

## 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	25/01/2019 17:35
Date Of Accident	25/01/2019 12:40
Exact Location Of Accident	CTE TWDS AYE NEAR EXIT 14
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH53H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIO WEE SYN
NRIC No	S7715360H
Email Address	SIOELVIS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98626855
Alternative Phone No	OTHERS-97613730

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC-2.0 W/O ROOF RACK (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00012112
Cover Note Number	23/09/2018 TO 22/09/2019

### Driver

Name of Driver	YVONNE GOH HWEE PENG
NRIC No	S7718936Z
Date Of Birth	15/07/1977
Occupation	INDOOR
Date Of Driving Pass	28/08/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97613730
Fax Number	
Contact Number	
EMail Address	SIOELVIS@YAHOO.COM

Address	APT BLK 139A LOR 1A TOA PAYOH #13-40
Postcode	311139
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : KOH NGAR LENG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH POLICE REPORT NO. T/20190125/2075 DD. 25/01/2019

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD RETAINED BY THE TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG607H
Vehicle Make/Model/Colour	CAR B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE YUEN YUEN
NRIC/Passport Number	S1230133B
Contact Number	90297877

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX8402B  
Vehicle Make/Model/Colour CAR C  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JEGAMOHAN  
NRIC/Passport Number  
Contact Number 94324170  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5136Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver MOK KOK KEONG  
NRIC/Passport Number S1397851D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

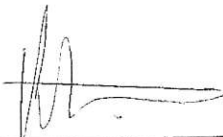
Name JEGAMOHAN - DRIVER OF CAR C  
Approximate Age  
Injuries Sustain UNKNOWN  
Injured person in which vehicle? SJX8402B  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

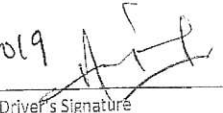
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

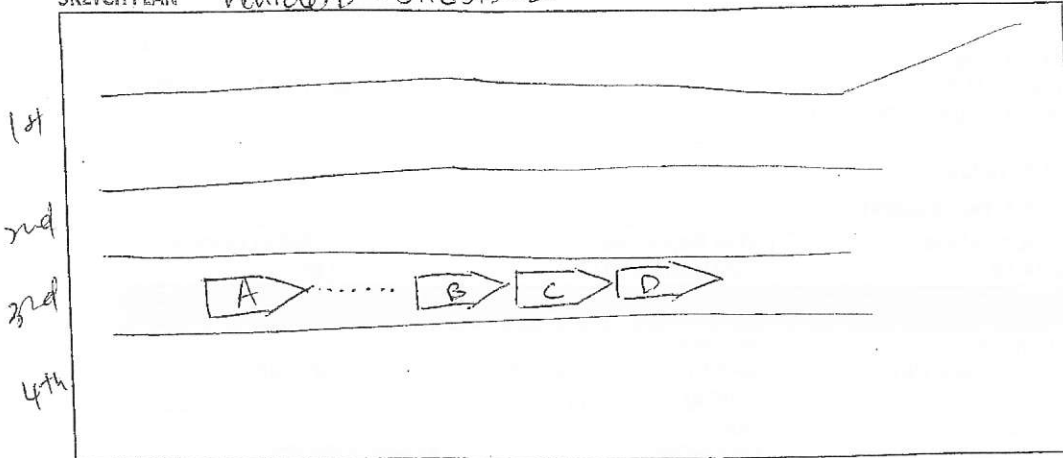
  
 Policyholder's Signature  
 Date & Time: 25/11/19

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

  
 Reporting Centre Person's Signature  
 Name: Mei  
 NRIC/FIN No.: 251119

# Sketch Plan Pg. 2

Date of accident: 25/01/2019 Time: 1240<sup>EST.</sup> Location: CTE toward AYE near Exit 14  
 My Vehicle A: SDH53H Vehicle B: SKG607H Vehicle C: STX8402B  
 SKETCH PLAN Vehicle D: SHC51362



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach Police Report  
 No: T/20190125/2075  
 dd: 25/01/2019

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my effle accident report to:

My workshop:

Email address:

& myself:

Email address: Siolvis@yahoo.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Vehicle: - SDH53H

Policyholder's Signature

Date & Time:

Driver's Signature

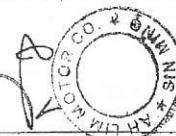
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190125/2075

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20190125/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/01/2019 14:58		Vide Report No.: F/20190125/0077		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: YVONNE GOH HWEE PENG			Address: APT BLK 139A LORONG 1A TOA PAYOH #13-40 SINGAPORE 311139		
ID Type / ID No.: NRIC NO / S7718936Z			Contact No.: Home/Office: Mobile: 97613730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 15/07/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT SUPPORT			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2019 12:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards AYE Lamp Post Number: 37				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH53H	Car				Slightly Damaged	1
SHC5136Z	Car				Slightly Damaged	1
SJX8402B	Car				Slightly Damaged	0
SKG607H	Car				Slightly Damaged	0

## Police Report Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190125/2075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20190125/2075

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YVONNE GOH HWEE PENG	ID No.	S7718936Z
Related Vehicle	SDH53H (Car)	Contact No.	97613730
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
Driver			
Name	Mok Kok Keong	ID No.	S1397851D
Related Vehicle	SHC5136Z (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	Loke Yuen Yuen	ID No.	S1230133B
Related Vehicle	SJX8402B (Car)	Contact No.	90297877
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



**SINGAPORE  
POLICE FORCE**



T/20190125/2075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20190125/2075

**CONTINUATION OF REPORT**

Driver			
Name	JegaMogan	ID No.	NIL
Related Vehicle	SKG607H (Car)	Contact No.	94324170
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 25/1/2019 at about 1240hrs, I was travelling along the 3rd lane of CTE going towards AYE when suddenly, the vehicle in front, SKG607H jammed brake. Upon seeing that, I immediately jammed brake. However, I collided into the back of SKG607H. We alighted from our vehicle to check the drivers and passengers before checking on our vehicle. We then moved our vehicle to the road shoulder followed by exchanging of contacts. The taxi then left the scene after exchanging. As the driver of SJX8402B was not feeling good, Ambulance was being called in. EMAS, LTA came followed by Ambulance then Traffic Police arrived. Traffic police then came and interviewed the driver of SKG607H and myself. Both our vehicle SD cards were being taken by the police. We then drove off after that to lodge a police report.





**SINGAPORE  
POLICE FORCE**



T/20190125/2075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20190125/2075

**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:

F /

Sgt 2 JEREMY KHOO WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2019 14:58

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

