehicle	SLT6320P (Car)	Contact No.	90400006
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/01/2018	Date Discharge	20/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	NIA KOMALASARI	ID No.	G8592941R
Related Vehicle	SLT6320P (Car)	Contact No.	-
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/01/2018	Date Discharge	20/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 19/1/2018 at about 4pm, I stopped my vehicle(SLT6320P) behind the stop line along the slip road of Cantonment Road towards Neil Road for oncoming vehicle to pass first. Suddenly, a taxi (SHA5278H) collided head-to-rear into my vehicle causing damages to my vehicle's rear portion. There were 4 passengers in my vehicle and they felt pain on the neck and back area due to the accident. I and my domestic helper (NIA KOMALASARI) consulted the doctor and was granted with 4 days of medical leave as I felt pain at the neck and back area. I am lodging report for insurance claims.

POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20180120/2150

3 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20180120/2150

CONTINUATION OF REPORT





POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20180120/2150

4 of 4

Report No. T/20180120/2150

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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:

E /

Sgt 2 LIM LI CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/01/2018 21:02

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

	SINGAPORE POLICE FORCE	SM 061
SIGNATURE		

POLICE REPORT Pg. 1



T/20180121/2076

1 of 4

Report No. T/20180121/2076

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20180121/2076

Vide Report Number T/20180120/2150

Date/Time of Report Made 21/01/2018 17:31

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant Lee Chen Nee

ID Type / ID No. NRIC NO / S8027134D

Home/Office

Mobile 90400006

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 19/01/2018 16:00

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA5278H	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SLT6320P	Car	HONDA	Odyssey 2.4	Red	Slightly Damaged	4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT Pg. 1



T/20180121/2076

2 of 4

Report No. T/20180121/2076

## Continuation of CSF For NP168

<b>Passenger</b>			
Name	TAN LUCY	ID No.	S2115265Z
Related Vehicle	SLT6320P (Car)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	GIDEON TANUDJOJO	ID No.	T1415362J
Related Vehicle	SLT6320P (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	CALEB TANUDJOJO	ID No.	T1209165B
Related Vehicle	SLT6320P (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Lee Chen Nee	ID No.	S8027134D
Related Vehicle	SLT6320P (Car)	Contact No.	90400006
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/01/2018	Date Discharge	20/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

POLICE REPORT Pg. 1



T/20180121/2076

3 of 4

Report No. T/20180121/2076

Continuation of CSF For NP168

**Brief Facts.**

I'm the above mentioned person and I wished to inform the above listed person are my passenger and they were also injured due to the accident.

POLICE REPORT Pg. 1



T/20180121/2076

4 of 4

Report No. T/20180121/2076

Continuation of CSF For NP168

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.

Case Sensitivity No  
Officer-In-Charge of Case TP / AEIT /  
YEO GEAK ENG CECILIA  
Classification of Case 1) INJURY / OTHERS

  
Lee Chen Nee

  
S67 T/80413  
Sim Jun Xiong  
31/01/2018  
BISHAN NPC  
20 BISHAN STREET 23  
SINGAPORE 579757  
TEL: 1800-5529999