

## 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	20/02/2018 19:43
Date Of Accident	18/02/2018 09:00
Exact Location Of Accident	EUNOS LINK & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5290B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO,THIAN POH
NRIC No	S0863741E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91556215
Alternative Phone No	OTHERS-91556215

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 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) +65-91556215
Fax Number	
Contact Number	OTHERS-91556215
Email Address	NOEMAIL

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?	YES
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: : LEE SOK HAM 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	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180218/2035

#### 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	COMMERCIAL VEHICLE
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	SLIGHT
Injured person in which vehicle?	SGZ5290B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	LEE SOK HAM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGZ5290B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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.

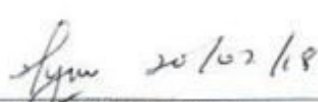
#### B. Consent under the Personal Data Protection Act (PDPA)

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 #2

### SKETCH PLAN

Sketch Plan diagram showing a road layout with two lanes. The left lane is labeled "Eunos Link". The right lane contains two vehicles, labeled A and B, positioned one above the other. To the right of the road, the following vehicle details are handwritten:

A) SGZ 5290 B  
B) GBD 4056 T

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with handwritten notes:

Refer to Police Report  
7/20180218/2035

### 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:

 20/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180218/2035

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20180218/2035

#### CONTINUATION OF REPORT

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

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: 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 Discharge	18/02/2018
No. of Days granted Medical Leave		04	Degree of Injury	NIL
Passenger				
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 Discharge	NIL
No. of Days granted 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.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180218/2035

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
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### Informant's Particulars

Name of Informant: HO THIAN POH			Address: APT BLK 15 PUNGGOL FIELD WALK #13-01 SINGAPORE 828746		
ID Type / ID No.: NRIC NO / S0863741E			Contact No.: Home/Office: Mobile: 91556215		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 24/08/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/02/2018 09:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EUNOS LINK BEDOK RESERVOIR ROAD T-Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4056T	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White		1
SGZ5290B	Car	TOYOTA	VIOS E AUTO	Silver		1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180218/2035

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20180218/2035

## CONTINUATION OF REPORT

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

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: 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 Discharge	18/02/2018
No. of Days granted Medical Leave	04	Degree of Injury		NIL
Passenger				
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 Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180218/2035

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:

Not applicable

Date/Time:

18/02/2018 13:04

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

Contact No.: 65476367

Classification Of Case:

SN 085

Authentication Stamp

NP168