

## 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             | 04/06/2018 13:03              |
| Date Of Accident           | 01/06/2018 18:20              |
| Exact Location Of Accident | EXIT OF JALAN EUNOS SLIP ROAD |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGM9607P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | HO ROCK KEE          |
| NRIC No                     | S1727550Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96226923 |
| Alternative Phone No        | OTHERS-96226923      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | CAMRY 2.4 AUTO ABS AIRBAG |
| 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 | UNITED OVERSEAS INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY                   |
| Fleet Policy              | NO                            |
| Policy Number             | DHOM110068850611              |
| Cover Note Number         |                               |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SEE LAY LENG          |
| NRIC No              | S1712928G             |
| Date Of Birth        | 05/10/1965            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 25/11/1985            |
| Driving Experience   | 32 YEARS AND 6 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96226923  |
| Fax Number           |                       |
| Contact Number       | OTHERS-96226923       |
| Email Address        | NOEMAIL               |

|   |                   |
|---|-------------------|
| Address   | 145 ELIAS TERRACE |
| Postcode  | 519845            |
| 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   | 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                              |
| 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: : NIL<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | GEYLANG N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

ON THE 01/06/2018 AT ABOUT 6:20 PM, I WAS DRIVING MY VEHICLE TOGETHER WITH MY PASSENGER IN A WHITE COLOR TOYOTA CAMRY BEARING LICENSE NO: SGM9607P ALONG PIE AND HAD JUST EXITED ONTO THE SLIP ROAD THAT WAS HEADING TOWARDS JALAN EUNOS. I SUBSEQUENTLY MANAGED TO MERGE ONTO THE MAIN ROAD WHICH WAS HEAVILY CONGESTED ALONG JALAN EUNOS. I THEN CAME TO A COMPLETE STOP WHEN I SAW THE VEHICLE IN FRONT OF ME STOPPING BUT SHORTLY AFTER, I FELT AN IMPACT FROM THE BACK OF MY VEHICLE AND PROCEEDED TO MAKE A CHECK. I THEN REALIZED A BLACK COLOR SUZUKI SWIFT BEARING LICENSE NO: SJM6549H DID NOT MANAGED TO STOP IN TIME AND AS SUCH COLLIDED INTO THE REAR OF MY CAR BUMPER. DAMAGES TO MY VEHICLE WAS ONLY DENTS AND SCRATCHES TO THE LEFT SIDE OF MY REAR BUMPER. WE THEN EXCHANGED PARTICULARS AND PROCEEDED OFF LATER. HOWEVER, MY PASSENGER WHICH IS MY MOTHER SUBSEQUENTLY COMPLAINED OF DISCOMFORT AND PROCEEDED TO MAKE SEE A DOCTOR AND SHE WAS AWARDED A THREE DAYS MEDICAL CERTIFICATE. THE PURPOSE OF ME MAKING THIS REPORT IS FOR INSURANCE CLAIMS PURPOSES.

#### 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 | SJM6549H |
| Vehicle Make/Model/Colour   |          |

Details Of Properties

|                                     |                            |
|-------------------------------------|----------------------------|
| Vehicle Category                    | PRIVATE CAR                |
| Name of Driver                      | MUHAMMAD YAZID BIN JUMAHAT |
| NRIC/Passport Number                |                            |
| Contact Number                      | 81834448                   |
| Address                             |                            |
| Postcode                            |                            |
| Insurance Company Name              |                            |
| Nature Of Damage                    |                            |
| No. Of Passenger (Including Driver) |                            |

**DETAILS OF INJURED PERSON 1**

|   |             |
|---|-------------|
| Name  | ONG AH YIAN |
| Approximate Age                                     |             |
| Injuries Sustain                                    | SLIGHT      |
| Injured person in which vehicle?                    | SGM9607P    |
| Were seat belts worn?                               | YES         |
| Was this injured conveyed to hospital by ambulance? |             |
| Address   |             |
| Postcode  |             |

**DETAILS OF INJURED PERSON 2**

|   |              |
|---|--------------|
| Name  | SEE LAY LENG |
| Approximate Age                                     |              |
| Injuries Sustain                                    | SLIGHT       |
| Injured person in which vehicle?                    | SGM9607P     |
| Were seat belts worn?                               | YES          |
| Was this injured conveyed to hospital by ambulance? |              |
| Address   |              |
| Postcode  |              |

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. 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.

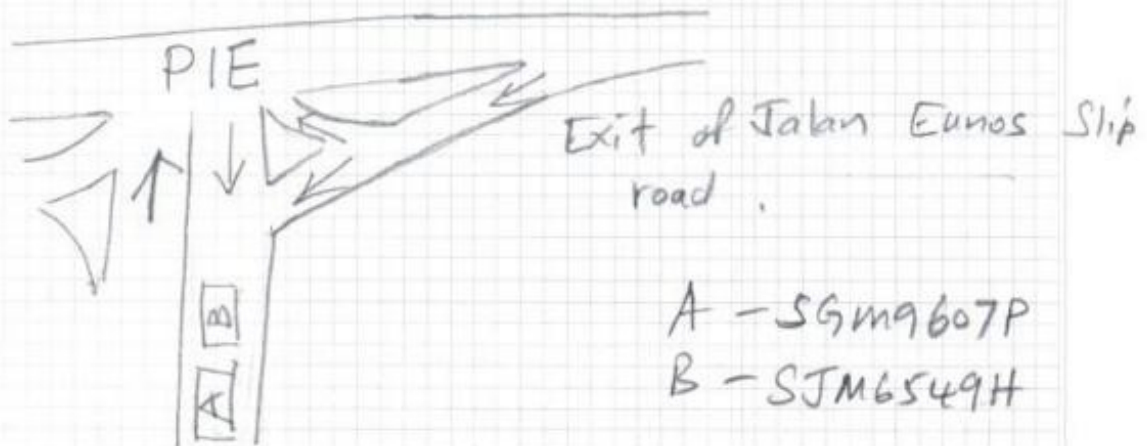
Policyholder's Signature  
Date & Time:

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



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20180604/2043

### 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.:

20180604 10:00 AM 10/06/2018



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 4

Report No. T/20180604/2043

## CONTINUATION OF REPORT

| Details of Person Involved        |   |  |   |
|-----------------------------------|---|--|---|
| Any Pedestrian Involved: No       |   |  |   |
| No. of Pedestrians Injured: NIL   |   | Use of Pedestrian Crossing: NA         |   |
| Passenger                         |   |  |   |
| Name                              | ONG AH YIAN   | ID No.                                 | S0323014G   |
| Related Vehicle                   | SGM9607P (Car)  | Contact No.                            | 63448524  |
| Hospital/Clinic                   | KIRIN CLINIC & SURGERY  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL   |
| Date Treatment                    | 02/06/2018  | Date Discharge                         | 02/06/2018  |
| No. of Days granted Medical Leave | 03  | Degree of Injury                       | Slight  |
| Driver                            |   |  |   |
| Name                              | SEE LAY LENG  | ID No.                                 | S1712928G   |
| Related Vehicle                   | SGM9607P (Car)  | Contact No.                            | 96226923  |
| Hospital/Clinic                   | <del>NIL</del> Geylang NPC<br>132 Paya Lebar Road<br>Singapore 409014<br>Tel: 1800-8486999<br><i>Kirin clinic &amp; Surgery</i> | Class of Driving Licence & Expiry Date | Class: 3 Geylang NPC<br>Date of Expiry: <del>NIL</del><br><i>132 Paya Lebar Road<br/>Singapore 409014<br/>Tel: 1800-8486999</i> |
| Date Treatment                    | <del>NIL</del> 02/06/2018   | Date Discharge                         | <del>NIL</del> 02/06/2018   |
| No. of Days granted Medical Leave | <del>NIL</del> 03   | Degree of Injury                       | <del>NIL</del> Slight   |
| Name                              | Muhammad Yazid Bin Jumahat  | ID No.                                 | S9411831A   |
| Related Vehicle                   | SJM6549H (Car)  | Contact No.                            | 81834448  |
| Hospital/Clinic                   | NIL   | Class of Driving Licence & Expiry Date | Class: 3<br>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 01/06/2018 at about 6:20pm, I was driving my vehicle together with my passenger in a white color Toyota Camry bearing license no: SGM9607P along PIE and had just exited onto the slip road that was heading towards Jalan Eunos. I subsequently managed to merge onto the main road which was heavily congested along Jalan Eunos. I then came to a complete stop when I saw the vehicle in front of me stopping but shortly after, I felt an impact from the back of my vehicle and proceeded to make a check. I then realized a black color Suzuki swift bearing license no: SJM6549H did not managed to stop in time and as such collided into the rear of my car bumper. Damages to my vehicle was only dents and scratches to the left side of my rear bumper. We then exchanged particulars and proceeded off later.



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

3 of 4

Report No. T/20180604/2043

**CONTINUATION OF REPORT**

However, my passenger which is my mother subsequently complained of discomfort and proceeded to make see a doctor and she was awarded a three days medical certificate. The purpose of me making this report is for insurance claims purposes.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo









# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

1 of 4

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180604/2043

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>04/06/2018 11:48 | Vide Report No.: | Station Diary No.:<br>38 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |  |                            |  |
|--|------------|------------------------------|--|----------------------------|--|
| Name of Informant:<br>SEE LAY LENG       |            |                              | Address:<br>145 ELIAS TERRACE SINGAPORE 519845 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S1712928G |            |                              | Contact No.:                                   |                            |  |
|  |            |                              | Home/Office:                                   | Mobile: 96226923           |  |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |  |
| Sex:<br>Female                           | Age:<br>52 | Date of Birth:<br>05/10/1965 | Type of Informant:<br>Driver                   |                            |  |
| Race:<br>Chinese                         |            |                              | Language:                                      | Institution / School Name: |  |
| Occupation:<br>ADMIN CLERK               |            |                              | Driving Licence Information:<br>Class: 3       | Date of Expiry:            |  |

### General Information of the Accident

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>01/06/2018 18:20 | Type of Location:<br>Highway Exit   |
| Location:<br>Along Road 1<br>JALAN EUNOS                     |                  |                                    |  |                                     |
| Exit of Jalan Eunios slip road                               |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model                           | Color | Condition | No of Passenger |
|-------------|------|--------|---------------------------------|-------|-----------|-----------------|
| SGM9607P    | Car  | TOYOTA | CAMRY 2.4<br>AUTO ABS<br>AIRBAG | White |           | 1               |
| SJM6549H    | Car  | SUZUKI | SWIFT 1.3 M                     | Black |           | 0               |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                    | Insurance No         | Effective  | Expiry Date |
|-------------|--------------------------------------|----------------------|------------|-------------|
| SGM9607P    | UNITED OVERSEAS INSURANCE<br>LIMITED | DHOM1100688506<br>11 | 01/11/2017 | 31/10/2018  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 4

Report No. T/20180604/2043

## CONTINUATION OF REPORT

| Details of Person Involved        |   |  |   |
|-----------------------------------|---|--|---|
| Any Pedestrian Involved: No       |   |  |   |
| No. of Pedestrians Injured: NIL   |   | Use of Pedestrian Crossing: NA         |   |
| Passenger                         |   |  |   |
| Name                              | ONG AH YIAN   | ID No.                                 | S0323014G   |
| Related Vehicle                   | SGM9607P (Car)  | Contact No.                            | 63448524  |
| Hospital/Clinic                   | KIRIN CLINIC & SURGERY  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL   |
| Date Treatment                    | 02/06/2018  | Date Discharge                         | 02/06/2018  |
| No. of Days granted Medical Leave | 03  | Degree of Injury                       | Slight  |
| Driver                            |   |  |   |
| Name                              | SEE LAY LENG  | ID No.                                 | S1712928G   |
| Related Vehicle                   | SGM9607P (Car)  | Contact No.                            | 96226923  |
| Hospital/Clinic                   | <del>NIL</del> Geylang NPC<br>132 Paya Lebar Road<br>Singapore 409014<br>Tel: 1800-8486999<br><i>Kirin clinic &amp; Surgery</i> | Class of Driving Licence & Expiry Date | Class: 3 Geylang NPC<br>Date of Expiry: <del>NIL</del><br><i>Singapore 409014<br/>Tel: 1300-8486999</i> |
| Date Treatment                    | <del>NIL</del> 02/06/2018   | Date Discharge                         | <del>NIL</del> 02/06/2018   |
| No. of Days granted Medical Leave | <del>NIL</del> 03   | Degree of Injury                       | <del>NIL</del> Slight   |
| Name                              |   |  |   |
| Muhammad Yazid Bin Jumahat        |   | ID No.                                 | S9411831A   |
| Related Vehicle                   | SJM6549H (Car)  | Contact No.                            | 81834448  |
| Hospital/Clinic                   | NIL   | Class of Driving Licence & Expiry Date | Class: 3<br>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 01/06/2018 at about 6:20pm, I was driving my vehicle together with my passenger in a white color Toyota Camry bearing license no: SGM9607P along PIE and had just exited onto the slip road that was heading towards Jalan Eunus. I subsequently managed to merge onto the main road which was heavily congested along Jalan Eunus. I then came to a complete stop when I saw the vehicle in front of me stopping but shortly after, I felt an impact from the back of my vehicle and proceeded to make a check. I then realized a black color Suzuki swift bearing license no: SJM6549H did not managed to stop in time and as such collided into the rear of my car bumper. Damages to my vehicle was only dents and scratches to the left side of my rear bumper. We then exchanged particulars and proceeded off later.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

3 of 4

Report No. T/20180604/2043

CONTINUATION OF REPORT

However, my passenger which is my mother subsequently complained of discomfort and proceeded to make see a doctor and she was awarded a three days medical certificate. The purpose of me making this report is for insurance claims purposes.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180604/2043

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

4 of 4

Report No. T/20180604/2043

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:

G /

Sgt 2 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2018 11:48

Officer In Charge Of Case:

TP / AEIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168

