

## 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	22/11/2018 19:37
Date Of Accident	22/11/2018 07:10
Exact Location Of Accident	CTE TOWARDS BKE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFM8193J
Insured/Policyholder	
Name Of Registered Owner	TAN AH THOE
NRIC No	S1255391I
Email Address	GSGSHPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96807241
Alternative Phone No	OFFICE-96807241
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AVPCSB0314681803
Cover Note Number	
Driver	
Name of Driver	TAN AH THOE
NRIC No	S1255391I
Date Of Birth	10/09/1957
Occupation	INDOOR
Date Of Driving Pass	13/07/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96807241
Fax Number	
Contact Number	OFFICE-96807241
Email Address	GSGSHPL@GMAIL.COM

Address	NIL
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	MAP6807 (COMMERCIAL VEHICLE)
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)	2
Passenger 1	NAME: : TAN POH HONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHOA CHU KANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181122/2070 LODGED AT CHOA CHU KANG NPC. ON 22/11/2018 AT ABOUT 0710HRS, I WAS DRIVING SFM8193J ALONG CTE TOWARDS BKE WHEN I MET WITH AN ACCIDENT WITH A FOREIGN VAN MAP6807. THERE WAS A LOT OF VEHICLE ON THE ROAD AT THE POINT OF TIME, THERE WAS AN ACCIDENT FURTHER IN FRONT OF THE ROAD, I SAW A VEHICLE IN FRONT OF ME BRAKE, HENCE I ALSO STEPPED ON MY BREAK. AS THE FOREIGN VEHICLE MAP6807 WAS DRIVING VERY CLOSE BEHIND ME AND DUE TO THE WET ROAD, HE COULD NOT STOP IN TIME AND HIT ONTO MY REAR. BOTH DRIVER ALIGHTED AFTER THE ACCIDENT AND TOOK THE PHOTO OF THE DAMAGED CAR. MY BUMPER AND BOOT OF THE CAR ARE DAMAGED AND I CANNOT OPEN THE DOOR OF MY BOOT. NO ONE WAS INJURED DUE TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MAP6807
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARTHIKKESU A/L SUBRAMANIAM
NRIC/Passport Number	780311016633

Contact Number	60127312831
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Sketch Plan

## IMPORTANT NOTICE

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4. The report and acceptance of the form by insurance companies is not an admission of policy liability.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Roadside Management Centre established by the Government of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon request by the report.
7. By the independent of the report to the insurers, you hereby consent to the archiving of this report at the roadside management centre.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that the insurers, my insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, process my personal data (personal information) set out in this form and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to an insurer who has valid claims involved in this accident (all insurers who have insured vehicles involved in this accident are collectively referred to as "insurers"), the insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency authority (such as the police), for the purposes 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 correspondence (packages), and/or;
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) all insurers, who have insured vehicle(s) involved in this accident and the insurers' lawyer/law firms, may be 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 also be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

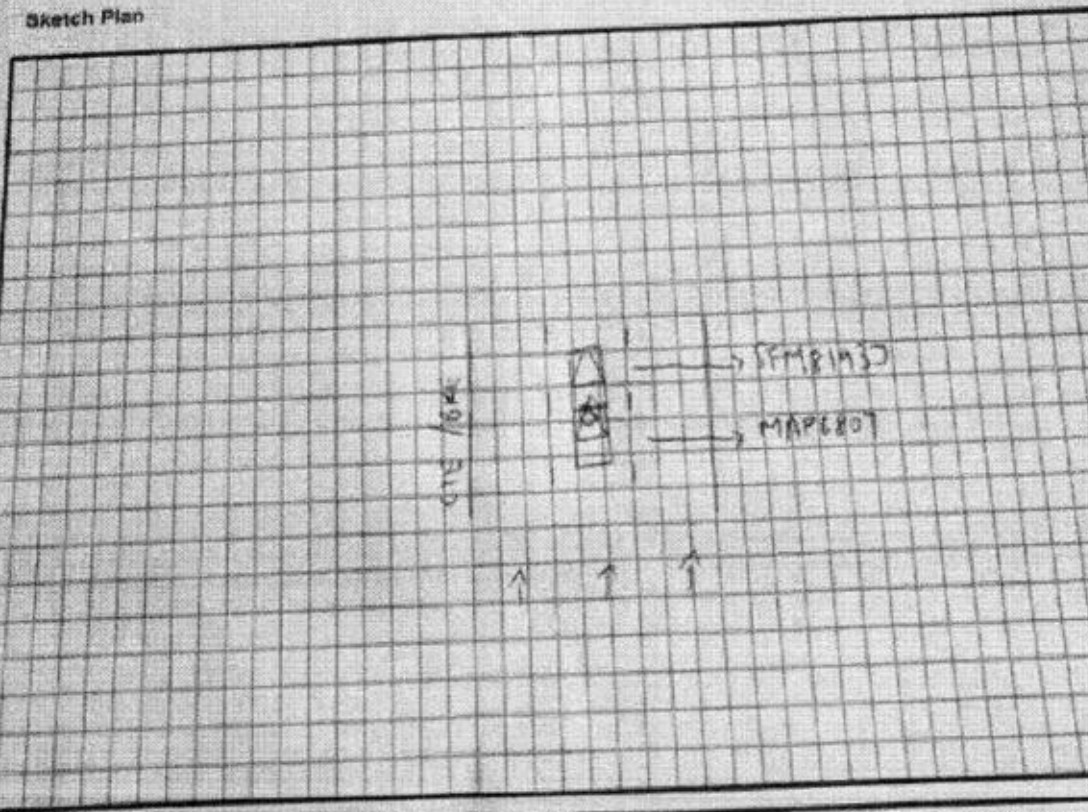
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witness by Reporting Centre  
Personal

## Sketch Plan





# SINGAPORE POLICE FORCE



T/20181122/2070

1 of 4

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20181122/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2018 12:53	Vide Report No.:	Station Diary No.: 47
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### Informant's Particulars

Name of Informant: TAN AH THOE			Address: 17 JALAN BUNGA RAMPAI SINGAPORE 538406		
ID Type / ID No.: NRIC NO / S12553911			Contact No.: Home/Office: Mobile: 96807241		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 61	Date of Birth: 10/09/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CLERK			Driving Licence Information: Class: 3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/11/2018 07:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY towards BKE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
MAP6807	Van				Seriously Damaged	0
SFM8193J	Car	TOYOTA	PICNIC AUTO	Blue	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SFM8193J	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVPCSB03146818 03	06/10/2018	05/10/2019





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T/20181122/2070

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SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20181122/2070

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KARTHIKKESU A/L SUBRAMANIAM	ID No.	780311016633
Related Vehicle	MAP6807 (Van)	Contact No.	+60127312831
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	TAN AH THOE	ID No.	S1255391I
Related Vehicle	SFM8193J (Car)	Contact No.	96807241
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN POH HONG	ID No.	S1429303E
Related Vehicle	SFM8193J (Car)	Contact No.	98431048
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 22/11/2018 at about 0710hrs, I was driving SFM8193J along CTE towards BKE when I met with an accident with a foreign van MAP6807. There was a lot of vehicle on the road at the point of time, there was an accident further in front of the road, I saw a vehicle in front of me brake, hence I also stepped on my break. As the foreign vehicle MAP6807 was driving very close behind me and due to the wet road, he could not stop in time and hit onto my rear. Both driver alighted after the accident and took the photo of the damaged car. My bumper and boot of the car are damaged and I cannot open the door of my boot. No one was injured due to the accident.



**SINGAPORE  
POLICE FORCE**



T/20181122/2070

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20181122/2070

**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 EDWINA CHEW HUI LING

Signature Of Informant:

Not applicable

Signature Of Informant:

Date/Time:  
22/11/2018 12:53

**Singapore Police Force**

Officer In Charge Of Case:

TP/AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**



T/20181122/2070

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Report No. T/20181122/2070

**CONTINUATION OF REPORT**