

## 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	11/04/2018 15:47
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 6 // YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6582G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEOM FANG HIN
NRIC No	S7074305A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98626580
Alternative Phone No	OFFICE-96788986

### Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG-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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097661763
Cover Note Number	

### Driver

Name of Driver	TOH YEW WAN
NRIC No	S7004831J
Date Of Birth	14/02/1970
Occupation	INDOOR
Date Of Driving Pass	14/09/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96788986
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	19 CACTUS CRESCENT
Postcode	809753
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?	NO
Number of vehicles involved in the accident	5
Was any body injured in the Accident?	YES
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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	SJK6861R
Vehicle Make/Model/Colour	MERCEDES / BLACK
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	MULTIPLE PORTION

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE485J  
Vehicle Make/Model/Colour NISSAN / BLACK  
Details Of Properties VEH. C  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT PORTION  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN2364X  
Vehicle Make/Model/Colour BMW / BLACK  
Details Of Properties VEH. D  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage RH PORTION  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGF1622J  
Vehicle Make/Model/Colour HONDA / BLUE  
Details Of Properties VEH. E  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT PORTION  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TOH YEW WAN  
Approximate Age 48  
Injuries Sustain NECK & BACK PAIN  
Injured person in which vehicle? SKB6582G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address 19 CACTUS CRESCENT  
Postcode 809753

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

11/4/2018  
12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

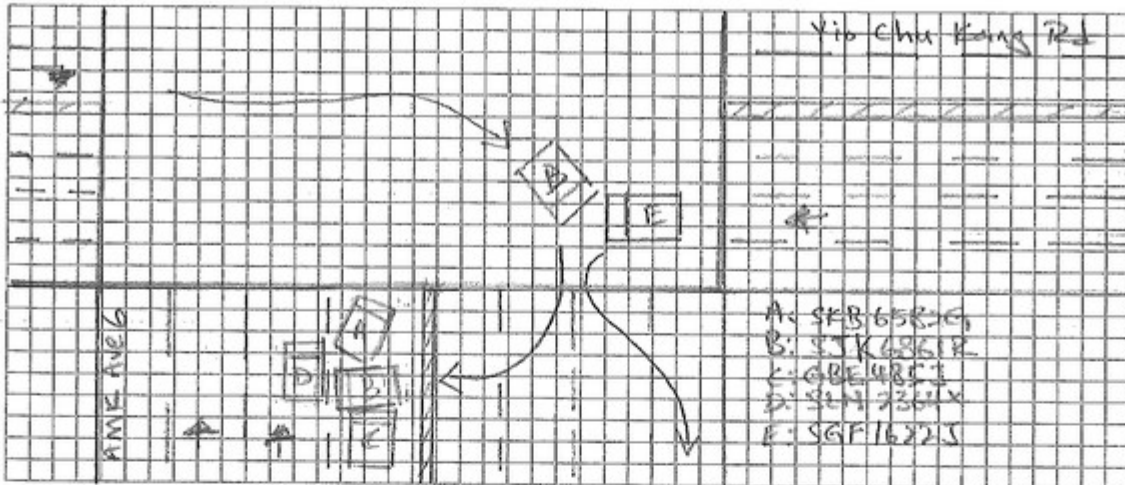
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Joseph Tan  
Claims Advisor  
8686 5188

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 Apr 2018 at approximately 7:30 am, I was driving along Ang mo Kio Ave 6 towards Lentor Avenue. I was stationary stopped at the junction of Ang mo Kio Ave 6 / Yio Chu Kang Road towards Lentor Avenue.

Suddenly, I felt an impact on my right rear position. I alighted from my vehicle and realized vehicle (B) collided to my vehicle while I was at stationary stopped. Vehicle (B) swerved across the divider from the opposite direction and hit onto 3 vehicles including mine. I will seek medical attention if required. Traffic police and ambulance on scene.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

### Reporting Only

Claim OD

☒ Claim TP

Claim OD / TP at other workshop

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 11/4/18

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/4/18 10:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Joseph Tan  
Claims Advisor  
8686 5188



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
699784  
Tel No: 1800-4849999



T/20180411/2108

1 of 3

Report No. T/20180411/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
11/04/2018 15:55

Vide Report No.:  
F/20180411/0053

Station Diary No.:  
103

**Informant's Particulars**

Name of Informant:  
TOH YEW WAN

Address:  
19 CACTUS CRESCENT SINGAPORE 809753

ID Type / ID No.:  
NRIC NO / S7004831J

Contact No.:  
Home/Office: Mobile: 96788986

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 48 14/02/1970

Type of Informant:  
Driver

Race:

Language:

Institution / School Name:

Chinese

Occupation:  
CHIEF FINANCIAL OFFICER

Driving Licence Information:  
Class: 3

Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
11/04/2018 07:30

Type of Location:

Location:  
Junction of Road 1 and Road 2  
ANG MO KIO AVENUE 6  
YIO CHU KANG ROAD  
at the junction of Ang Mo Kio Avenue 6

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Moderate

Type of Collision:  
Between Moving Vehicles - Side Swipe - Opposite Direction

Anyone conveyed by  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE485J	Van				Slightly Damaged	0
SGF1622J	Car				Seriously Damaged	0
SJK6861R	Car				Seriously Damaged	2
SKB6582G	Car				Seriously Damaged	0
SLN2364X	Car				Slightly Damaged	0



T/20180411/2108

2 of 3

Report No. T/20180411/2108

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TOH YEW WAN	ID No.	S7004831J
Related Vehicle	SKB6582G (Car)	Contact No.	96788986
Hospital/Clinic	KINGSLEYFAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/4/18 at approximately 0730hours I was driving along Ang Mo Kio Ave 6 towards Lentor Ave. I was stationary stopped at the junction of Ang Mo Kio Ave 6/Yio Chu Kang road towards Lentor Avenue.

Suddenly I felt an impact on my right rear position. I alighted from my vehicle and realized vehicles collided to my vehicle. While I was stationary stopped. Vehicle(SJK6861R) swerved across the divider from the opposite direction and hit onto 3 vehicles including mine. I went to see the doctor and got 3 days of medical leave.

Traffic police and ambulance attended to the scene.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
589784  
Tel No: 1800-4849999



T/20180411/2108

3 of 3

Report No. T/20180411/2108

**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 SHOBAN KUMAR S/O SELVARAJAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Signature Of Informant:

Date/Time:

11/04/2018 15:55

Classification Of Case:

Authentication Stamp

NP168

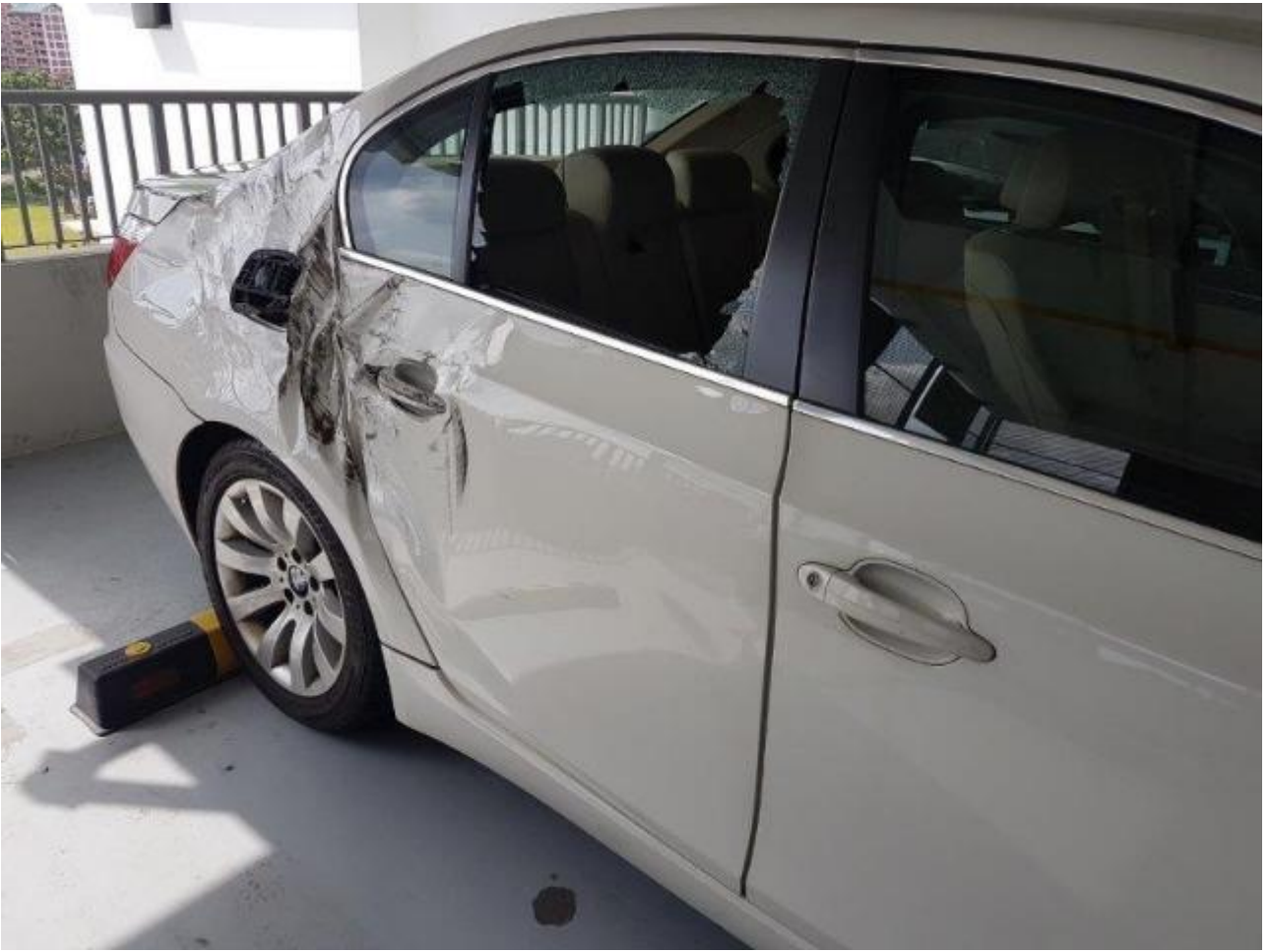
**Accident Photo**



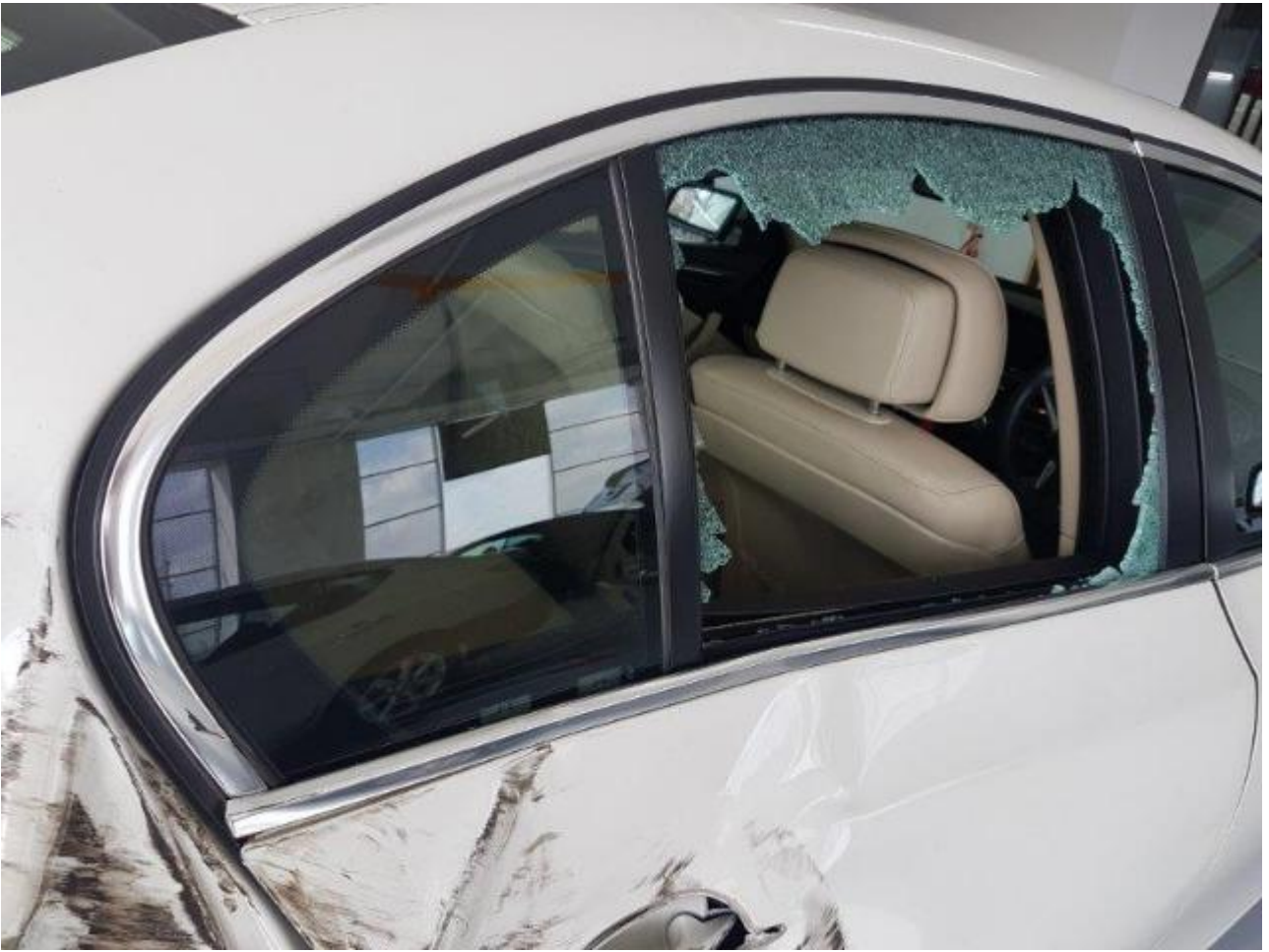
Accident Photo



Accident Photo



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