

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	03/02/2018 19:55
Date Of Accident	03/02/2018 13:15
Exact Location Of Accident	ALONG PIE /CHANGI THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU92A
Insured/Policyholder	
Name Of Registered Owner	SEOW KHEE CHOON
NRIC No	S1493952J
Email Address	SHAWNSJJ92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92950209
Alternative Phone No	OFFICE-92950209

Vehicle Particulars

Manufacturer	MAZDA
Model	3 SEDAN 2.0 SPORTS A/T 2WD S/R
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01003017
Cover Note Number	N.A.

Driver

Name of Driver	SHAWN SEOW JUN JIE
NRIC No	S9216772J
Date Of Birth	12/05/1992
Occupation	INDOOR
Date Of Driving Pass	28/12/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92950209
Fax Number	
Contact Number	OFFICE-92950209
EEmail Address	SHAWNSJJ92@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Number of vehicles involved in the accident	5
Was any body injured in the Accident?	NO
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: : FONG YOKE WAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS DRIVING MY CAR BEARING REGISTRATION PLATE NUMBER : SBU92A, I WAS DRIVING ON THE 1ST LANE OF A 4 LANE ROAD AT PIE TOWARDS CHANGI. AS I WAS DRIVING THE VEHICLE IN FRONT OF ME, BEARING REGISTRATION PLATE NUMBER SHD1G SUDDENLY MADE A BRAKE AS THE VEHICLE IN FRONT OF HIM SLOW DOWN. I FOLLOWED SUIT AND MANAGED TO BRAKE IN TIME. I THEN CHECK MY REAR VIEW MIRROR AND THE CAR BEHIND ME BEARING REGISTRATION PLATE : SCW8330M ALSO DID STOPPED IN TIME. ABOUT A FEW SECONDS LATER, I FELT AND IMPACT FROM THE REAR AND MY CAR MOVE FORWARD AND HIT ONTO THE REAR OF THE TAXI. TRAFFIC POLICE CAME TO MY ACCIDENT SCENE AND ADVISED ME TO LODGE A POLICE REPORT. THERE IS CCTV CAMERA IN THE CAR BUT I AM NOT SURE IF THE CAMERA IS SWITCH ON AT THE MATERIAL MOMENT OF TIME.

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	SCW8330M
Vehicle Make/Model/Colour	PORSCHE/ MACAN
Details Of Properties	NA

Vehicle Category	PRIVATE CAR
Name of Driver	MR NG
NRIC/Passport Number	
Contact Number	96341663
Address	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB3902A
Vehicle Make/Model/Colour	KIA/ FORTE K3
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDJ8909B
Vehicle Make/Model/Colour	VOLKSWAGEN/ NEW GOLF
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHD1G
Vehicle Make/Model/Colour	RENAULT/ LATITUDE
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	MR ANG
NRIC/Passport Number	
Contact Number	91012425
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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 my 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

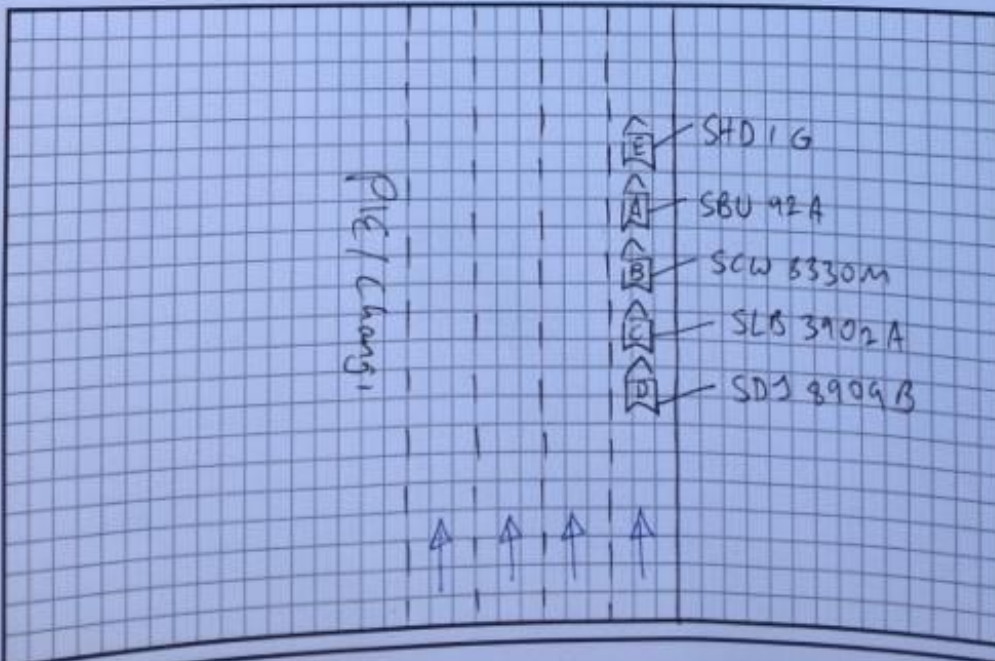
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180203/2125

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

1 of 3

Report No. T/20180203/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 15:57	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: SHAWN SEOW JUN JIE			Address: 8 HINDHEDE PLACE SINGAPORE 587858	
ID Type / ID No.: NRIC NO / S9216772J			Contact No.: Home/Office: Mobile: 92950209	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 12/05/1992	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name: Overseas
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2018 13:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SBU92A	Car				Slightly Damaged	2
SCW8330M	Car				Slightly Damaged	2
SDJ8909B	Car				Slightly Damaged	1
SHD1G	TAXI				Slightly Damaged	2
SLB3902A	Car				Slightly Damaged	2

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180203/2125

Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

2 of 3

Report No. T/20180203/2125

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my car bearing registration plate number SBU92A. I was driving on the 1st lane of a 4 lane road at PIE towards Changi. As I was driving the vehicle in front of me, bearing registration plate number SHD1G suddenly made a brake as the vehicle in front of him slow down. I followed suit and managed to brake in time. I then check my rear view mirror and the car behind me bearing registration plate SCW8330M also did stopped in time.

About a few ^{seconds} minutes later, I felt an impact from the rear and my car move forward and hit onto the rear of the taxi. Traffic police came to my accident scene and advised me to lodge a police report. There is CCTV camera in the car but I'm not sure if the camera is switch on at the material moment of time.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180203/2125

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

3 of 3

Report No. T/20180203/2125

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:

D /

Sgt 3 SAIFULBAHRI BIN SHA'ARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/02/2018 15:57

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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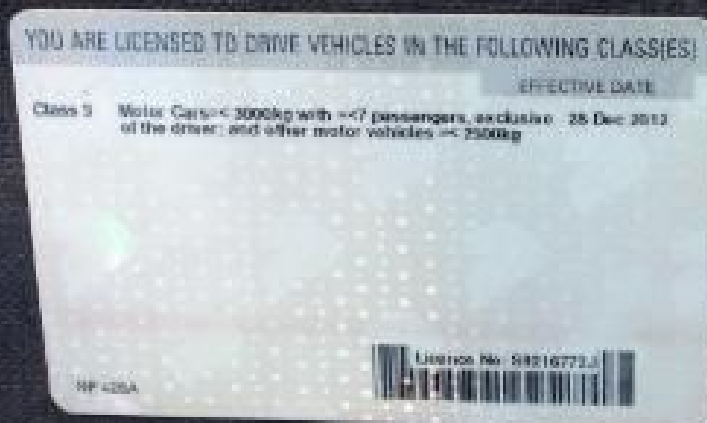
Accident Photo



Accident Photo



Driving License



Driving License

