

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	22/06/2018 17:15
Date Of Accident	21/06/2018 17:00
Exact Location Of Accident	PASIR RIS ST 21.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC230G
Insured/Policyholder	
Name Of Registered Owner	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018544
Alternative Phone No	OFFICE-91018544

Vehicle Particulars

Manufacturer	VOLVO
Model	C30
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA134731/1
Cover Note Number	

Driver

Name of Driver	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Date Of Birth	09/01/1974
Occupation	INDOOR
Date Of Driving Pass	14/08/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018544
Fax Number	
Contact Number	OFFICE-91018544
Email Address	NOEMAIL

Address BLK 113D MCNAIR ROD #25-246
 Postcode 325113
 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? 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: : ONG SZE LING
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20180621/7023.

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 CB6568T
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name THAN QING SHUI JOHNSON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKC230G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ONG SZE LING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKC230G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my work shop 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>Pasir Ris Street</p> <p>21.</p> <p>(A) SKC 230G</p> <p>(B) CB 6568T</p>	<p>Vehicle B reverse hit onto Vehicle A</p>
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Describe Circumstances of the Accident

Describe Circumstances of the Accident

Refer To Police Report NO: 7/20180621/7023

Declaration

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

Witnessed by Reporting Centre
Personnel

Insurance Co. AXA Insurance
Vehicle NO. SKC 230G Date Of Accident 21, 6, 2018
☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180621/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180621/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 23:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: THAN QING SHUI JOHNSON			Address: APT BLK 113D MCNAIR ROAD #25-246 SINGAPORE 325113		
ID Type / ID No.: NRIC NO / S7900343C			Contact No.: Home/Office: Mobile: 91018544		
Nationality: SINGAPORE CITIZEN			Email: johnson_1@singnet.com.sg		
Sex: Male	Age: 39	Date of Birth: 09/01/1979	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Building and construction project manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2018 17:00	Type of Location: Straight Road
Location: PASIR RIS STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC230G	Car	VOLVO	C30 T5 R- DESIGN 2.5 AT ABS D/AB 2WD 3DR	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20180621/7023

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Report No. T/20180621/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKC230G	AXA INSURANCE SINGAPORE PTE LTD	GA134731	15/12/2017	14/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAN QING SHUI JOHNSON	ID No.	S7900343C
Related Vehicle	SKC230G (Car)	Contact No.	91018544
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2018	Date Discharge	21/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Ong Sze Ling	ID No.	S7921348I
Related Vehicle	SKC230G (Car)	Contact No.	97973521
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2018	Date Discharge	21/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

Hi Officer In Charge,

I will like to lodge an report against a irresponsible driver.

On 21.6.18 at about 17:00 hrs i was travelling along Pasir Ris street 21 on the left lane on my way home after fetching my wife from work.

It a two way traffic road & also on my favour, when i reach around Pasir Ris Primary School there is a bus CB6568T is doing revising in front of my direction, so i slow down my vehicle SKC230G & follow to stop.

There is a vehicle behind me when my vehicle came to stop for letting the bus reversing.

Suddenly the bus CB6568T keep on reversing toward me, i did horn at the bus driver & the bus had stop in time, suddenly the bus continue to reverse again so i tap my horn non-stopping but the bus driver seem doesn't care this time, end up the bus rear portion had crash on my vehicle SKC230G front portion with



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T/20180621/7023

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Report No. T/20180621/7023

CONTINUATION OF REPORT

strong impact.

After the accident happen the bus quickly shift forward, I came out from my Vehicle to check how bad the damages cause on my vehicle & try to look for the bus driver, but the bus driver is very uncooperative.

The Bus driver refused to provide his particular & denied hit onto my vehicle SKC230G front portion too, end up the bus driver just drove off.

When we reach after an hour later my wife & I felt pain on our neck & body back after the accident happen, so we went to Mount Alvernia hospital for medical check & both of us was given 5 days medical leave due to the injury.

The Bus CB6568T is a school bus, luckily there is none a students in the bus, if not there will be more injury cause by such careless driver, never lookout safely pre-caution when doing revising on road

My vehicle SKC230G have a video footage when the accident happen.

Thank you.

Accident Sketch Plan Pg. 1



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T/20180621/7023

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Report No. T/20180621/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/06/2018 23:29

Classification Of Case: