

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	07/06/2018 18:22
Date Of Accident	06/06/2018 21:15
Exact Location Of Accident	JUNC OF RD 1 & 2 CORPORATION RD JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW5285H
Insured/Policyholder	
Name Of Registered Owner	SIM WEE CHOON
NRIC No	S8277130A
Email Address	SIMWEECHOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94300637
Alternative Phone No	OFFICE-94300637

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003567
Cover Note Number	

Driver

Name of Driver	SIM WEE CHOON
NRIC No	S8277130A
Date Of Birth	20/01/1982
Occupation	INDOOR
Date Of Driving Pass	12/03/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-94300637
Fax Number	
Contact Number	OFFICE-94300637
E-Mail Address	SIMWEECHOON@GMAIL.COM

Address	APT BLK 343 CHOA CHU KANG LOOP #09-43 HDB-CHOA CHU KANG SINGAPORE 680343
Postcode	
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 - CROSS JUNCTION
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?	YES
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180606/2232 LODGED AT TRAFFIC POLICE DIVISION HQ UBI. ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING THE VEHICLE SGW5285H, ON THE EXTREME RIGHT LANE ON CORPORATION ROAD, TURNING LANE INTO JURONG WEST AVENUE 2. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, I CHECKED THE OPPOSITE SIDE OF THE ROAD FOR CLEAR AND STARTED MAKING THE RIGHT TURN. AS I WAS MAKING THE RIGHT TURN, A MOTORCYCLE FBD8962B, SPED OUT FROM THE EXTREME LEFT LANE ON THE OPPOSITE SIDE. I COULD NOT REACT IN TIME TO BRAKE SO I COLLIDED ONTO THE RIGHT SIDE OF THE MOTORCYCLE AND THE RIDER WAS FLUNG OUT ONTO THE ROAD. AFTER THE COLLISION, I ALIGHTED TO CHECK ON THE RIDER AND SAW THAT HE WAS BLEEDING ON HIS HEAD AND SAW THAT HE SUFFERED LEG INJURIES. THE DRIVER OF THE CAR BESIDE ME ALSO CAME OVER TO HELP THE RIDER AND CALLED THE AMBULANCE FOR HIM. WE WAIT UNTIL THE AMBULANCE AND TRAFFIC POLICE ARRIVED AND CONVEYED THE RIDER TO THE HOSPITAL. THE POLICE OFFICERS TOOK DOWN ALL OUR PARTICULARS AND INSTRUCTED ME TO MEET IO ADELINA AT TRAFFIC POLICE. I WISH TO STATE THAT I DO NOT HAVE AN IN-CAR CAMERA AND THERE WERE NO MECHANICAL FAULTS INVOLVED IN THE ACCIDENT.

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 Witness 1

Name	ISMADI BIN ABDUL RAHIM
Phone Number	91320722
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD8962B
Vehicle Make/Model/Colour	YAMAHA/YBR125/BLACK

Details Of Properties

Vehicle Category	MOTORCYCLE
Name of Driver	DAI WEI JIE
NRIC/Passport Number	S9832554I
Contact Number	91689408
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAI WEI JIE
Approximate Age	
Injuries Sustain	BLEEDING ON HEAD AND LEG INJURIES
Injured person in which vehicle?	FBD8962B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 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.
- B. 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180606/2232

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180606/2232

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2018 22:57	Vide Report No.: J/20180606/0207	Station Diary No.:
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Informant's Particulars

Name of Informant: SIM WEE CHOON		Address: APT BLK 343 CHOA CHU KANG LOOP #09-43 HDB-CHOA CHU KANG SINGAPORE 680343	
ID Type / ID No.: NRIC NO / S8277130A		Contact No.: Home/Office: Mobile: 94300637	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 20/01/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TEACHER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/06/2018 21:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CORPORATION ROAD JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8962B	Motorcycle	YAMAHA	YBR125	Grey		0
SGW5285H	Car	HYUNDAI	HD AVANTE 1.6 A	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW5285H	EQ INSURANCE COMPANY LTD.	DMPPHQ17- 003567	04/07/2017	22/07/2018

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180606/2232

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180606/2232

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM WEE CHOON	ID No.	S8277130A
Related Vehicle	SGW5285H (Car)	Contact No.	94300637
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
Witness			
Name	Accident Witness	ID No.	NIL
Related Vehicle	SGW5285H (Car)	Contact No.	91320722
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING THE VEHICLE SGW8285H, ON THE EXTREME RIGHT LANE ON CORPORATION ROAD, TURNING LANE INTO JURONG WEST AVENUE 2. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, I CHECKED THE OPPOSITE SIDE OF THE ROAD FOR CLEAR AND STARTED MAKING THE RIGHT TURN. AS I WAS MAKING THE RIGHT TURN, A MOTORCYCLE FBD8962B, SPED OUT FROM THE EXTREME LEFT LANE ON THE OPPOSITE SIDE. I COULD NOT REACT IN TIME TO BRAKE SO I COLLIDED ONTO THE RIGHT SIDE OF THE MOTORCYCLE AND THE RIDER WAS FLUNG OUT ONTO THE ROAD. AFTER THE COLLISION, I ALIGHTED TO CHECK ON THE RIDER AND SAW THAT HE WAS BLEEDING ON HIS HEAD AND SAW THAT HE SUFFERED LEG INJURIES. THE DRIVER OF THE CAR BESIDE ME ALSO CAME OVER TO HELP THE RIDER AND CALLED THE AMBULANCE FOR HIM. WE WAITED UNTIL THE AMBULANCE AND TRAFFIC POLICE ARRIVED AND CONVEYED THE RIDER TO THE HOSPITAL. THE POLICE OFFICERS TOOK DOWN ALL OUR PARTICULARS AND INSTRUCTED ME TO MEET IO ADELINA AT TRAFFIC POLICE.

I WISH TO STATE THAT I DO NOT HAVE AN IN-CAR CAMERA AND THERE WERE NO MECHANICAL FAULTS INVOLVED IN THE ACCIDENT.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180606/2232

4 of 4

Report No: T/20180606/2232

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:

TP /
ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2018 22:57

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

Signature:

Police Report

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name: Sim Wee Choo
NRIC: S8277130A
Address: Blk 343 Choa Chu Kang Loop
#09-43
Singapore (680343)
Tel : 6765 6450
Pg / Hp : 94300637

Dear Sir

ACCIDENT INVOLVING SGW5285H and FBD8962B

ALONG Corporation Road and Jurong West Avenue 2

ON 06/06/2018 AT 2115hrs AM/ PM

With reference to the above, I have on 06/06/2018 (date) at 2257Hrs (time) make a police report at Taffic Police Divisional HQ (Name of police station / NPP) in NP 168 / T/20180606/2232

2 On 08/06/2018 (date), at 2110hrs (time), at Choa Chu Kang NPP (Name of Police Station/NPP), I make the following amendments to the above report.

I affirm the below statement provided to be true and correct.

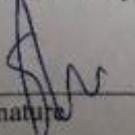
I wish to make an amendment reference to T/20180606/2232 lodged.
The correct vehicle registration plate number that I drove is SGW5285H instead of the incorrect vehicle registration plate number SGW8285H which was stated in the brief details.

Additionally I would also like to add in the name of the accident witness related to my vehicle. The accident witness is namely Ismadi Bin Abdul Rahim.

That is all.

The above statement was read over clearly in English and I affirm it to be true and correct.

Yours faithfully


Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S 8277130A**

Name:
**SIM WEE CHOON
(SHEN WEIJUN)**

Birth Date: **20 Jan 1982**

Issue Date: **12 Mar 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8277130A**



Name
**SIM WEE CHOON
(SHEN WEIJUN)**
沈 伟 峻

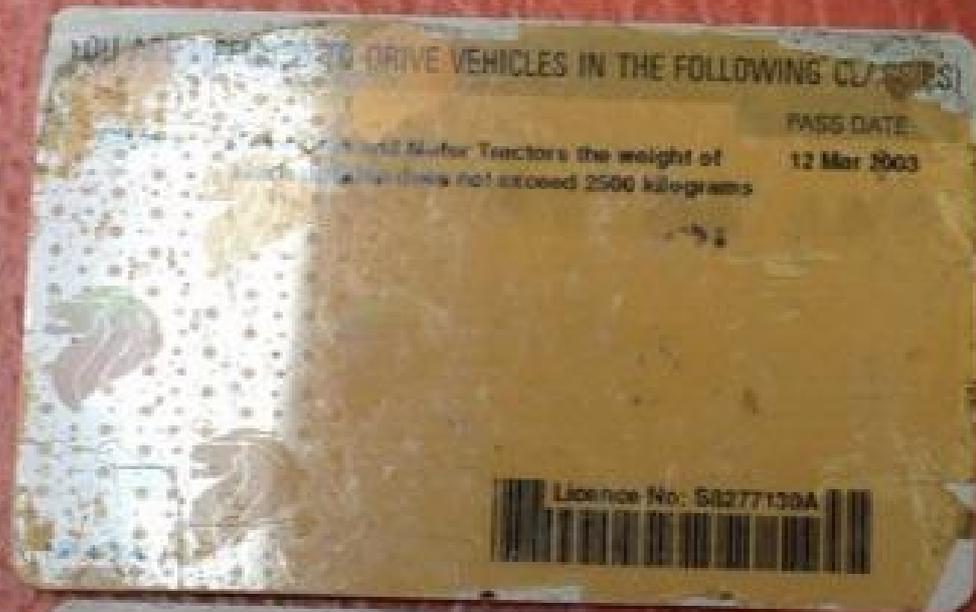
Race
CHINESE

Date of birth Sex
20-01-1982 M

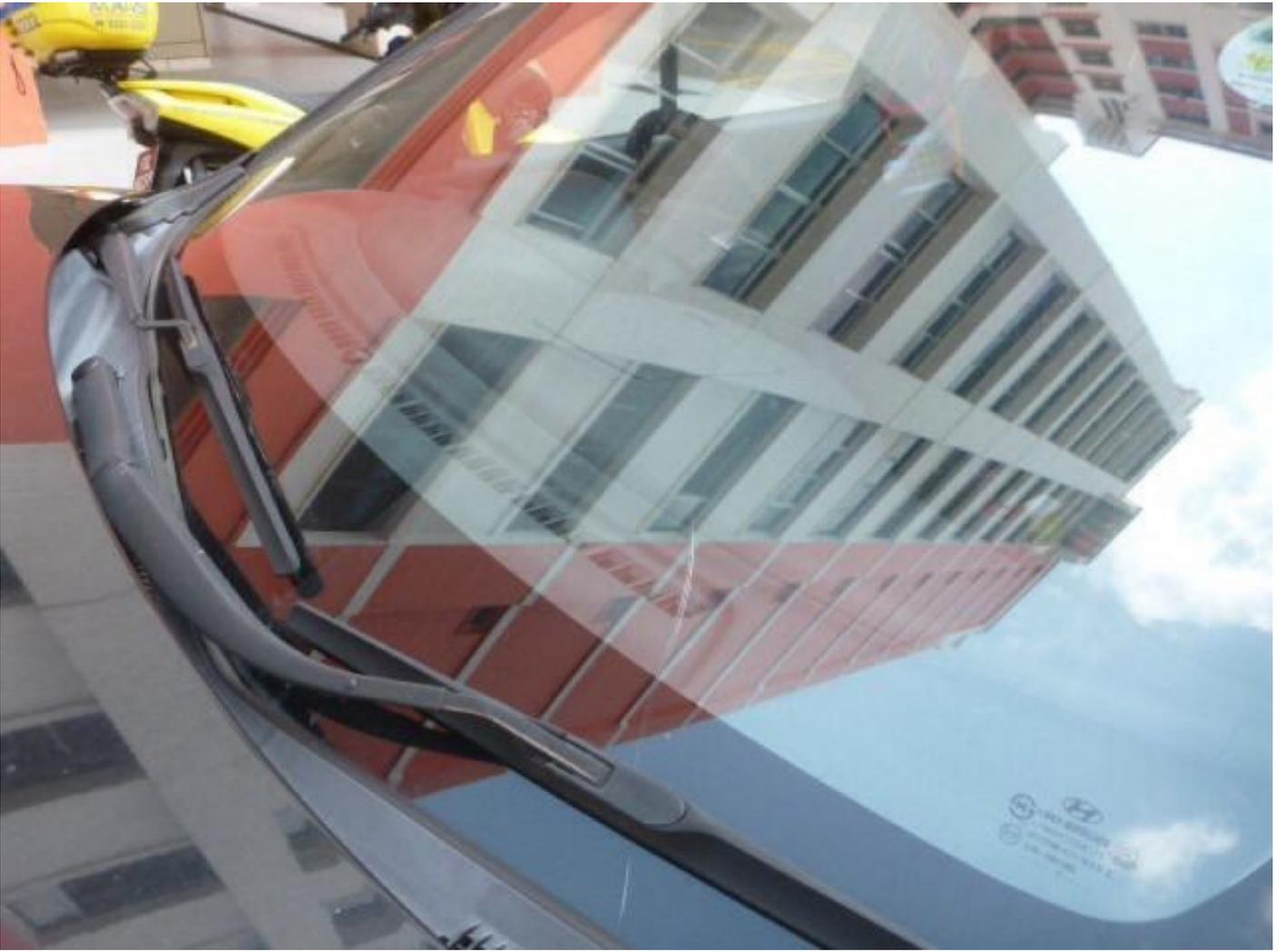
Country of birth
MALAYSIA



Identification Card



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18074262 Vehicle Registration No: SGW5285H
Name(as shown in NRIC) : SIM WEE CHOON NRIC/FIN/Passport No : S8277130A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 94300637
Email Address : simweechoon@gmail.com
Date of Accident : 06/06/2018 Time of Accident : 21:15 HRS
Place of Accident : JUNCTION OF RD 1 & 2 CORPORATION ROAD JURONG WEST AVE 2
Insurance Company: EQ INSURANCE COMPANY LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT AND PHOTO OF WINDSCREEN.

UPDATED WITNESS NAME.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 11/6/2018