

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 12:12
Date Of Accident	11/02/2019 18:30
Exact Location Of Accident	TPE TOWARDS SLE NEAR TO EXIT 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5332L
Insured/Policyholder	
Name Of Registered Owner	SHIA KIOP SHENG
NRIC No	S0206040Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98594357
Alternative Phone No	OFFICE-98594357

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.6 1597CC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10793283
Cover Note Number	

Driver

Name of Driver	SHIA SHAORONG KENNETH
NRIC No	S9136765C
Date Of Birth	15/10/1991
Occupation	INDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98594357
Fax Number	
Contact Number	
Email Address	KENNETHSHIA1991@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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: : DESMOND CHENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MO KIO SOUTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20190212/2002 LODGED AT ANG MO KIO SOUTH NPC ON 11/2/2019 AT ABOUT 18303HRS, I WAS TRAVELLING ALONG TPE TOWARDS SLE ON THE 2ND LANE. AS THE TRAFFIC WAS VERY HEAVY, THE FRONT CAR SLN5651Y STOPPED HIS VEHICLE. I STOPPED BEHIND HIM. SUDDENLY, I FELT A HUGE IMPACT FROM THE BACK. WE THEN ALIGHTED FROM THE CAR AND FOUND OUT THAT ANOTHER CAR (SKB5524G) HAD COLLIDED INTO MY VEHICLE. WE THEN VIEWED THE DAMAGES AND TO ALSO EXCHANGE PARTICULARS. BOTH MY VEHICLE AND SKB5524G WAS TOWED BY EMAS TO ANCHORVALE CC. WE THEN PROCEEDED TO CALLED FOR OUR OWN TOW TRUCK. I HAVE AN IN CAR CAMERA. AS I WAS FEELING UNWELL, I WENT TO SEE A DOCTOR AND WAS GIVEN 7 DAYS MC.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO FILEZILLA ONCE INSURED SEND
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB5524G
Vehicle Make/Model/Colour	TOYOTA/ WISH 1.8X A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO KONG TAI

NRIC/Passport Number	S7317620D
Contact Number	92311173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : P1 GENDER: : MALE
Passenger 2	NAME: : P2 GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN5651Y
Vehicle Make/Model/Colour	TOYOTA/ PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SENG CHYE
NRIC/Passport Number	S1644239I
Contact Number	97864077
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : P1 GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	SHIA SHAORONG KENNETH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT5332L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.
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.
(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

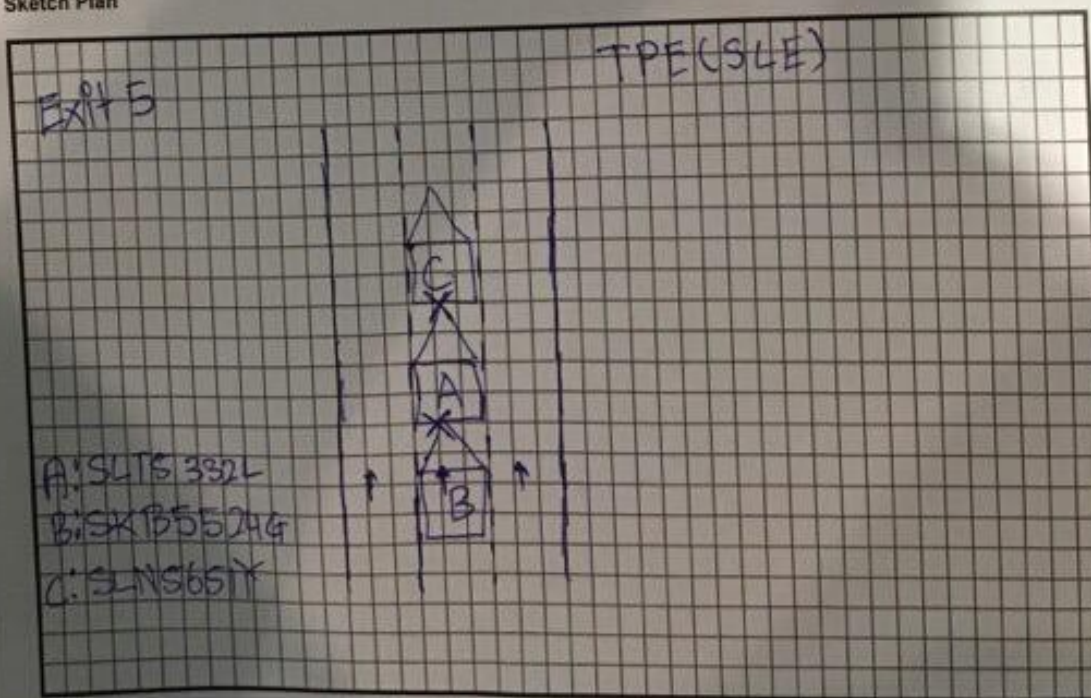
Muhammad Firza Bin Ideris

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190212/0002

1 of 3

Report No: T/20190212/0002

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 00:41	Video Report No:	Station Diary No: 12
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Informant's Particulars

Name of Informant: SHIA SHAORONG, KENNETH		Address: APT BLK 272 BUKIT BATOK EAST AVENUE 4 #02-76 SINGAPORE 650272	
ID Type / ID No: NRIC NO / S9136765C	Contact No:	Mobile: 98594357	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 15/10/1991	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: INTERIOR DESIGNER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident	Injury Others	Drink Driver No	Date/Time of Accident: 12/02/2019 19:15:00	Type of Location: Straight/Proced
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Location:
Along Road 1
TAMPINES EXPRESSWAY

Beside IKEA towards SLE

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
SKB5524G	Car				Seriously Damaged	2
SLN5651Y	Car				Slightly Damaged	1
SLT5332L	Car				Seriously Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C.
81 Ang Mo Kio Avenue 3 SINGAPORE
569029
Tel No: 1800-4519999



1/20190212/0002

2 of 3

Report No: 1/20190212/0002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			ID No.
Name	SHIA SHAORONG, KENNETH		59136765C
Related Vehicle	SLT5332L (Car)		Contact No.
			98594357
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date
			Class: NIL Date of Expiry: NIL
Date Treatment	11/02/2019	Date Discharge	11/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	Cheng Desmond		ID No.
			59140616J
Related Vehicle	SLT5332L (Car)		Contact No.
			97279235
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date
			Class: NIL Date of Expiry: NIL
Date Treatment	11/02/2019	Date Discharge	11/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 11/2/2019 at about 1830hrs, I was travelling along TPE towards SLE on the 2nd Lane. As the traffic was very heavy, the front car SLN5651Y stopped his vehicle. I stopped behind him. Suddenly, I felt a huge impact from the back. We then alighted from the car and found out that another car (SKB5524G) had collided into my vehicle. We then viewed the damages and to also exchange particulars. Both my vehicle and SKB5524G was towed by EMAS to Anchorvale CC. We then proceeded to called for our own Tow Truck. I have an In car camera. As I was feeling unwell, I went to see a doctor and was given 7 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Ang Mo Kio South N.P.C.
81 Ang Mo Kio Avenue 3 SINGAPORE
569029
Tel No: 1800-4519999



T20190212/0003

3 of 3

Report No: T20190212/0002

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 85474885 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:
12/02/2019 00:41

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No: 85476204

Authentication Stamp
AP188

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9136765C

Name: SHIA SHAORONG, KENNETH

Birth Date: 15 Oct 1991

Issue Date: 11 Dec 2013

002254980K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9136765C

Name: SHIA SHAORONG, KENNETH

余 绍 荣

Race: CHINESE

Date of birth: 15-10-1991

Country of birth: SINGAPORE

Sex: M

Driving License

