

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	26/12/2018 15:45
Date Of Accident	24/12/2018 15:00
Exact Location Of Accident	ALONG PIE NEAR TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2637T
Insured/Policyholder	
Name Of Registered Owner	BOH TUAN JEW
NRIC No	S1198108I
Email Address	TJ98165679@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98165679
Alternative Phone No	OTHERS-98165679

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MV005917-R02
Cover Note Number	

Driver

Name of Driver	BOH TUAN JEW
NRIC No	S1198108I
Date Of Birth	12/11/1955
Occupation	INDOOR
Date Of Driving Pass	24/12/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98165679
Fax Number	
Contact Number	OTHERS-98165679
Email Address	TJ98165679@GMAIL.COM

Address	56 MARIAM WALK
Postcode	507131
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQJ9832 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	FBE3104P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AMIRUL BIN ROSHI
NRIC/Passport Number	S9342210D
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQJ9832
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)

DETAILS OF INJURED PERSON 1

Name AMIRUL BIN ROSHI
Approximate Age
Injuries Sustain MINOR INJURY
Injured person in which vehicle? FBE3104P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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: 26/12/18
2.34 pm

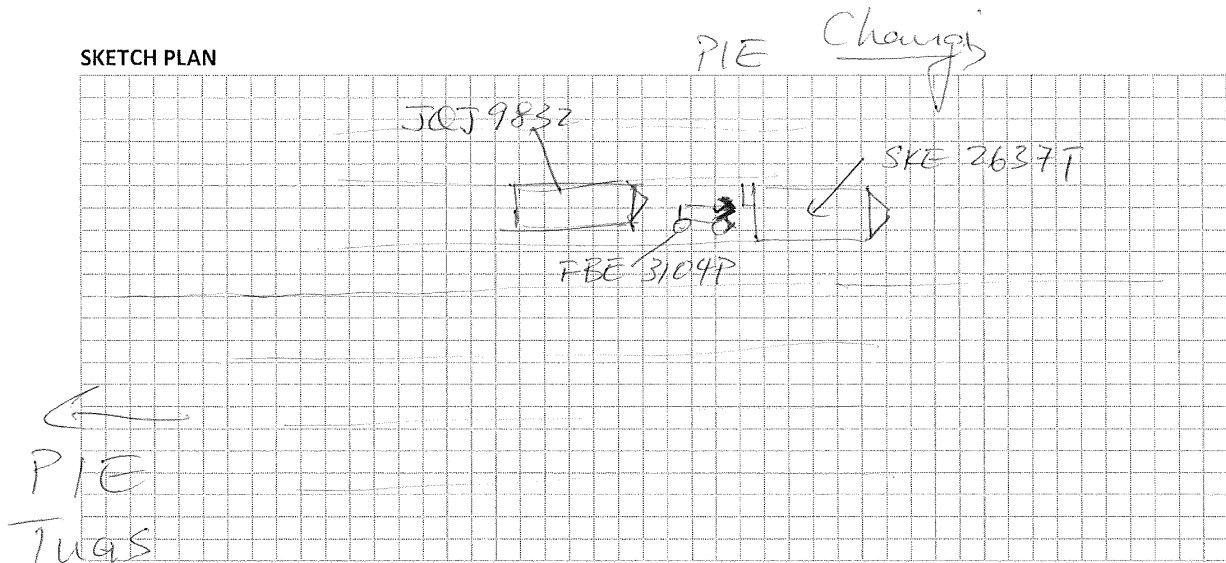
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/2018, I was travelling along PIE at about 3pm about 60 Km/hr. When I reached around Tea Payoh area along PIE, I noticed something knocked into the rear of my vehicle, SKE 2637T. I stopped my vehicle imm. and came down to investigate. The motorcyclist said that he hit into another car side mirror and then skid and knock into the rear of my vehicle. We exchanged particulars and make report separately.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 26/12/18
2.34pm

GIARM SketchPlanForm_V7

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181226/2086

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20181226/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2018 15:17			Vide Report No.:		Station Diary No.: 24
Informant's Particulars					
Name of Informant: BOH TUAN JEW			Address: 56 MARIAM WALK SINGAPORE 507131		
ID Type / ID No.: NRIC NO / S11981081			Contact No.: Home/Office: Mobile: 98165679		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 12/11/1955	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/12/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi, nearby Toa Payoh				
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
FBE3104P	Motorcycle	YAMAHA	T135	White	Slightly Damaged	1
JQJ9832	Car				Slightly Damaged	2
SKE2637T	Car	MERCEDES BENZ	E 250	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20181226/2086

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20181226/2086

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE2637T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MV005917	05/07/2016	20/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AMIRUL BIN ROSLI		ID No.	S9342210D
Related Vehicle	FBE3104P (Motorcycle)		Contact No.	NIL
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	Slight
Driver				
Name	CHONG JIN HAO		ID No.	940704055131
Related Vehicle	JQJ9832 (Car)		Contact No.	NIL
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	BOH TUAN JEW		ID No.	S1198108I
Related Vehicle	SKE2637T (Car)		Contact No.	98165679
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



**SINGAPORE
POLICE FORCE**



T/20181226/2086

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20181226/2086

CONTINUATION OF REPORT

Brief Details.

On 24/12/2018 at about 1500hrs, I was driving my vehicle (SKE2637T) along PIE towards Changi. When I was driving along Toa Payoh area, I felt an impact from the rear of my vehicle. I then stopped my vehicle, alighted and realized that a motorcycle (FBE31074P) had collided onto the rear portion of my vehicle. The motorcyclist informed me that he had collided onto another vehicle (JQJ9832) side mirror and skidded. As such, he collided onto the rear portion of my vehicle. We then exchanged particulars, took a few photos of the accident and went our separate ways.



**SINGAPORE
POLICE FORCE**



T/20181226/2086

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20181226/2086

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: E / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2018 15:17
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 Authentication Stamp NP168	Classification Of Case:
 SIGNATURE	



T/20181226/2089

1 of 2

Report No. T/20181226/2089

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20181226/2089

Vide Report Number T/20181226/2086

Date/Time of Report Made 26/12/2018 15:23

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant BOH TUAN JEW

ID Type / ID No. NRIC NO / S11981081

Home/Office

Mobile 98165679

Email

Type of Accident Non-Injury / Foreign Vehicle

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 24/12/2018 15:00

Brief Facts.

I wish to state that the motorcycle registration plate number is FBE3104P instead of FBE31074P.



T/20181226/2089

2 of 2

Report No. T/20181226/2089

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / AEIT /
MOHAMAD ZULFAZDLI BIN ABDULLAH

Classification of Case 1) NON-INJURY / FOREIGN VEHICLE

S 1198108/I

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

