

## 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	12/03/2018 12:13
Date Of Accident	10/03/2018 14:15
Exact Location Of Accident	CTE TUAS AYE NEAR BALESTIER EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ30E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU HOOI KHENG
NRIC No	S7184350E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91909190
Alternative Phone No	OFFICE-91909190

### Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1835306
Cover Note Number	

### Driver

Name of Driver	LIOW THIAM BOCK
NRIC No	S1820758C
Date Of Birth	15/10/1967
Occupation	INDOOR
Date Of Driving Pass	26/05/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92291919
Fax Number	
Contact Number	
Email Address	MARTINLIOW@HOTMAIL.COM

Address	79 FARLEIGH AVENUE
Postcode	557853
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSH8293 (PRIVATE CAR)
Number of vehicles involved in the accident	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 51 SERANGOON GARDEN WAY , <b>POSTCODE:</b> 555947 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2879999 - <b>FAX NO:</b> 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	JSH8293
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTOR TEH
NRIC/Passport Number	
Contact Number	97255442
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGP3407Z
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAZLAN BIN AMAT
NRIC/Passport Number	S1544986A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

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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 upon application by interested parties.
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.

(X)

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.:





**SINGAPORE  
POLICE FORCE**



T/20180310/2129

1 of 3

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No. T/20180310/2129

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2018 16:45		Vide Report No.: A/20180310/0094		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: LIOW THIAM BOCK			Address: 79 FARLEIGH AVENUE SINGAPORE 557853		
ID Type / ID No.: NRIC NO / S1820758C			Contact No.: Home/Office: Mobile: 92291919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 15/10/1967	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			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: 10/03/2018 14:15	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Towards AYE near to Balastier Exit				
Weather:		Road Surface:	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
JSH8293						0
SGP3407Z						0
SKJ30E						0



**SINGAPORE  
POLICE FORCE**



T/20180310/2129

2 of 3

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51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

Report No. T/20180310/2129

**CONTINUATION OF REPORT**

**Brief Details.**

On the 10/03/2018 at about 1415hrs, I was driving SKJ30E along CTE towards AYE near to Balastier Exit. A vehicle in front of my vehicle jammed brakes and to avoid collision, I also did and managed to stop in time. As my vehicle was at a complete stop, suddenly there was a collision from the rear of my vehicle. Afterwhich, my vehicle then shift forward and hit onto the rear to the vehicle in front of me. I came down to check and there was scratches at the rear of my vehicle, rear bumper and exhaust fell, and also slight damages on the front bumper of my vehicle. I took down the vehicles and the drivers details. the vehicle in front of me is SGP3407Z driver Mazlan Bin Amat S1544986A HP:93626587 and the vehicle behind me is JSH8293 driver Victor Teh HP: 97255442. There was no one injured at that point of time. Police also was at scene and my in car camera memory card was given to the Police for investigation. I was informed by the police to lodge a accident report.



**SINGAPORE  
POLICE FORCE**



T/20180310/2129

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Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999

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Report No. T/20180310/2129

**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.

<p style="text-align: right;">SN 154</p> <p>Signature Of Officer Recording The Report: F / Sgt 2 LIM  Signature: _____</p> <p>Signature Of Interpreter: Not applicable</p>		<p>Signature Of Informant: </p>
<p>Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246</p>		<p>Date/Time: 10/03/2018 16:45</p>
		<p>Classification Of Case:</p>

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

