MPA218023675 / Progressive Automotive Pte Ltd - HQ ENTRY DATE & TIME: 19/02/2018 13:09 SUBMITTED BY: Lily Lim

#### 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 witholding 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.	son to the districting of the report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/02/2018 13:09
Date Of Accident	18/02/2018 09:00
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ5290B
Insured/Policyholder	
Name Of Registered Owner	HO THIAN POH
NRIC No	S0863741E
Email Address	CHRISLEE57@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91556218
Alternative Phone No	OFFICE-91556218
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00421107
Cover Note Number	
Driver	
Name of Debuga	LIO TUAN POLI

Name of Driver HO THIAN POH NRIC No S0863741E Date Of Birth 24/08/1948 Occupation **INDOOR Date Of Driving Pass** 24/06/1976

**Driving Experience** 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91556218

Fax Number

OFFICE-91556218 Contact Number

**EMail Address** CHRISLEE57@GMAIL.COM Address BLK 15 PUNGGOL FIELD WALK #13-01

Postcode 828746

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

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LEE SOK HARN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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 GBD4056T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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 HO THIAN POH

Approximate Age Injuries Sustain

Injured person in which vehicle? SGZ5290B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name LEE SOK HARN

Approximate Age Injuries Sustain

Injured person in which vehicle? SGZ5290B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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:
  - 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.:

GIARMC SketchPlanForm\_V3

19/1/18

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# SKETCH PLAN Vehicle No Legend A Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details. Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Policyholder's Signature Date & Time: Name: Date & Time: NRIC/FIN No.: GIARMC SketchPlanForm\_V3 2





Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20180218/2035

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 13:04			Vide Report No.:	Station Diary No.: 53		
Informant	's Particu	ılars				
Name of Informant: HO THIAN POH			Address: APT BLK 15 PUNGGOL FIELD WALK #13-01 SINGAPORE 828746			
ID Type / ID No.: NRIC NO / S0863741E Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 91556215 Email:			
Sex: Age: Date of Birth: Male 69 24/08/1948			Type of Informant: Driver			
Race: . Chinese			Language: Institution / School Name			
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulan	ce Drink No	Date/Time of Accident: 18/02/2018 09:0	00	Type of Location T-Junction
<b>EUNOS LINK</b>	pad 1 and Road 2 ERVOIR ROAD				
Weather: Clear	eather: Road			Road	d Speed Limit:
		Гraffic Control: Гraffic Light - Working		Traffic Volume: Light	
Type of Collis Moving vehicl	ion: e against stationary vehicle				one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD4056T	Lorry	ТОУОТА	TOYOTA DYNA 150 MANUAL	White		1
SGZ5290B	Car	TOYOTA	VIOS E AUTO	Silver		1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20180218/2035

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ5290B	DIRECT ASIA INSURANCE	MT/00421107	23/10/2017	22/10/2018
	(SINGAPORE) PTE. LTD.			

Details of Perso	n Involved						
Any Pedestrian Ir	rvolved: No			7.00			
No. of Pedestrians Injured: NIL			U	Jse of Ped	lestrian	Cross	ing: NA
Driver							
Name	HO THIAN POH				ID No.		S0863741E
Related Vehicle	SGZ5290B (Car)			Contact No.		91556215	
Hospital/Clinic	NIL				Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2018			Date Disch	charge   18/02/2018		/2018
No. of Days gran	ays granted Medical Leave 04			Degree of Injury NIL			
Passenger						4.1	
Name	Lee Sok Harn			ID No.		S1235380D	
Related Vehicle	SGZ5290B (Car)			Contact No.		NIL	
Hospital/Clinic	NIL				Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL			Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of	Injury	NIL	

#### Brief Details.

On the 18/02/2018 at about 0900hrs, I was travelling in my vehicle(SGZ5290B) with my wife along Eunos Link towards Bedok Reservoir Road. The traffic light was red and I stopped at the junction. While I was there for a brief duration, I felt an impact from the rear of my vehicle and my vehicle was launched forward despite being stationary. I was shocked for a moment and subsequently I alighted the vehicle with my wife my wife called for police. I discovered that a lorry(GBD4056T) had collided into the rear of my vehicle. Shortly after, traffic police and ambulance arrived and at that point of time, I was feeling nauseous and having pain on my neck. As such, I was conveyed by ambulance to Changi Hospital and was given 4 days of medical leave. My friend who was in the vicinity of the incident location assisted to liaise with the traffic police and I was informed to lodge a traffic police report regarding the incident.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20180218/2035

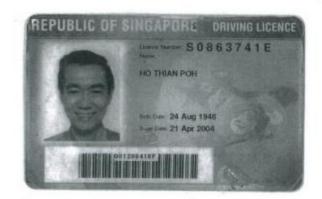
CONTINUATION OF REPORT

# 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: F / Sgt 2 CLARENCE TAN JIAN WEI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	18/02/2018 13:04
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN	
ABDULLAH	
Contact No.: 65476367	SN 085
Authentication Stamp NP168	
S. gupore Poles - o.	CG





Christel St @ gnail.com.





# **Accident Photo**











**Accident Photo** 







# **Accident Photo**

