

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 | 22/02/2019 11:30 |
| Date Of Accident | 21/02/2019 14:15 |
| Exact Location Of Accident | SLIP RD CTE (AYE) TWDS MOULMEIN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLT5425C |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S AIRWERKZ ENGINEERING PTE LTD |
| Co Reg No | 201526817C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91813394 |
| Alternative Phone No | OFFICE-91813394 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | CIVIC TYPE-R 2.0 M |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3077051800 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | FREDDIE FOO YI TENG |
| NRIC No | S9449828G |
| Date Of Birth | 11/07/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/07/2014 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91813394 |
| Fax Number | |
| Contact Number | OFFICE-91813394 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 60 JALAN BAHAGIA #01-23 |
| Postcode | 320060 |
| 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) | 2 |
| Passenger 1 | NAME: : GRACE KOH LI PING 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 NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4849999 - FAX NO: 62181399 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190222/2020.

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 | SMF6666D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN FU HAO |
| NRIC/Passport Number | S8235542A |
| Contact Number | 87486942 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name FREDDIE FOO YI TENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT5425C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name GRACE KOH LI PING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT5425C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

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


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

Accident Sketch Plan

SKETCH PLAN

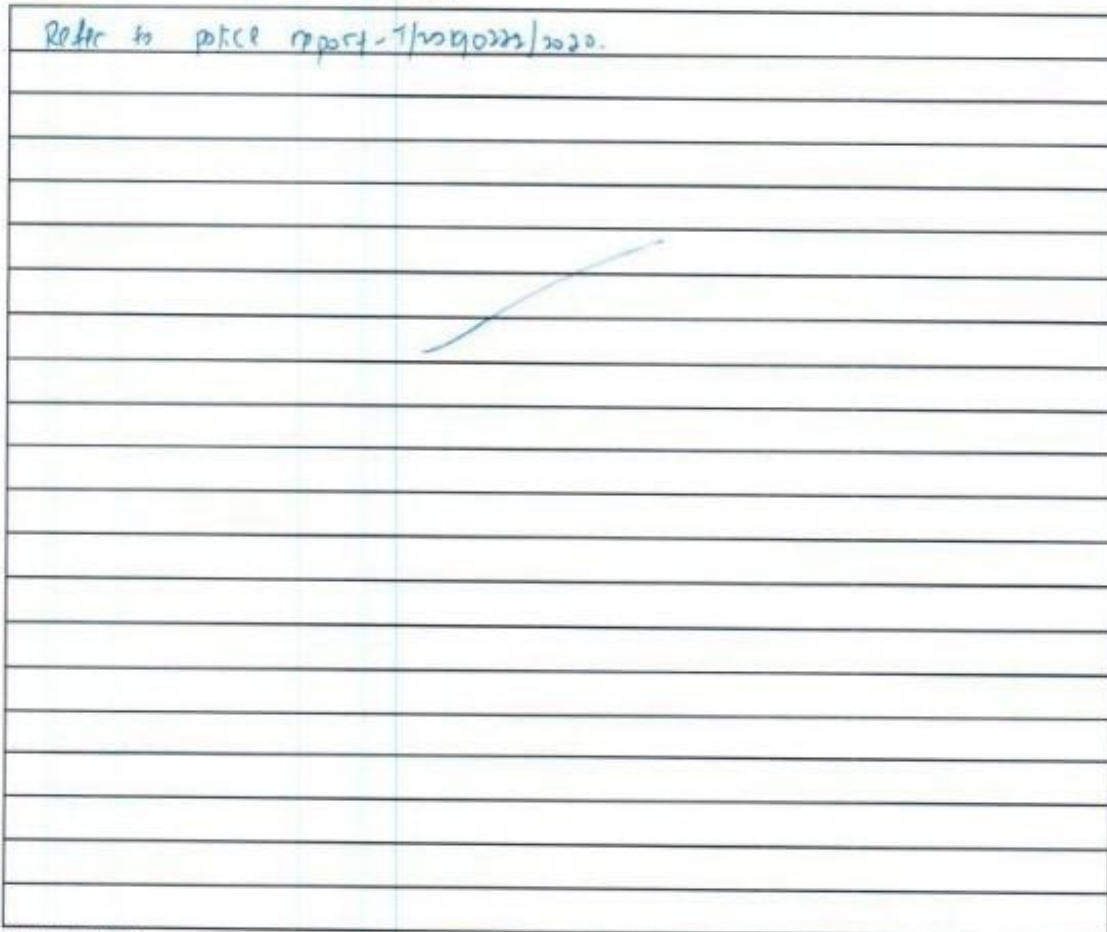
A: SL7 542SC
B: SME 666D

Maulmain Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/24/2022/2020.



DECLARATION

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

Policyholder's
Date & Time:



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



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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190222/0020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20190222/0020

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 22/02/2019 10:18 | Vide Report No.: | Station Diary No.: 34 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: FREDDIE FOO YI TENG | | Address: APT BLK 60 JALAN BAHAGIA #01-23 SINGAPORE 320060 | |
| ID Type / ID No.: NRIC NO / S9449828G | | Contact No.: Home/Office: Mobile: 91813394 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 24 | Date of Birth: 11/07/1994 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: SALES | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------|-----------------------|---|-------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 21/02/2019 14:15 | Type of Location: |
| Location: Along Road 1 CENTRAL EXPRESSWAY Exit Moulmein Road | | | No | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | 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 |
| | Car | | | | Seriously Damaged 1 |
| SMF6666D | Car | | | | Seriously Damaged 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190222/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20190222/2020

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Name | Grace Koh Li Ping | ID No. | S8823002G |
| Related Vehicle | SLT5425C (Car) | Contact No. | 85007669 |
| Hospital/Clinic | ACCESS MEDICAL (WHAMPOA) | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 22/02/2019 | Date Discharge | 22/02/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | FREDDIE FOO YI TENG | ID No. | S9449828G |
| Related Vehicle | SLT5425C (Car) | Contact No. | 91813394 |
| Hospital/Clinic | ACCESS MEDICAL (WHAMPOA) | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 22/02/2019 | Date Discharge | 22/02/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | Tan Fu Hao | ID No. | S8235542A |
| Related Vehicle | SMF6666D (Car) | Contact No. | 87486942 |
| 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 21/02/2019, at around 1415hrs, I was at Central Expressway (CTE). When I exited CTE to Moulmein Road, I stopped at the "Give Way" line to allow the oncoming traffic to pass. Suddenly, my girlfriend, who was my passenger, and I felt a impact from the back of my vehicle. We alight our vehicle immediately to check, and found out that a Toyota Alphard (License-plate no.: SMF6666D) had collided to the rear of my vehicle, at the right rear-light area. We accessed the damage done, we exchanged particulars, and came to a decision to do our own insurance claim. Following that, I left the scene, while the other party (Tan Fu Hao, NRIC: S8235542A) called for the tow truck, as he vehicle is no-longer able to move.

On 22/02/2019, my girlfriend and I felt uncomfortable, and went to see a doctor, and was given 3 days MC for each of us.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190222/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569764
Tel No 1800-4849999

3 of 4

Report No. T/20190222/2020

CONTINUATION OF REPORT

I am making this report for my insurance claim.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190222/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

4 of 4

Report No. T/20190222/2020

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 KOH JIA JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/02/2019 10:18

Classification Of Case:

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



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