

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	29/08/2018 17:58
Date Of Accident	28/08/2018 20:05
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK697M
Insured/Policyholder	
Name Of Registered Owner	GOH BENG CHOO
NRIC No	S1643476J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92388813
Alternative Phone No	OFFICE-92388813

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM SUNROOF 1.8L 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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-001668
Cover Note Number	

Driver

Name of Driver	TAN CHOON BEH
NRIC No	S1502256F
Date Of Birth	20/02/1961
Occupation	INDOOR
Date Of Driving Pass	19/02/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94591926
Fax Number	
Contact Number	OFFICE-94591926
Email Address	NOEMAIL

Address	BLK 512 WEST COAST DRIVE #03-357
Postcode	120512
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	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	3
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180829/2134.

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	SFX998Z
Vehicle Make/Model/Colour	
Details Of Properties	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE9655G

Vehicle Make/Model/Colour

Details Of Properties

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 TAN CHOON BEH

Approximate Age

Injuries Sustain BACK & RIGHT ARM

Injured person in which vehicle? SJK697M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

A: JK697M
B: FX998Z
C: JE965J6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018-0829/2134.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/2134

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20180829/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 17:34	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: TAN CHOON BEH			Address: APT BLK 512 WEST COAST DRIVE #03-357 SINGAPORE 120512	
ID Type / ID No.: NRIC NO / S1502256F			Contact No.: Home/Office: Mobile: 94591926	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 20/02/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Premises and facilities maintenance 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: 28/08/2018 20:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Tuas, before Adam Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SFX998Z	Car	TOYOTA	COROLLA 1.6	Black	Seriously Damaged	0
SJE9655G	Car	LEXUS		Black	Slightly Damaged	0
SJK697M	Car	HONDA	STREAM SUNROOF 1.8LA	Blue	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/2134

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20180829/2134

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHOON BEH	ID No.	S1502256F
Related Vehicle	SJK697M (Car)	Contact No.	94591926
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/08/2018	Date Discharge	29/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my vehicle bearing plate number SJK697M on the most right lane of PIE towards Tuas. I am aware that in front of me is the Lexus car bearing plate number SJE9655G.

Nearing to Adam Road exit, the Lexus car brake lights was on. Thus, I follow suite to slow down my vehicle. As I was slowing down, suddenly I was hit from the rear. The impact was so hard that even while depressing my brakes, my vehicle moved forward to hit onto the Lexus car.

I then alight my vehicle and discovered that I was hit on the rear by a black in colour Toyota bearing plate number SFX998Z. All parties that were involved did not require any immediate medical attention. I wish to add that a Traffic Police bike came and instructed us to move our vehicles as there were no injuries to any party.

My vehicle sustained major damage on the front bumper which does not allow me to close the hood of my car which was also dented. The rear of my vehicle were also badly scratched and dent. I tried to drive away, however, the temperature of the vehicle kept increasing.

I felt sore on my back and pain on my right arm after I woke up and decided to seek medical attention at Mount Alvernia Hospital and was given 5 days of medical leave from 29/8/2018 to 2/9/2018. I wish to state that I do not know as to how many passengers were there in the other vehicles.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180829/2134

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180829/2134

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 RADIN SALIHUL 'IMRAN BIN RADIN FADLI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2018 17:34
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



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