

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	07/02/2019 19:07
Date Of Accident	03/02/2019 20:00
Exact Location Of Accident	PUNGGOL WAY NEAR BUS STOP OF B/261 PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7818S
Insured/Policyholder	
Name Of Registered Owner	CHEN XING JU
NRIC No	S8210484D
Email Address	KENNETHCHENXINGJU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84888437
Alternative Phone No	OTHERS-84888437

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800054672
Cover Note Number	

Driver

Name of Driver	CHEN XING JU
NRIC No	S8210484D
Date Of Birth	12/04/1982
Occupation	INDOOR
Date Of Driving Pass	10/04/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84888437
Fax Number	
Contact Number	OTHERS-84888437
Email Address	KENNETHCHENXINGJU@GMAIL.COM

Address	BLK 315A PUNGGOL WAY #12-641
Postcode	821315
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?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190204/2115 / T/20190204/2117 / F/20190204/7027 /

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	SJX388L
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	CHEN XING JU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan


SKETCH PLAN

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. 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:

7/2/19
12.30pm.


Driver's Signature
(If driver is not the policyholder)

Date & Time:

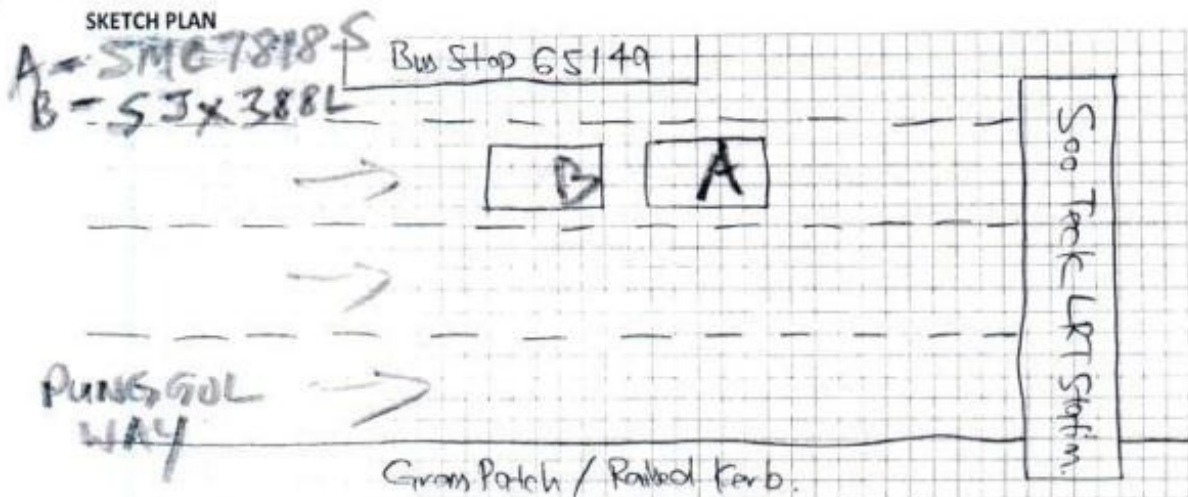
7/2/19
12.30pm.


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Chen Xing Ju, 58210484D, am the driver of vehicle, SMC 78185, together with my 3 passengers, Goh Pei Wen, 59035176A, Chen Ku Zhang Kevin, T1310297F & Chen Yi Xin Ashley, T1537371C at the point of this accident. At around 8.30pm, our vehicle, SMC 78185, came to a stop behind a vehicle (In front of Bus Stop no. 65149 along Punggol way). A few seconds later, we felt a strong impact followed by a lurching from the rear of our vehicle. My son, Kevin Chen, was thrown off the rear seat. His head hit the front passenger seat and fell onto the carpet. My wife was thrown forward by the strong impact with her hand raised daughter, Ashley Chen, and the back of her head hit the rear passenger seat headrest. I was also thrown forward by the strong impact and the back of my head hit the driver seat headrest. On the next day, I brought my son and daughter, Kevin Chen & Ashley Chen, to Raffles Medical @ Raffles Place for a checkup. I was given 5 days MC. Separately, my wife went to Raffles Medical @ Changi Business Park for checkup and was given 1 day MC.

DECLARATION

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

J. Chen
Policyholder's Signature
Date & Time:

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

[Signature] 7/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190204/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN XING JU	ID No.	S8210484D
Related Vehicle	SMC7818S (Car)	Contact No.	84888437
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 03/02/2019 at about 2030hrs, I was driving my vehicle bearing the registration plate number SMC7818S along Punggol Way and was driving along the bus lane. Upon reaching the bus stop of Soo Teck LRT, I slowly came to a stop as in front of my vehicle there was bus. While waiting for the aforesaid bus to move off, suddenly one vehicle bearing the registration plate number SJX388L collided to the rear of my vehicle. I then alighted from my vehicle and checked if anyone was injured.

I wish to state that there were no visible injuries found on us. The driver and I then exchanged particulars and also agreed to proceed with insurance claims.

The bumper of my rear vehicle was seriously damaged.

On the 04/02/2019 at 1200hrs, I felt sore and pain on the my back and the back of my neck.

I am lodging this report for insurance claims.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2117

CONTINUATION OF REPORT

Driver			
Name	CHEN XING JIU	ID No.	S8210484D
Related Vehicle	NIL	Contact No.	84888437
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	LOH TECK YONG	ID No.	S8008960J
Related Vehicle	NIL	Contact No.	85880388
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.

Reference to report T/20190204/2115, I wish to add on the other driver in the report.

That is all.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



F/20190204/7027

1 of 3

POLICE REPORT (NP299)

Report No. F/20190204/7027

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 04/02/2019 19:19	Vide Report No.	Station Diary No.
Name Of Informant GOH PEI WEN	Address APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	
ID Type / ID No. NRIC NO / S9035176A	Contact No. Home/Office: Mobile: 81111160	
Nationality SINGAPORE CITIZEN	Email Address gohpeiwen90@yahoo.com.sg	
Occupation Sales and related associate professional nec	Sex Female	Age 28
Institution/School Name	Date of Birth 27/09/1990	Race Chinese
Date/Time Of Incident 03/02/2019 20:30 - 03/02/2019 21:00	Location Of Incident PUNGGOL WAY	

Brief details.

I, Goh Pei Wen, NRIC, S9035176A, was one of the 3 passengers on board vehicle number SMC7818S at the point of this accident. The other 2 passengers were my Son, Chen Yu Zhong Kedric, T1310297F and my Daughter, Chen Yi Xin, T1537371C.

At around 8.30pm, our vehicle, SMC7818S, that my Husband, Chen Xing Ju, S8210484D, was driving came to stop behind a vehicle. (Infront of Bus Stop no. 65149 along Punggol Way). A few seconds later, we felt a strong impact followed by a loud bang from the rear of our vehicle and my Son was thrown

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190204/7027

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190204/7027

off the rear seat. His head hit the front passenger seat and fell onto the carpet. I was thrown forward by the strong impact with my hand carried Daughter and the back of my head hit the rear passenger headrest.

On the next day, 04-02-19, my husband brought my Son and Daughter to Raffles Medical @ Raffles Place for a check to ensure that they are okay. I separately went to Raffles Medical @ Changi Business Park for my neck and back pain and was given a 1-day MC.

Subjects Involved			
Victim			
Person Name	GOH PEI WEN		
ID Type	NRIC NO	ID No	S9035176A
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	Sales and related associate professional nec	Address Type	
Address	APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315		Mobile No 81111160
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



Accident Sketch Plan



10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

28 Jun 2018

Our ref 2806180203N057018665

CHEN XING JU
APT BLK 315A PUNGGOL WAY
#12-641
SINGAPORE 821315

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SJX252U WITH VEHICLE REGISTRATION NO. SMC7818S

You may be pleased to know that your application of 28 Jun 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SMC7818S (Previously SJX252U)
Vehicle Make : TOYOTA
Vehicle Model : HARRIER 2.4G A
Chassis No. : ACU300110602
Engine No./ Motor No. : 2AZB433848 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : ACU300110602, Engine No./ Motor No. : 2AZB433848 / -) to display the new/ replacement registration number, SMC7818S by 01 Jul 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180628121749909986 or the vehicle registration number when making your enquiry.

Accident Sketch Plan



Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



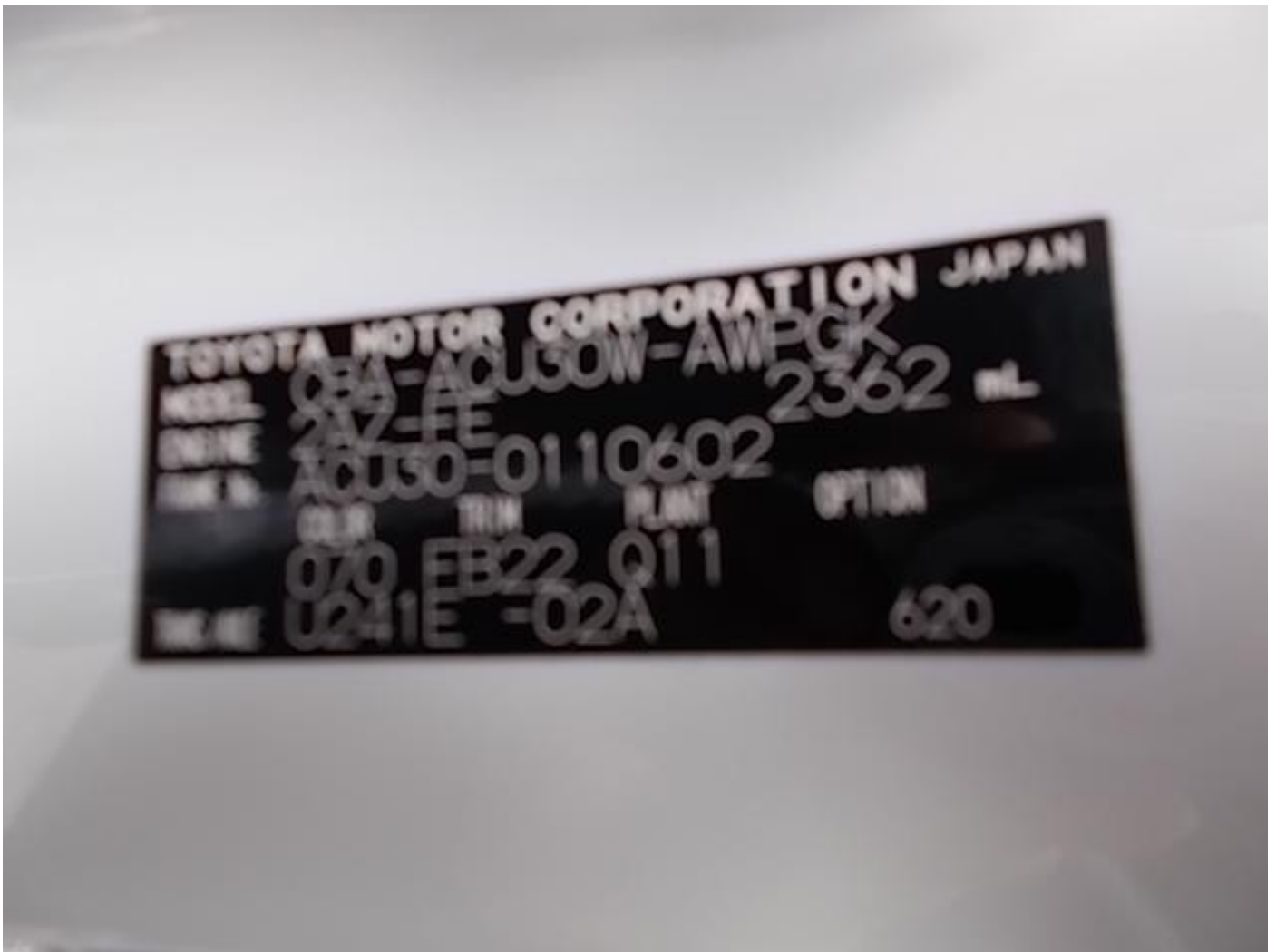
Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190204/2115

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190204/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 16:01	Vide Report No.:	Station Diary No.: 175
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Informant's Particulars

Name of Informant: CHEN XING JU			Address: APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	
ID Type / ID No.: NRIC NO / S8210484D			Contact No.: Home/Office: Mobile: 84888437	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/04/1982	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL WAY				
Near to the bus stop of B/261 Punggol				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control:		Traffic Volume: Moderate	
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
SJX388L	Car	AUDI		Grey	Seriously Damaged	1
SMC7818S	Car	TOYOTA	HARRIER 2.4G A	White	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC7818S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800054672	15/05/2018	14/05/2019

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190204/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN XING JU	ID No.	S8210484D
Related Vehicle	SMC7818S (Car)	Contact No.	84888437
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 03/02/2019 at about 2030hrs, I was driving my vehicle bearing the registration plate number SMC7818S along Punggol Way and was driving along the bus lane. Upon reaching the bus stop of Soo Teck LRT, I slowly came to a stop as in front of my vehicle there was bus. While waiting for the aforesaid bus to move off, suddenly one vehicle bearing the registration plate number SJX388L collided to the rear of my vehicle. I then alighted from my vehicle and checked if anyone was injured.

I wish to state that there were no visible injuries found on us. The driver and I then exchanged particulars and also agreed to proceed with insurance claims.

The bumper of my rear vehicle was seriously damaged.

On the 04/02/2019 at 1200hrs, I felt sore and pain on the my back and the back of my neck.

I am lodging this report for insurance claims.

Accident Photo



SINGAPORE
POLICE FORCE



T/20190204/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190204/2115

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 1 TENG WEI KANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 16:01
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:  SN 085
Authentication Stamp NP168	Signature:  Singapore Police Force

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3
Report No. T/20190204/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 16:12	Vide Report No.: T/20190204/2115	Station Diary No.: 181
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Informant's Particulars

Name of Informant: CHEN XING JU			Address: APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315		
ID Type / ID No.: NRIC NO / S8210484D			Contact No.: Home/Office: Mobile: 84888437		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 12/04/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2019 20:30	Type of Location:
Location: Along Road 1 PUNGGOL WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Person Involved

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

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2117

CONTINUATION OF REPORT

Driver			
Name	CHEN XING JIU		ID No. S8210484D
Related Vehicle	NIL		Contact No. 84888437
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	LOH TECK YONG		ID No. S8008960J
Related Vehicle	NIL		Contact No. 85880388
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.

Reference to report T/20190204/2115, I wish to add on the other driver in the report.

That is all.

Accident Photo



SINGAPORE
POLICE FORCE



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190204/2117

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 1 TENG WEI KANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Signature Of Informant:

Date/Time:
04/02/2019 16:12

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



**SINGAPORE
POLICE FORCE**



F/20190204/7027

1 of 3

POLICE REPORT (NP299)

Report No. F/20190204/7027

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 04/02/2019 19:19	Vide Report No.	Station Diary No.
Name Of Informant GOH PEI WEN	Address APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	
ID Type / ID No. NRIC NO / S9035176A	Contact No. Home/Office: Mobile: 81111160	
Nationality SINGAPORE CITIZEN	Email Address gohpeiwen90@yahoo.com.sg	
Occupation	Sex Female	Age 28
Sales and related associate professional nec	Date of Birth 27/09/1990	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 03/02/2019 20:30 - 03/02/2019 21:00	Location Of Incident PUNGGOL WAY	

Brief details.

I, Goh Pei Wen, NRIC, S9035176A, was one of the 3 passengers on board vehicle number SMC7818S at the point of this accident. The other 2 passengers were my Son, Chen Yu Zhong Kedric, T1310297F and my Daughter, Chen Yi Xin, T1537371C.

At around 8.30pm, our vehicle, SMC7818S, that my Husband, Chen Xing Ju, S8210484D, was driving came to stop behind a vehicle. (Infront of Bus Stop no. 65149 along Punggol Way). A few seconds later, we felt a strong impact followed by a loud bang from the rear of our vehicle and my Son was thrown

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



**SINGAPORE
POLICE FORCE**



F/20190204/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190204/7027

off the rear seat. His head hit the front passenger seat and fell onto the carpet. I was thrown forward by the strong impact with my hand carried Daughter and the back of my head hit the rear passenger headrest.

On the next day, 04-02-19, my husband brought my Son and Daughter to Raffles Medical @ Raffles Place for a check to ensure that they are okay. I separately went to Raffles Medical @ Changi Business Park for my neck and back pain and was given a 1-day MC.

Subjects Involved			
Victim			
Person Name	GOH PEI WEN		
ID Type	NRIC NO	ID No	S9035176A
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	Sales and related associate professional nec	Address Type	
Address	APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315		Mobile No
			81111160
Is Informant A	Yes		
Victim?			

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190204/7027

Person Name	GOH PEI WEN (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400917735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119017130 Vehicle Registration No: SJX 252U
Name (as shown in NRIC) : CHEN XING JU NRIC/FIN/Passport No : S 8210484D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 315A PUNGGOL WAY, #12-641, Singapore (821315)
Contact (Tel) : - Mobile No.: 84888437
Email Address : KENNETHCHENXINGJU@GMAIL.COM
Date of Accident : 03/02/2019 Time of Accident : 20:00
Place of Accident : PUNGGOL WAY NEAR BUS STOP OF B/261 PUNGGOL
Insurance Company: AIG Asia Pacific Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the plate number.

Policyholder / Driver's Signature
Date:

12/21/2019

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