

## 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	27/08/2018 17:31
Date Of Accident	27/08/2018 09:00
Exact Location Of Accident	MCE KEPPEL TOWARDS ON LANE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE8129M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH SEO LIN
NRIC No	S1801786E
Email Address	SLINTOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90260700
Alternative Phone No	OTHERS-90260700

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA250-2.0 4MATIC (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA304512
Cover Note Number	

### Driver

Name of Driver	TOH SEO LIN
NRIC No	S1801786E
Date Of Birth	22/04/1967
Occupation	INDOOR
Date Of Driving Pass	18/07/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90260700
Fax Number	
Contact Number	OTHERS-90260700
Email Address	SLINTOH@GMAIL.COM

Address	10 UPPER SERANGOON CRESCENT #17-29
Postcode	534031
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?	NO
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT7519L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEM YEW SIA
NRIC/Passport Number	S7730700A
Contact Number	90119825
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

**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:



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

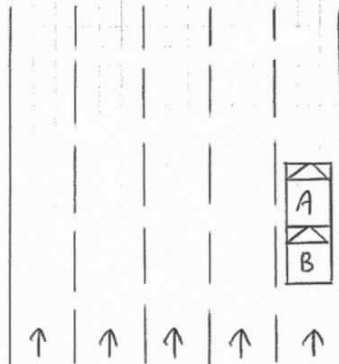


Reporting Centre  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN

Date of Accident: 27/8/2018 Time: 9:00hrs Location: MCE towards Keppel on lane 1  
My Vehicle A: SFE 8129M Vehicle B: SGT7519L Vehicle C/Others: \_\_\_\_\_



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to Police Report No: T/20180827/2092

( ) Claim OD/TP at Ah Lim Motor (X) Claim OD/TP at other workshop ( ) Reporting Only


Remarks : Please forward a copy of my efile accident report to:  
My workshop : Optima Werkz Pte Ltd  
email address : lily.lai@ow.sg  
& myself :  
email address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your 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: \_\_\_\_\_

 2/18/18  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



**SINGAPORE  
POLICE FORCE**



T/20180827/2092

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Report No. T/20180827/2092

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2018 15:25		Vide Report No.:		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: TOH SEO LIN			Address: 10 UPPER SERANGOON CRESCENT #17-29 SINGAPORE 534031		
ID Type / ID No.: NRIC NO / S1801786E			Contact No.: Home/Office: Mobile: 90260700		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 51	Date of Birth: 22/04/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HEAD OF SALES			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  along MCE towards Keppel on lane 1, before exit 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
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
SFE8129M	Car	MERCEDES BENZ	GLC250 4MATIC AUTO	White		0
SGT7519L	Car					0
SLB2432X	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE  
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T/20180827/2092

Police Station Of Origin:  
Punggol N.P.C  
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Tel No: 1800-6049999

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Report No. T/20180827/2092

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFE8129M	AXA INSURANCE SINGAPORE PTE LTD	GA304512	13/12/2017	12/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TOH SEO LIN		ID No.	S1801786E
Related Vehicle	SFE8129M (Car)		Contact No.	90260700
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	LIEM YEW SIA		ID No.	S7730700A
Related Vehicle	SGT7519L (Car)		Contact No.	90119825
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	TAY GHIM CHUAN		ID No.	S7347269E
Related Vehicle	SLB2432X (Car)		Contact No.	91257076
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



**SINGAPORE  
POLICE FORCE**



T/20180827/2092

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Report No. T/20180827/2092

**CONTINUATION OF REPORT**

**Brief Details.**

On 27/08/2018 at about 0900hrs, I was driving my vehicle registration number SFE8129M along MCE towards Keppel on lane 1, before exit 1. All of a sudden, the vehicle registration number SLB2432X that was in front of me jammed break. Immediately I step on my brakes and managed to stop in time. However, the vehicle registration number SGT7519L that was behind me did not managed to stop in time and it hit onto the rear part of my vehicle.

After which, I came down to make a check and realised that there were 2 more vehicles in front of vehicle registration number SLB2432X. From my understanding, the first 2 vehicles collided and it was the reason for the sudden break of the vehicle that was in front of mine. As such, I exchanged particulars with the vehicles that was in front and behind me and took pictures of the accident.

Soon after, LTA officers arrived at scene and advised all parties to lodge a police report. No one was injured at the point of time.

I wish to inform that there is in built car cameras installed at both front and rear of my vehicle.





**SINGAPORE  
POLICE FORCE**



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Report No. T/20180827/2092

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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 TAN XIAO HUI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2018 15:25
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 085
Authentication Stamp NP168	Signature

Singapore Police Force