

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	26/07/2018 17:37
Date Of Accident	25/07/2018 22:00
Exact Location Of Accident	JUNC OF WOODLANDS AVE 7 & WOODLANDS SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9644D
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81266644

Vehicle Particulars

Manufacturer	SSANGYONG
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV009483-R01
Cover Note Number	

Driver

Name of Driver	TAN KOK HWEE(CHEN GUOHUI)
NRIC No	S7528932D
Date Of Birth	01/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81266644
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 805 YISHUN RING ROAD #07-4287
Postcode	760805
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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: : CUI HAIDONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2069

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5830J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE KONG HOONG
NRIC/Passport Number	S7469751H
Contact Number	96387704
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG1147A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KHAIRUDIN BIN MD SEEDDEE
NRIC/Passport Number S1711957E
Contact Number 96959424
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KOK HWEE(CHEN GUOHUI)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLG9644D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CUI HAIDONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLG9644D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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

(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.



 26/07/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Hand-drawn sketch plan on a grid background. On the left, a vertical line is labeled "Woodlands Ave 2". To its right is a rectangular area divided into three horizontal sections, labeled from top to bottom: "C", "A", and "B". To the right of this area, three lines of text are written: "A: SL696UYD", "B: SL6J830J", and "C: SL61147A".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/10180276/2009

A large diagonal line is drawn across the remaining lines of the section, indicating no further details were provided.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 4

Report No. T/20180726/2069

CONTINUATION OF REPORT

Passenger			
Name	CUI HAIDONG	ID No.	G2332583M
Related Vehicle	SLG9644D (Car)	Contact No.	83131378
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	0507	Degree of Injury	Slight

Brief Details.

On 25/07/2018 at about 2200hrs, I was driving my vehicle with vehicle number SLG9644D along Lane 3 of Woodlands Avenue 7 towards Woodlands Square. I have one passenger namely Cui Haidong, bearing FIN No G2332583M, with contact number 83131378, seated at the front passenger seat as well. As the traffic light signal was red at the T-Junction of Woodlands Avenue 7 and Woodlands Square ahead, I came to a stop at the said T-Junction, behind one vehicle with vehicle number SLG1147A. After coming to a complete stop, at about 5 seconds later, I felt an impact from the rear of my vehicle. The impact has caused my vehicle to move forward, colliding into the rear of the vehicle with vehicle number SLG1147A ahead of me. I then stepped out of my vehicle and discovered that my vehicle had been knocked into by one vehicle with vehicle number SLG5830J.

After that, I exchanged particulars with the other 2 drivers and left the scene. No traffic police was being called to scene, and there was no one who was conveyed to the hospital via an ambulance as well. After the incident, there are some scratches inflicted on the front bumper of my vehicle, there are also multiple big dents inflicted on the rear of my vehicle, which has cause my bonnet to be unable to be opened, and also the right rear light to be dislodged. There is also a crack found on the vehicle license plate.

Subsequently, I drove to Mount Alvernia Hospital along with my passenger to have ourselves examined by the doctor, as I have felt some aches on the back of my body. My passenger was given a 7-day MC, whereas I was given a 5-day MC, with regards to our injuries.

This is not the first time whereby I was involved in a traffic accident. I have retrieved the in-car camera footage of my vehicle, at the time of the incident.

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**



1/20180726/2069

1 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

Report No: 1/20180726/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 13:10	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: TAN KOK HWEE	Address: APT BLK 805 YISHUN RING ROAD #07-4287 SINGAPORE 760805		
ID Type / ID No.: NRIC NO / S7528832D	Contact No.: Home/Office: Mobile: 81266844		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 01/10/1975	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Electrician	Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 22:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 7 WOODLANDS SQUARE At T-Junction of Woodlands Avenue 7 and Woodlands Square				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLG1147A	Car				Slightly Damaged	0
SLG5830J	Car				Slightly Damaged	0
SLG8644D	Car				Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522899

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Report No. T/20180726/2069

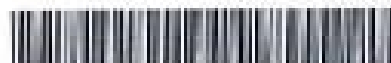
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHAIRUDIN BIN MD SEEDIE	ID No.	S1711957E
Related Vehicle	SLG1147A (Car)	Contact No.	96959424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEE KONG HOONG	ID No.	S7469751H
Related Vehicle	SLG5830J (Car)	Contact No.	96367704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN KOK HWEE	ID No.	S7528932D
Related Vehicle	SLG9544D (Car)	Contact No.	81266544
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/0089

3 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768455
Tel No: 1800-8522999

Report No. T/20180726/2089

CONTINUATION OF REPORT

Passenger			
Name	CUI HAIDONG	ID No.	G2332583M
Related Vehicle	SLG9644D (Car)	Contact No.	83131378
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	05/07	Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No. 1800-8522999

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Report No. T/20180726/2069

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 TAY YUAN DENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65478219

Signature Of Informant:

Date/Time:

26/07/2018 13:10

Classification Of Case:

Authentication Stamp

NP166