

## 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	21/02/2019 17:29
Date Of Accident	20/02/2019 18:05
Exact Location Of Accident	KJE TOWARDS BKE (NEAR CHOA CHU KANG DR EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV8755D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MENG LEE POW
Co Reg No	33378700E
Email Address	MENGLEEPOW@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67547745

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5 DR
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VC05001216
Cover Note Number	

### Driver

Name of Driver	TOH JUN YU
NRIC No	S7924427I
Date Of Birth	15/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81839991
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 445 YISHUN AVE 11 #06-50
Postcode	760445
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### 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	SLM2485K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHMAD ISHAM BIN MOHAMAD IBRAHIM
NRIC/Passport Number	S7903007D
Contact Number	87550063
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV7223G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEOW GEK BUAY
NRIC/Passport Number	S1573823E
Contact Number	98178108
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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

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MENG LEE POW  
Tel: 67547745  
116 WOODLAND LOOP #04-05  
SINGAPORE 738700

Policyholder's Signature  
Date & Time:

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

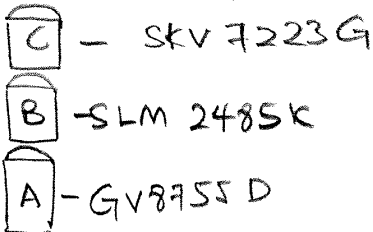


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 20/2/2019 Time: 6.11pm Location: PIE TOWARD KJE  
 Veh A: GV8775D Veh B: SLM 2485K No of pax: 1 Weather: Clear/dry Rain/Wet

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☒ Reporting Only

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

My workshop :

Email address : Meng Lee Pow@hotmail.com

& myself : 67547745

Email address :

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.

**MENG LEE POW**  
 TEL: 7745  
 15 WOODLAND ROAD #04-05  
 POLICYHOLDER'S SIGNATURE  
 Date & Time: 20/2/2019 7:38:32

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



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

SHAW WATSON SIN MING AUTO SERVICES PTE. LTD.



**SINGAPORE  
POLICE FORCE**



T/20190220/2219

1 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190220/2219

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2019 22:56	Vide Report No.:	Station Diary No.: 201
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## Informant's Particulars

Name of Informant: TOH JUN YU			Address: APT BLK 445 YISHUN AVENUE 11 #06-50 SINGAPORE 760445	
ID Type / ID No.: NRIC NO / S79244271			Contact No.: Home/Office: Mobile: 81839991	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 15/08/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: teacher helper			Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/02/2019 18:05	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
KJE towards BKE (Near Choa Chu Kang Drive exit)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
GV8755D	Van				Slightly Damaged	0
SKV7223G	Car					0
SLM2485K	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190220/2219

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190220/2219

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GV8755D	LONPAC INSURANCE BHD.	Z18VC05001216	15/12/2018	15/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TOH JUN YU		ID No.	S79244271
Related Vehicle	GV8755D (Van)		Contact No.	81839991
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	TEOW GEK BUAY		ID No.	S1573823E
Related Vehicle	SKV7223G (Car)		Contact No.	98178108
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	MOHMAD ISHAM BIN MOHAMAD IBRAHIM		ID No.	S7903007D
Related Vehicle	SLM2485K (Car)		Contact No.	87550063
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/20190220/2219

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190220/2219

**CONTINUATION OF REPORT**

**Brief Details.**

On 20/02/2019 at around 1805hrs, I was travelling in my van (V1: GV8755D) along KJE towards BKE (Near Choa Chu Kang Drive exit) on the third lane of five lane road. As I was on the move, the car (V2: SLM2485K) in front of me made an abrupt stop, as such I applied emergency brake but could not stop in time. Hence, my tire skidded and collided onto V2. I then went down to check and exchange particulars with the affected parties. It was then that I realized that V2 made an abrupt stop as the vehicle in front of his (V3: SKV7223G), jammed brake to avoid collision with a car which had already drove off. The unknown car had jammed brake for no reason and drove off after causing the chain collision. I wish to state that there were no traffic police and ambulance at scene, no injuries suffered.





**SINGAPORE  
POLICE FORCE**



T/20190220/2219

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190220/2219

## 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:

L /

Sgt 2 NU'MAN BIN MOHD NOOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2019 22:56

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:


SN 085

Authentication Stamp


NP168

Singapore Police Force

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S79244271**  
 Name: **TOH JUN YU (ZHUO JUNYU)**  
 Birth Date: **15 Aug 1979**  
 Issue Date: **19 Feb 2013**



00215 1994K

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S79244271**



Name: **TOH JUN YU (ZHUO JUNYU)**  
**卓俊羽**  
 Race: **CHINESE**  
 Date of birth: **15-08-1979** Sex: **M**  
 Country of birth: **SINGAPORE**

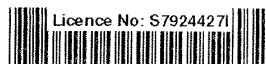
S79244271

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

Class 2B Motorcycles =< 200 cc 14 Sep 2004  
 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 04 Oct 2002

NP 428A



4885100

NRIC No. **S79244271**



Date of issue  
**17-09-2012**

Address  
**APT BLK 445 YISHUN AVENUE 11**  
**#06-50**  
**SINGAPORE 760445**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Addendum Sheet Pg. 1



**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.: M400017735

**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 : MFA119024491 Vehicle Registration No: GV8755D  
 Name (as shown in NRIC) : MENG LEE POW NRIC/FIN/Passport No : 33378700E  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 20/02/2019 Time of Accident : 18:05  
 Place of Accident : KJE TOWARDS BKE (NEAR CHOA CHU KANG DR EXIT)  
 Insurance Company: LONPAC INSURANCE BHD

### (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:

TO RE-ATTACH SKETCH PLAN WITH COMPANY STAMP.

TO ADD VEHICLE PHOTOS.

**明利然心**

**MENG LEE POW**

Tel: 67547745

15 WOODLANDS LOOP #04-05

SINGAPORE 738322

\*

Policyholder / Driver's Signature

Date:

Tel: 67547745

15 WOODLANDS LO

SINGAPORE 738322

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: