

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	01/03/2019 12:13
Date Of Accident	27/02/2019 18:50
Exact Location Of Accident	MCE BEFORE EXIT TO ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4064X
Insured/Policyholder	
Name Of Registered Owner	GOH BOON KIAT MICHAEL
NRIC No	S1253037D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568838
Alternative Phone No	OFFICE-94568838

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA054006/1
Cover Note Number	

Driver

Name of Driver	GOH BOON KIAT MICHAEL
NRIC No	S1253037D
Date Of Birth	05/10/1957
Occupation	INDOOR
Date Of Driving Pass	19/03/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94568838
Fax Number	
Contact Number	OFFICE-94568838
Email Address	NOEMAIL

Address	121 LORONG L TELOK KURAU #05-01
Postcode	425554
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	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	4
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SLS6839R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHOON BOON
NRIC/Passport Number	S7728295E
Contact Number	97828784
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC5681L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KWEK JOON KIAT
NRIC/Passport Number	S8106147E
Contact Number	91889218
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLG9262Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW THAI SWEE
NRIC/Passport Number	S1644245C
Contact Number	96682345
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

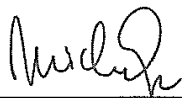
SKETCH PLAN

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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:

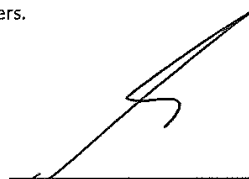
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

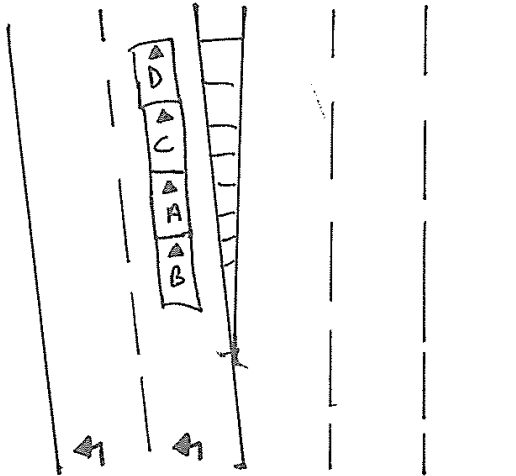


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



MCE before Exit to ECP

Vehicle A: SJS 4064X

Vehicle B: SL5 6839R

Vehicle C: GBC 5681L

Vehicle D: SLG 9262Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report T/20190227/2204

DECLARATION

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

Michael

Policyholder's Signature
Date & Time:

every respect.

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

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



**SINGAPORE
POLICE FORCE**



T/20190227/2204

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190227/2204

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2019 23:54		Vide Report No.: A/20190227/0127		Station Diary No.: 115	
Informant's Particulars					
Name of Informant: MICHAEL GOH BOON KIAT			Address: 121 LORONG L TELOK KURAU #05-01 SINGAPORE 425554		
ID Type / ID No.: NRIC NO / S1253037D			Contact No.: Home/Office: Mobile: 94568838		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 05/10/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CEO			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/02/2019 18:50	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Along MCE before exit to ECP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle against stopped vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
GBC5681L	Van					0
SJS4064X	Car	TOYOTA	HARRIER 2.4G A	Silver	Seriously Damaged	0
SLG9262Y	Car					0
SLS6839R	Car					0

POLICE REPORT Pg. 1



**SINGAPORE
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T/20190227/2204

Police Station Of Origin:
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Tel No: 1800-4428999

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Report No. T/20190227/2204

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJS4064X	AXA INSURANCE SINGAPORE PTE LTD	GA054006	14/08/2018	13/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Kwek Joon Kiat		ID No.	S8106147E
Related Vehicle	GBC5681L (Van)		Contact No.	91889218
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	MICHAEL GOH BOON KIAT		ID No.	S1253037D
Related Vehicle	SJS4064X (Car)		Contact No.	94568838
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Liew Thai Swee		ID No.	S1644245C
Related Vehicle	SLG9262Y (Car)		Contact No.	96682345
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/20190227/2204

Police Station Of Origin:
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Report No. T/20190227/2204

CONTINUATION OF REPORT

Driver			
Name	Tan Choon Boon		ID No. S7728295E
Related Vehicle	SLS6839R (Car)		Contact No. 97828784
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 27/02/2019 at about 1850hrs, I was driving my car SJS4064X on the 4th lane along MCE towards ECP. The traffic in front of me had came to a stop. I then stopped my car. I glanced at my rear mirror and saw the car SLS6839R behind me was travelling very fast. I engaged my brakes. However, the car collided onto the rear of my car. Despite engaging my brakes, my car moved forward towards the van in front and hit onto its rear. I was not injured. I came out to make a check. The front and back portion of my car was badly damaged. I asked the driver of SLS6839R and he informed he was distracted.

This was a chain collision involving 4 vehicles. The first car is a grab car SLG9262Y, second vehicle is a van GBC5681L, the third vehicle is my car SJS4064X and the last car is SLS6839R. I exchanged particulars with the other drivers. One LTA officer and 2 EMAS came to scene. The van had a female pregnant passenger who was then conveyed by ambulance to hospital. The LTA officer informed that traffic police is waiting for us at the Fort Road carpark. 1 EMAS then towed the car SLS6839R to Fort Road carpark while the rest of us drove our vehicles there.

We met up with traffic police officer who advised us to lodge a traffic accident report reference incident A/20190227/0127.



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T/20190227/2204

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Report No. T/20190227/2204

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: G / Sr Staff Sgt HUANG JINYING, EVELYN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2019 23:54
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

