

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	13/02/2019 15:31
Date Of Accident	05/02/2019 12:00
Exact Location Of Accident	BEDOK NORTH RD JUNCTION OF BEDOK RESERVOIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5028E
Insured/Policyholder	
Name Of Registered Owner	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Email Address	SHARLENTOHJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90686734
Alternative Phone No	OFFICE-90686734

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA410430
Cover Note Number	

Driver

Name of Driver	TOH JIN HUI SHALENE
NRIC No	S8912574Z
Date Of Birth	12/04/1989
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90686734
Fax Number	
Contact Number	OFFICE-90686734
Email Address	SHARLENTOHJH@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 ON 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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

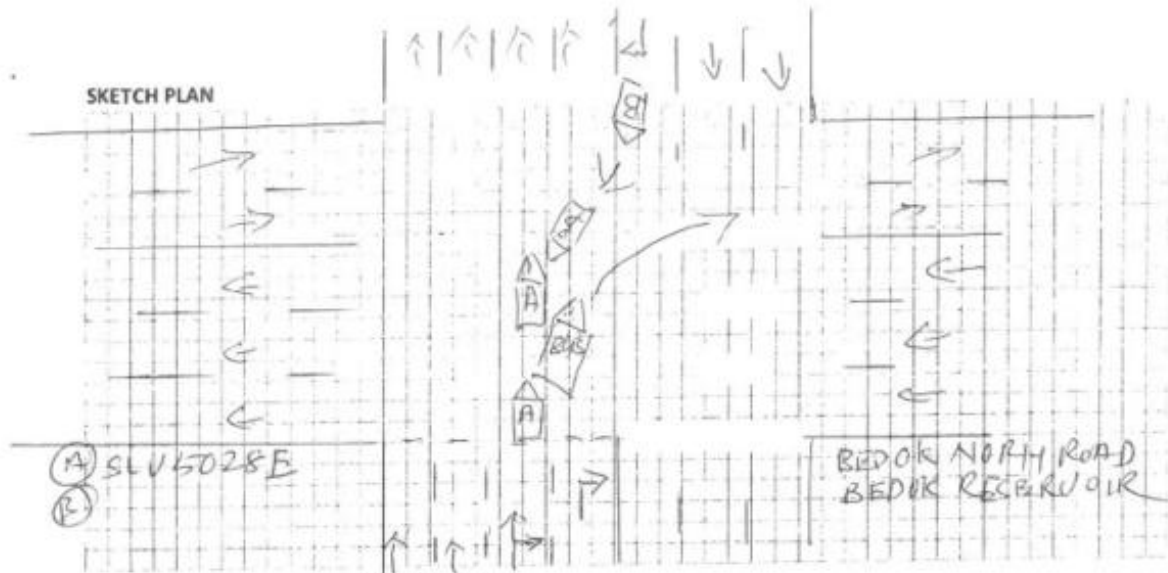
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV4113H
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)

Accident Sketch Plan




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along bedok north road, and had to stop behind a bus because i was caught in a go straight / turn right lane. My car was already passed the white line but my vision was blocked by the bus so i waited until the bus turned then i continued straight. I saw a van coming towards me on the right side i hon and ~~he~~ ~~the~~ ~~van~~ swerved to the left but he continued on and bumped my car. I couldn't stop in time. When he came down, he was rubbing his face and looked very sleepy. He admitted he didn't see, and told me to proceed to claim insurance.

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:

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

COUNTY: NORTH BRUNSWICK

Accident Sketch Plan


SKETCH PLAN

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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:

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

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

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 05-02-2019 Time: 12.00pm Location of Accident: BEDOK NORTH ROAD JUNCTION OF BEDOK RESERVOIR

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SL1828E
Name of Policyholder: Toh Jin Hui Shalene
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S89125742
Address: BIK USB Service Unit #17-50 S(792415)
Contact Number: Tel: Hp: 90636734
Occupation: Financial Planner

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Mercedes
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: Reserved
Exact Purpose for which vehicle was being used at the time of accident: Reserved
Are you claiming under your own insurance policy? ☒ Yes ☐ No Remarks: Reporting
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AICA
Type of Policy: ☐ Comprehensive ☐ TP Fire & Theft ☒ Third party
Fleet Policy: ☐ Yes ☐ No
Policy Number: GA410430

DRIVER

Name of Driver: Toh Jin Hui Shalene
NRIC/ FIN/ Passport: S89125742
Date of Birth: 12/04/89
Occupation: Financial Planner
Driving Pass Date: 07/03/2011
Gender: ☐ Male ☒ Female
Contact Number: Tel: Hp: 90636734
Address: BIK USB Service Unit #17-50 S(792415)
Email Address: shalene@jsh@gmail.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: ☐ Yes ☒ No
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions: ☒ Clear ☐ Raining ☐ Others:
Road Surface: ☐ Wet ☒ Dry ☐ Others:
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☐ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☐ Yes
Was there any camera video footage (in car)? ☐ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
If Yes, please state which police station & Report No.: Bedok North
Was notice of intended Prosecution given? ☐ No ☐ Yes
If Yes, against whom?

Toh Seng Boon

Sim Chuan Bray

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

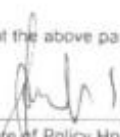
Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Police Report

ANNEX E

NOTICE OF REPORTING

This is to confirm that Tuh Jin Hui Sharlene NRIC: S8912574Z, has reported to the Police a non-injury traffic accident which occurred at a Junction of Bedok North Road and Bedok Reservoir Road on 05/02/2019 at 1230 pm involving the following vehicles: SLV5028E (Mercedes C200) and a Van (GV4113H) .

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank / Name of Issuing officer: SGT(3) Muhammad Fikri

Date: 05/02/2019

Time: 1650hrs

S/D Ref: 23

Police Post/ Unit: Bedok North NPC


Bedok North NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800 7888777

Original - To be issued to inkerman;
Duplicate- to be submitted to Traffic Police

Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars (including motor cycles) with or without passengers, as driver 07 Mar 2011
of the driver, and other motor vehicles - as driving

License No. S89125742

NP 426A

8812508

S89125742

Date of issue
18-04-2004

Address
AP1 BLK 00 BEDOK NORTH ROAD
#02-07D
SINGAPORE 460060

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S89125742

Name
TOH JIN HUI, SHARLENE

Exp Date: 12 Apr 1989
Valid Date: 07 Mar 2011

S89125742

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S89125742

Name
TOH JIN HUI, SHARLENE

杜金慧

Race
CHINESE

Date of birth
12-04-1989

Sex
F

Country of birth
SINGAPORE

S89125742

1 of 2

redefining / insurance



redefining / insurance

104 314 402 04461246
4154 PERMANENT
17 50
SINGAPORE 755400

ADB Insurance Pte Ltd
1040 400 0000 (Within Singapore)
(65) 6540 4000 (International)
ADB 0000 0000
www.adb.com.sg
www.adb.com.sg

Insureds

Date:
05/05/2018

Your existing contribution:
ADB 0000 0000 0000 0000 / 0000

Your new existing contribution:

Policy Schedule

Your SmartDrive Third Party Only Third Party

Your policy snapshot

Policyholder name	104 314 402 04461246	Policy number	Y02 / 04461246
Class	Third Party Only	Policy / 0000	00000000
Period of insurance	from 26/11/2018 to 26/11/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% RCT	SGD 1,007.58
7% GST	SGD 70.53
Road Fund	SGD 1,078.11

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive SmartDrive and SmartDrive Benefits

- SmartDrive

Vehicle details

Make & Model of Vehicle	2018 KIA NEXO EFFICIENT	Year of manufacture	2018
Vehicle registration number	SL50002	Type of Use	Private Use
Body type	SALON	Engine capacity (cc)	1700
Seating capacity (passenger)	4	Engine number	271805/0012705
Whistle type	No	Chassis number	W00004040240100000

Insured's Estimated Market Value (limitation to use)	Not Applicable
Insured's Loan Company	As per Certificate of Insurance

Excess applicable (refer to Policy Wording for other applicable Excesses)

Insured's Excess	Not Applicable
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Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	104 314 402 04461246	11/04/1980	30 years

Additional classes & endorsements to your policy

Nil

ADB Insurance Pte Ltd (00960021246)
8 Shenton Way, #05-01, ADB Tower
Singapore 068811
Customer Centre, 452-01

3 of 2

Y02 / 04461246

What you should do

- Keep this Policy Schedule as proof of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Policy Wording

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ADB Insurance Pte Ltd

This is an acknowledgment document and does not require signature or stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



