

## 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 liability.
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	19/11/2018 14:19
Date Of Accident	16/11/2018 13:10
Exact Location Of Accident	CHOA CHU KANG EAST FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9674A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH HOCK GUAN
NRIC No	S7512679D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81132828
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	CR-V-2.0 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA328905
Cover Note Number	

### Driver

Name of Driver	LIM SOH CHOO
NRIC No	S6934699E
Date Of Birth	06/10/1969
Occupation	INDOOR
Date Of Driving Pass	20/03/1990
Driving Experience	28 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90092999
Fax Number	
Contact Number	
Email Address	LIMJAMIE69@GMAIL.COM

Address	BLK 115 COMPASSVALE BOW #18-10
Postcode	544815
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	COLLISION - HEAD ON 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	2
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: : TEO YIN MIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT (REPORT NO.: T/20181117/7009)

#### 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	SCY6888Z
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH YOKE CHAN
NRIC/Passport Number	S1254363H
Contact Number	96256887
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SSJ9674A  
ACCIDENT DATE: 16/11/18

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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.

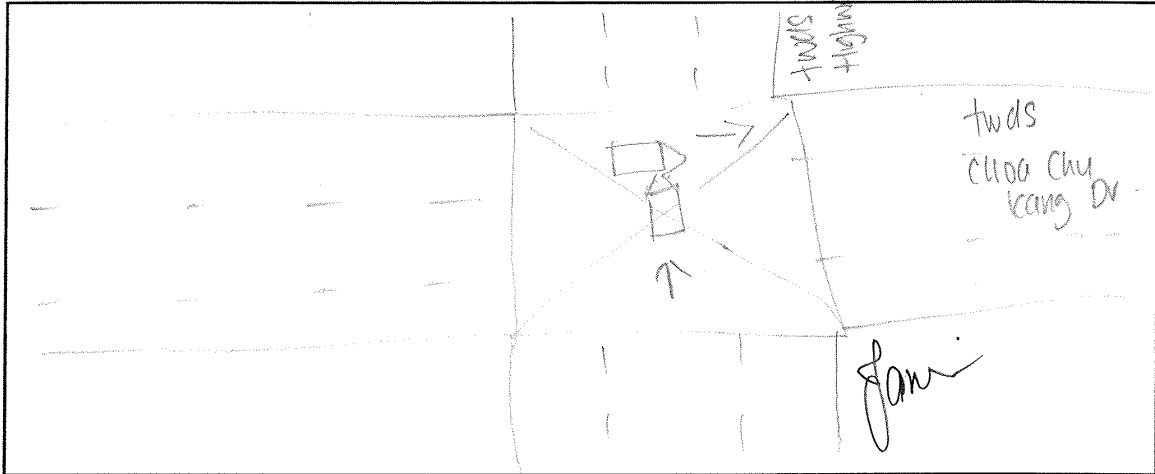
**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION**

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report (7/2018/1117/7009)


OWN DAMAGE ( )	3RD PARTY CLAIM ( )	REPORTING ONLY ( )	OWN WORKSHOP ( )
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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:

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



**SINGAPORE  
POLICE FORCE**



T/20181117/7009

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

1 of 3

Report No. T/20181117/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2018 20:06		Vide Report No.: J/20181116/0111		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM SOH CHOO			Address: APT BLK 115 COMPASSVALE BOW #18-10 SINGAPORE 544815		
ID Type / ID No.: NRIC NO / S6934699E			Contact No.: Home/Office: Mobile: 90092999		
Nationality: SINGAPORE CITIZEN			Email: limjamie69@gmail.com		
Sex: Female	Age: 49	Date of Birth: 06/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2018 13:10	Type of Location: T-Junction
Location:  Choa chu kang east flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ9674A	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181117/7009

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

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Report No. T/20181117/7009

**CONTINUATION OF REPORT**

Driver			
Name	LIM SOH CHOO	ID No.	S6934699E
Related Vehicle	SJJ9674A (Car)	Contact No.	90092999
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.

With my colleague Teo Yin Min going for lunch on 16/11 2018 at 1pm. Was travelling along Choa Chu Kang Drive. Move off at the traffic light junction when saw other car move. The next moment when I look right, I saw the car suddenly head towards me and bang the side of my car. My colleague complaint pain at side so immediately ask her to call the ambulance.

Ambulance came and bring us to Ng Teng Fong. As I hit my head against the window was asked to stay for 1 day for observation and was discharge only on 17 /11. Upon discharge I was very tired and went home to rest and only evening time manage to recover slightly.

As I still feeling weak so I decided to do report on line. Hospitalization leave from 16/11 to 20/11.



**SINGAPORE  
POLICE FORCE**



T/20181117/7009

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

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Report No. T/20181117/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MA JUNXIANG  
Contact No.: 65476251

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/11/2018 20:06

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

