

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	04/03/2019 10:12
Date Of Accident	03/03/2019 00:20
Exact Location Of Accident	ALONG BKE TOWARDS SLE (TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2118L
Insured/Policyholder	
Name Of Registered Owner	TOH ENG CHYE
NRIC No	S1593109D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94553901
Alternative Phone No	OFFICE-94553901

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR 1.2 TURBO ACTIVE (AUTO)
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	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	CN893475
Cover Note Number	

Driver

Name of Driver	TOH TIAN FENG
NRIC No	S9115322Z
Date Of Birth	01/05/1991
Occupation	INDOOR
Date Of Driving Pass	02/03/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82683908
Fax Number	
Contact Number	
Email Address	JONATHANTOHTF@GMAIL.COM

Address	62 CHESTNUT AVENUE #22-09
Postcode	679518
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)	3
Passenger 1	NAME: : ANNA YEUNG TIK SEH GENDER: : FEMALE
Passenger 2	NAME: : LEUNG SZE YAN ZOE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SHA320B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN TIAN JIAN TONY

NRIC/Passport Number	S8014480F
Contact Number	81289700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4860S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE ENG KUAN
NRIC/Passport Number	S1718620E
Contact Number	93245760
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH TIAN FENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMC2118L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

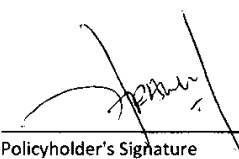
SKETCH PLAN

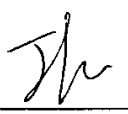
IMPORTANT NOTICE

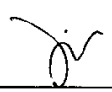
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

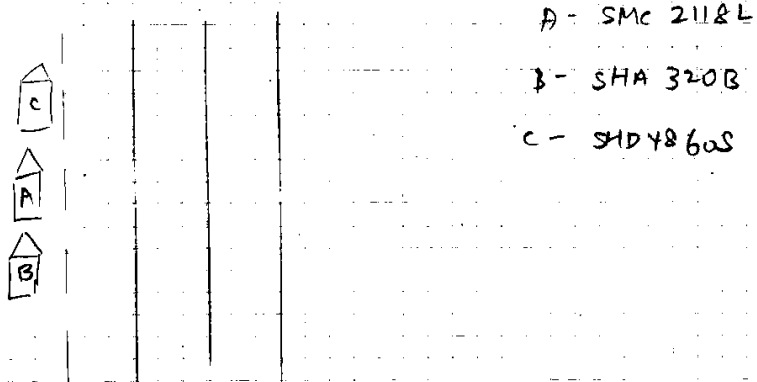

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 3/2/2019 0018

Accident Location : BLE Towards SLE (TPE)

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:



**SINGAPORE
POLICE FORCE**



T/20190303/2089

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190303/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2019 17:43			Vide Report No.:		Station Diary No.: 78
Informant's Details					
Name of Informant: TOH TIAN FENG			Address: 62 CHESTNUT AVENUE #22-09 SINGAPORE 679518		
ID Type / ID No.: NRIC NO / S9115322Z			Contact No.: Home/Office: Mobile: 82683908		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 01/05/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: ADMIN STAFF			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 00:20	Type of Location: Straight Road	
Location: Along Road 1 SELETAR EXPRESSWAY					
slip road of BKE (exit 9) towards SLE (TPE)					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		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	No of Passenger
SHA320B	Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Seriously Damaged	1
SHD4860S	Taxi	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



**SINGAPORE
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T/20190303/2089

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190303/2089

CONTINUATION OF REPORT

Details of Vehicle Involved						
SMC2118L	Car	TOYOTA	C-HR 1.2 TURBO ACTIVE (AUTO)	Grey	Slightly Damaged	2

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHAN TIAN JIAN TONY		ID No. S8014480F
Related Vehicle	SHA320B (Taxi)		Contact No. 81289700
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
Name	LEE ENG KUAN		ID No. S1718620E
Related Vehicle	SHD4860S (Taxi)		Contact No. 93245760
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
Name	ANNA YEUNG TIK SEH		ID No. S9370572F
Related Vehicle	SMC2118L (Car)		Contact No. 91797021
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/20190303/2089

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190303/2089

CONTINUATION OF REPORT

Name	TOH TIAN FENG		ID No.	S9115322Z
Related Vehicle	SMC2118L (Car)		Contact No.	82683908
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	
Passenger				
Name	LEUNG SZE YAN ZOE		ID No.	S9371488A
Related Vehicle	SMC2118L (Car)		Contact No.	91682819
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 3/3/2019 at about 0018hrs, I was driving along BKE towards SLE (TPE) whereby I was driving thru the slip road; entering SLE and one blue taxi suddenly came to a halt.

Initially, I managed to jammed brake my car, to avoid hitting the first taxi in front of me. However, one yellow taxi was unable to stop and thus hit the rear side of my car. Apparently, my car then hit the rear bumper of the blue taxi in front of me.

After the impact, all of the vehicles involved stop at the side of the road and exchanged our contact details. One LTA Marshal dropped by and rendered some assistance.

I wish to state that there were no visible injuries on the drivers and passengers involved and we left the scene after exchanging our contact details.

I am hereby lodging this report for my personal reference as well as necessary follow up action.



**SINGAPORE
POLICE FORCE**



T/20190303/2089

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Report No. T/20190303/2089

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:

A /

Staff Sgt TAUFIQ BIN JUPRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Contact No:

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

03/03/2019 17:43

Classification Of Case:

LETTER OF AUTHORIZATION

Dear Sir/Madam,

I/We, Toh Eng chye (policyholder),

S1593109D (NRIC/UEN) of SMC 2118L (vehicle no.)

hereby authorize Toh Tian Feng (driver),

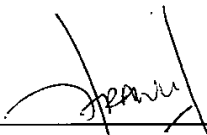
S9115322Z (NRIC/FIN) to submit a motor insurance report occurred

along BKE Towards (location) on 3/3/19 (date),

0018 (am/pm) involving BKE Towards SLE (TDE) (vehicle no/s)

Thank you.

Sincerely,


Signature (co. chop if applicable)

Name: Toh Eng chye

Tel: 94553901

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

