

## 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	15/01/2019 18:18
Date Of Accident	15/09/2018 09:00
Exact Location Of Accident	ALONG WOODLANDS CAUSEWAY TOWARDS JOHOR BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL821D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAI WAI MUN
NRIC No	S9270002Z
Email Address	KAREN.LAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93229574
Alternative Phone No	OTHERS-98396266

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096745653
Cover Note Number	

### Driver

Name of Driver	EDWIN AW WEE CHOON
NRIC No	S8942664B
Date Of Birth	23/11/1989
Occupation	INDOOR
Date Of Driving Pass	11/01/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98396266
Fax Number	
Contact Number	OTHERS-93229574
Email Address	KAREN.LAI@HOTMAIL.COM

Address	BLK 69 LORONG 4 TOA PAYOH #03-369
Postcode	310036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : LAI WAI MUN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL , <b>POSTCODE:</b> 319194 , <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

PLEASE REFER TO POLICE REPORT T/20180916/2102

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ8826J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO PIANG WONG
NRIC/Passport Number	S1447810H
Contact Number	96371189

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 15/01/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/01/2019

Reporting Centre Personnel's Signature

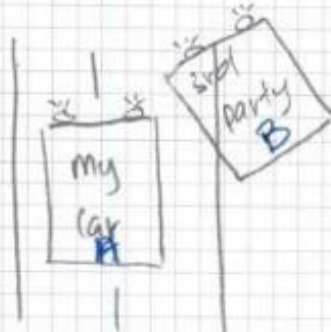
Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BEFORE WOODLAND CHECKPOINT (MARGING LANE)



A) SKL 821 D

B) SCZ 8826 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20/80916/2102

## 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: 15/01/2019.

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

CGP/RCF SketchPlanForm\_V2



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180916/2102

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20180916/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/09/2018 22:20		Vide Report No.:		Station Diary No.: 212
<b>Informant's Particulars</b>				
Name of Informant: EDWIN AW WEE CHOON		Address: APT BLK 69 LORONG 4 TOA PAYOH #03-369 SINGAPORE 310069		
ID Type / ID No.: NRIC NO / S8942664B		Contact No.: Home/Office: Mobile: 98396266		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 23/11/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: INVESTMENT ADVISOR		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 CAUSEWAY  ALONG WOODLANDS CAUSEWAY TOWARDS JOHOR BAHRU				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ8826J	Car					0
SKL821D	Car				Slightly Damaged	1

**Details of Person Involved**

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

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180916/2102

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

3 of 3

Report No. T/20180916/2102

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 JESLYN SEE SUAY KEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/09/2018 22:20

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

SN 168

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180916/2102

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180916/2102

CONTINUATION OF REPORT

Driver			
Name	EDWIN AW WEE CHOON	ID No.	S8942664B
Related Vehicle	SKL821D (Car)	Contact No.	98396266
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

## Brief Details.

On the 15/09/2018 at about 9am I was driving my vehicle (SKL821D) along Woodlands Causeway, going into Johor Bahru (Malaysia) together with my girlfriend. I was driving along the car lane and there is a lorry lane on my right side. The traffic was very slow moving and there was a lot of cars which was driving along the lorry lane wanted to cut into the car lane. Subsequently, one vehicle (SCZ8826J) tried to cut into my lane in front of me. After which I was trying to keep close to the car in front of me and the car which wanted to cut into my lane kept squeezing in. However the said car then cut into my lane in front of me and the left side of his vehicle then hit onto the right side of my side mirror (driver seat side) causing my right side mirror to turn outwards. The right side mirror also sustained scratches. I then honk at the said car for about 10mins however I was ignored. When we were before the checkpoint, I came down and knocked onto the driver seat window to ask the driver to come down, however the driver refused to come down and only winded down his window. I told him that he had hit onto the side of my vehicle and requested to exchange particulars with him, however he refused to and subsequently drove off. I only managed to take down his registration number (SCZ8826J). After reaching JB at about 12.15pm, I called the number +65 62550000 and told them what had happened. After which, one TP IO Uhairil (+65 65476187) called me back. I have an in-car camera inside my vehicle. I am lodging this report as I felt that the other driver was reckless and irresponsible by driving off.



LETTER



SINGAPORE  
POLICE FORCE

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
www.police.gov.sg

Our Ref : TP/IP/ 53015/2018  
Date : 21 December, 2018

EDWIN AW WEE CHOON  
BLK 69 LORONG 4 TOA PAYOH  
#03-369  
SINGAPORE 310069

Sir/Madam


**ACCIDENT INVOLVING SKL821D / SCZ8826J ON 15/09/2018 AT ABOUT 1219 HRS  
ALONG WOODLANDS CROSSING**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SCZ8826J** has committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer QHAIRIL BIN ZULKEFLEE at telephone number 6547 6187.

Yours faithfully

  
Roslan Ahmad, Stn Insp  
For Head Investigation  
Traffic Police  
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION

MODEL NO. 938-BEPRKT 1497 mL

ENGINE 1688

TYPE NO. 935 EE10 Z35

02A NOV 07

MADE IN THAILAND

Accident Photo

