

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	05/03/2018 17:23
Date Of Accident	03/03/2018 22:20
Exact Location Of Accident	CTE (TOWARDS SLE)BEFORE ANG MO KIO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1451H
Insured/Policyholder	
Name Of Registered Owner	ONG BENG SOON
NRIC No	S1774666I
Email Address	ONGBENGSOON1114@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96222435
Alternative Phone No	OTHERS-96367916

Vehicle Particulars

Manufacturer	BMW
Model	525I XL
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA318099
Cover Note Number	31/01/2018 - 30/01/2019

Driver

Name of Driver	ROWENA YAP KAH SIN
NRIC No	S9409533F
Date Of Birth	14/03/1994
Occupation	INDOOR
Date Of Driving Pass	04/05/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96367916
Fax Number	
Contact Number	
EMail Address	ONGBENGSOON1114@GMAIL.COM

Address	BLK 209 BUKIT BATOK STREET 21 #05-170
Postcode	650209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	JMH29 (PRIVATE CAR)
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: : BENJIN ONG
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	SKW2479M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TWANG JIA YE
NRIC/Passport Number	S9405042A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JMH29
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HON KIM SIONG
NRIC/Passport Number	580524015099
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

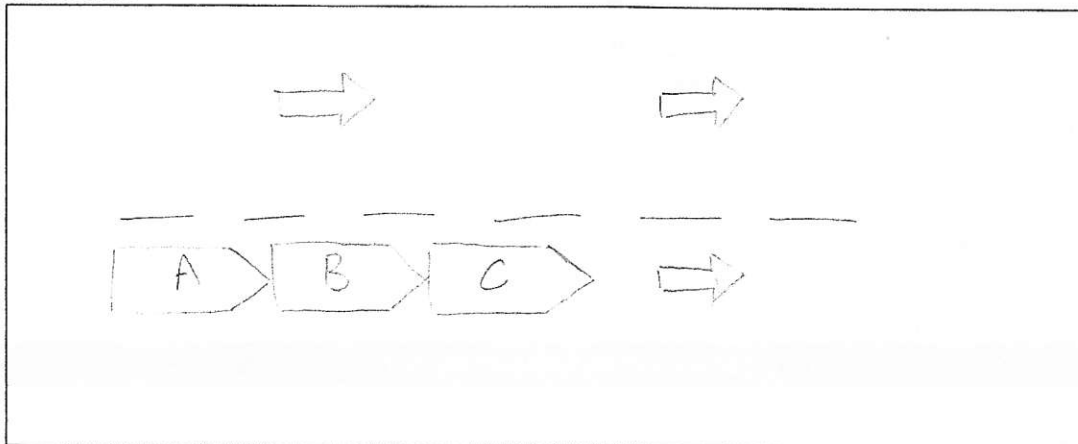
DETAILS OF INJURED PERSON 1

Name	TWANG JIA YE
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SKW2479M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

Date of accident: 3 March 2018 Time: 10 20 pm Location: CTE (towards SLE), before Ang Mo Kio exit
My Vehicle A: SKZ 451 H Vehicle B: SKW 2479 M Vehicle C: JMH 29

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20180304 / 2011

veh B: Twang Jia Ye / S9403042A

veh C: Hon Kim Siang / S80524015089

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

ALL LIM MOTOR COMPANY

SKETCH PLAN

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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.
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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180304/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180304/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2018 06:45	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: ROWENA YAP KAH SIN		Address: APT BLK 209 BUKIT BATOK STREET 21 #05-170 SINGAPORE 650209	
ID Type / ID No.: NRIC NO / S9409533F		Contact No.: Home/Office: Mobile: 96367916	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 23	Date of Birth: 14/03/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: NUS Staff		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/03/2018 10:25	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL) SELETAR EXPRESSWAY CTE towards SLE, Before Yio Chu Kang exit 15				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
JMH29	Car					3
SKW2479M	Car	VOLKSWAGO N	GOLF A7 1.2 TSI AT 5G12DZ	Silver		1
SKZ1451H	Car	BMW	525i XL	Black		1



**SINGAPORE
POLICE FORCE**



T/20180304/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180304/2011

CONTINUATION OF REPORT

Brief Details.

On 03/03/2018 at about 2225hrs, I was driving along Central Expressway bearing plate number SKZ1451H on lane one. While I was driving, vehicle bearing plate number SKW 2479M was in front of my vehicle and came to a sudden stop. As a result, I was not able to stop my vehicle on time and hit on to the vehicle. My vehicle front hit onto the rear of vehicle bearing plate number SKW 2479M.

Subsequently, I went to make a check and found out that vehicle bearing plate number SKW 2479M front had hit on to the rear of a Malaysia vehicle bearing plate number JMH 29. All three vehicles sustained damages. Traffic police and ambulance was at scene. Driver of vehicle plate number SKW2479M was conveyed by the ambulance to the hospital. Traffic police officer at scene gave me report number F/20180303/0330 and instructed me to make a police report. I am lodging this report for recording purpose and to claim insurance. That's all.



**SINGAPORE
POLICE FORCE**



T/20180304/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180304/2011

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 B HEMANRAJ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2018 06:45

Officer In Charge Of Case:

TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168