

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	25/02/2019 14:41
Date Of Accident	22/02/2019 14:30
Exact Location Of Accident	AMK AVE 6 JUNC OF AMK ST 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5138E
Insured/Policyholder	
Name Of Registered Owner	MR SIAH ENG HOCK
NRIC No	S7127987A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94511849
Alternative Phone No	OFFICE-94511849

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC 2.0
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MY006416-R05
Cover Note Number	-

Driver

Name of Driver	MR SIAH ENG HOCK
NRIC No	S7127987A
Date Of Birth	10/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94511849
Fax Number	
Contact Number	OFFICE-94511849
EEmail Address	NOEMAIL

Address	BLK 653 SENJA LINK #16-26
Postcode	670653
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 - CROSS JUNCTION
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)	6
Passenger 1	NAME: : SIAH KOON LOON GENDER: : MALE
Passenger 2	NAME: : HO BAN HUANG GENDER: : FEMALE
Passenger 3	NAME: : JOANNA SIAH HWEE WOON GENDER: : FEMALE
Passenger 4	NAME: : JONATHAN SIAH CHEE WOON GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP2717B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MAY CHEW WEE LING
NRIC/Passport Number S7615889D
Contact Number 85937638
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name MR SIAH ENG HOCK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT5138E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SIAH KOON LOON
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT5138E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name HO BAN HUANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT5138E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name JOANNA SIAH HWEE WOON
Approximate Age
Injuries Sustain BODY

Injured person in which vehicle?	SJT5138E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	JONATHAN SIAH CHEE WOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT5138E
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 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.

(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

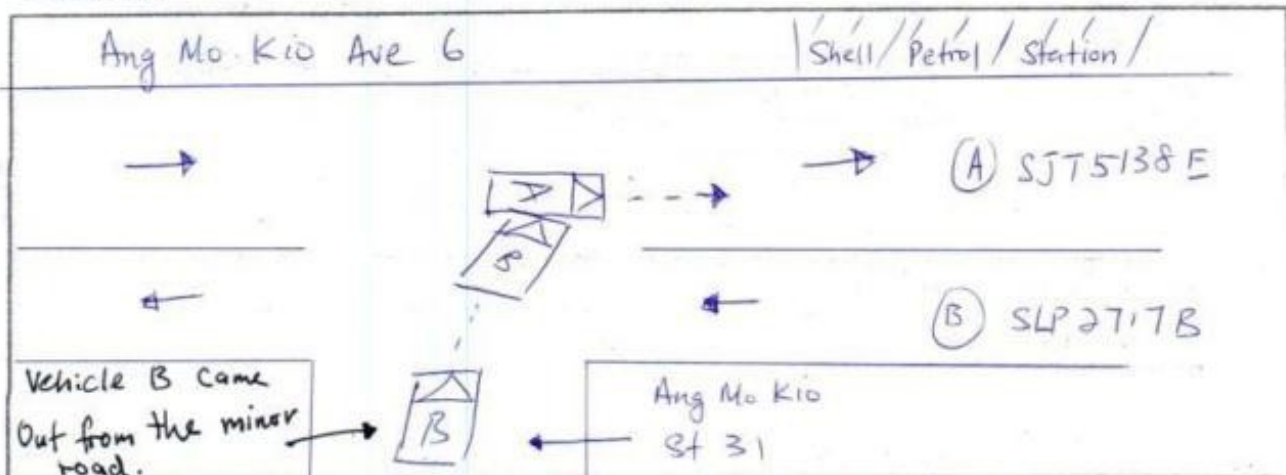
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

* Refer To Police Report NO: T/20190223/2129

Declaration

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



Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2129

1 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20190223/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 18:14		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: SIAH ENG HOCK			Address: APT BLK 653 SENJA LINK #16-26 SINGAPORE 670653		
ID Type / ID No.: NRIC NO / S7127987A			Contact No.: Home/Office: Mobile: 94511849		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6 TOWARDS ANG MO KIO HUB				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT5138E	Car				Slightly Damaged	5
SLP2717B	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2129

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20190223/2129

CONTINUATION OF REPORT

Driver			
Name	SIAH ENG HOCK	ID No.	S7127987A
Related Vehicle	SJT5138E (Car)	Contact No.	94511849
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/02/2019	Date Discharge	22/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MAY CHEW WEE LING	ID No.	S7615889D
Related Vehicle	SLP2717B (Car)	Contact No.	85937638
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 22.02.2019 at about 1430hrs, I was driving my car SJT5138E along Ang Mo Kio Ave 6 towards Ang Mo Kio Hub at the 1st lane from the right of four lane road together with my family. At that time, the weather was clear and the road surface was dry.

Along the journey, a car SLP2717B out of sudden came out from the right side of a minor road and collided into my right rear car portion.

I came out from my car and approached the driver, a female Chinese, to check if she suffered any injury. I then started to check on the damages of my car. My right rear portion was badly damaged. We exchange our particulars and continue our journey.

After the collusion, my family and I felt some pain on our bodies. We then decided to go for medical check-up at Mount Alvernia Hospital. I was given 5 days of MC by doctor.

I wish to state that this is the first time it happened to me with the said car and there is an in-car camera installed inside my car.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190223/2129

3 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20190223/2129

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: D / Staff Sgt ROSLAN BIN ROHANY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2019 18:14
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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