

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	20/07/2018 10:41
Date Of Accident	19/07/2018 16:45
Exact Location Of Accident	TPE (PIE) PUNGGOL ROAD ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6643X
Insured/Policyholder	
Name Of Registered Owner	CHOON GUOBIN, EUGENE
NRIC No	S8727363F
Email Address	EUGENECHOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81231758
Alternative Phone No	OTHERS-81231758

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007381
Cover Note Number	15/11/2017 - 14/11/2018

Driver

Name of Driver	CHOON GUOBIN, EUGENE
NRIC No	S8727363F
Date Of Birth	12/09/1987
Occupation	INDOOR
Date Of Driving Pass	27/02/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81231758
Fax Number	
Contact Number	OTHERS-81231758
Email Address	EUGENECHOON@GMAIL.COM

Address	BLK 278B COMPASSVALE BOW #11-561
Postcode	542278
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MO KIO POLICE DIVISIONAL HQ
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3612J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM YOKE HIM
NRIC/Passport Number	S1261616C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOON GUOBIN EUGENE
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

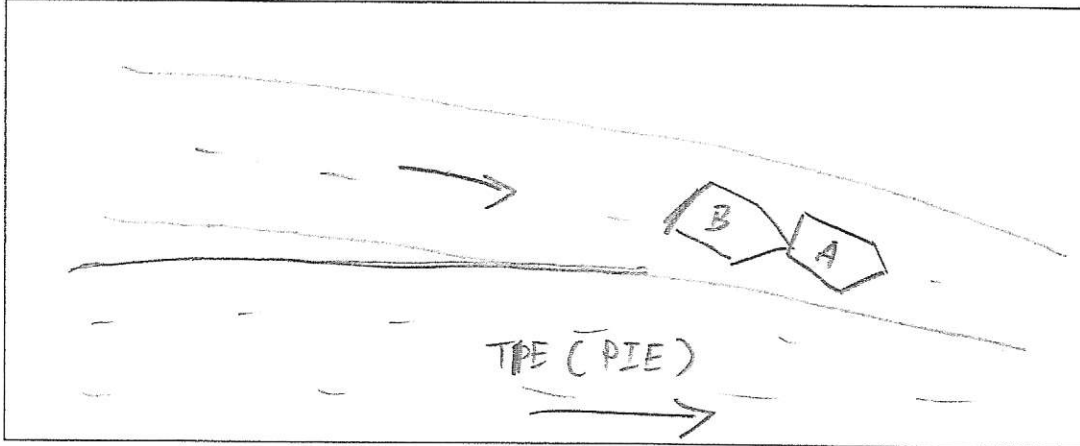
Postcode

BACK PAIN

SLH6643X

Sketch Plan Pg. 1

Date of accident: 19 Jul 2018 Time: 1645 PM Location: TPE (PIE) Punggol Road Entrance
 My Vehicle A: SLH6643X Vehicle B: SHB3612J Vehicle C: —
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There were 3 cars that jammed brake in front of me. I managed to stop the car without hitting the cars in front, but the taxi behind rear-ended my car.

Vehicle B: Lim Yoke Lim / S 1261 6162

☒ 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.

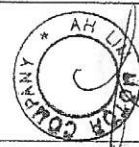
DECLARATION

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.:



AH LIM MOTOR COMPANY

Sketch Plan Pg. 2

SKETCH PLAN

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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: 20/7/18
930am



Driver's Signature

(If driver is not the policyholder)
Date & Time: 20/7/18, 930am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20180719/7045

1 of 2

POLICE REPORT (NP299)

Report No. F/20180719/7045

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 19/07/2018 21:14	Vide Report No.	Station Diary No.
Name Of Informant CHOON GUOBIN, EUGENE	Address APT BLK 278B COMPASSVALE BOW #11-561 SINGAPORE 542278	
ID Type / ID No. NRIC NO / S8727363F	Contact No. Home/Office: Mobile: 81231758	
Nationality SINGAPORE CITIZEN	Email Address eugenechoon@gmail.com	
Occupation TEACHER	Sex Male	Age 30
	Date of Birth 12/09/1987	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 19/07/2018 00:00 - 19/07/2018 00:00	Location Of Incident PUNGGOL ROAD	

Brief details.

I was driving in my car when 3 cars in front of me jammed break while trying to enter the expressway. It was around 5pm and the expressway was rather easily accessible as I have video evidence in my car. I did not hit the cars in front of me but the Taxi behind me rear ended my car. Once the accident happened, multiple cars, claiming from workshops, stopped at the accident site requesting that I send my car to their workshop, hence possibly a scam. I have the namecard of the workshop so they might be involved. The claim consultant is Adam Cheong from 88 Motorz. Mobile 96869969.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2018 21:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180719/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180719/7045

I am making this report on behalf of the Taxi uncle who rear ended me. I hope that some kind of assistance can be rendered to him if it is a genuine scam case. I

If you need video evidence of the accident but i cant upload due to the file size. I have it with me if it helps.

Subjects Involved			
Victim			
Person Name	CHOON GUOBIN, EUGENE		
ID Type	NRIC NO	ID No	S8727363F
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	TEACHER	Address Type	
Address	APT BLK 278B COMPASSVALE BOW #11-561 SINGAPORE 542278		Mobile No 81231758
Is Informant A Victim?	Yes		
Person Name	CHOON GUOBIN, EUGENE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2018 21:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp