

## 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	31/08/2018 14:00
Date Of Accident	31/08/2018 09:05
Exact Location Of Accident	ALONG PIE NEAR TO CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB62T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO ENG HUAY
NRIC No	S1795633G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97546130
Alternative Phone No	OFFICE-96867966

### Vehicle Particulars

Manufacturer	BMW
Model	120I-2.0 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA107603
Cover Note Number	

### Driver

Name of Driver	TAY LIN XI,CLIO
NRIC No	S9746720Z
Date Of Birth	13/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84182991
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	52 WESTWOOD WALK
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : FAUZIAH BINTE MOHAMED YAH DIN
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20180831/2052

#### 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	SLD932Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHUAN HENG
NRIC/Passport Number	S0211773H
Contact Number	
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL5330H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOW JIA YU  
NRIC/Passport Number S7670103B  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FAUZIAH BINTE MOHAMED YAH DIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLB62T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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)**

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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

STARTING SKETCH PLAN FORM\_V3

SKETCH PLAN

A-SLB62T  
B-SLO932Y  
C-SJL5330H


PIE Exit CTE


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report T/20180831/2052

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.:

☐ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other works hop  
☐ For record purpose  
Policy No. GA167603  
Insurer AYA Veh.No. SLB62T



**SINGAPORE  
POLICE FORCE**



T/20180831/2052

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20180831/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/08/2018 13:24		Vide Report No.:		Station Diary No.: 57	
<b>Informant's Particulars</b>					
Name of Informant: TAY LIN XI, CLIO			Address: 52 WESTWOOD WALK SINGAPORE 648695		
ID Type / ID No.: NRIC NO / S9746720Z			Contact No.: Home/Office: Mobile: 84182991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 20	Date of Birth: 13/12/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name: SIM
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2018 09:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR TO CTE EXIT (UPP SERAGOON)				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5330H	Car				Slightly Damaged	0
SLB62T	Car				Seriously Damaged	1
SLD932Y	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20180831/2052

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	FAUZIAH BINTE MOHAMED YAH DIN		ID No. S8404929H
Related Vehicle	NIL		Contact No. 91468759
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
<b>Driver</b>			
Name	TAY LIN XI, CLIO		ID No. S9746720Z
Related Vehicle	NIL		Contact No. 84182991
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
<b>Driver</b>			
Name	CHUA CHUAN HENG		ID No. S0211773H
Related Vehicle	NIL		Contact No. 94564945
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

**Brief Details.**

On 31/08/2018 at about 0905hrs, I was travelling along PIE in my car bearing the registration number SLB62T with a passenger sitting beside me (Grab Hitch passenger) on the 1st lane of the PIE. While I was along PIE near to Upper Seragoon (CTE) Exit, I saw a car bearing the registration number SLD932Y suddenly braked in front of me. Upon seeing that, I jammed brake my car but I did not have enough time to stop the car so I ended up hitting the car in front of me. This activated the airbag inside my car. I then got down my car and exchanged particulars with the car in front of me. No one was injured during the accident. My passenger namely Fauziah Binte Mohamed Yahdin, HP: 91468759 got out of my car and left. Subsequently, Fauziah texted me that she went to NTFH hospital and she was given 3 days MC due to the impact of the air bag and she had some pains on her mouth area.

I wish to state that there is a in built camera installed in my car but it is not working. I Further to wish to



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Report No. T/20180831/2052

**CONTINUATION OF REPORT**

state that there was LTA at scene top assist.







**SINGAPORE  
POLICE FORCE**



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Report No. T/20180831/2052

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**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:

J /

Sgt 2 MUHAMMAD JAMEER S/O MOHAMED  
MANSOOR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

Contact No.: 65476367

Authentication Stamp

NR 192015

Signature :

**Singapore Police Force**

Signature Of Informant:

Date/Time:

31/08/2018 13:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

