

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	03/03/2019 22:18
Date Of Accident	01/03/2019 22:30
Exact Location Of Accident	RD 1 RACE COURSE RD NEAR LTA BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV4934E
Insured/Policyholder	
Name Of Registered Owner	TOH JUN DA
NRIC No	S9435693H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90059438
Alternative Phone No	OTHERS-90059438

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER1.6MSR
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	GA422969/1
Cover Note Number	

Driver

Name of Driver	TOH JUN DA
NRIC No	S9435693H
Date Of Birth	25/09/1994
Occupation	INDOOR
Date Of Driving Pass	28/09/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90059438
Fax Number	
Contact Number	OTHERS-90059438
Email Address	NOEMAIL

Address	151 ANG MO KIO AVE 5 #03-3044 SPORE 560151
Postcode	
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : TAN HUI FANG GENDER: : FEMALE
Passenger 2	NAME: : TAN ZHI GUANG GENDER: : MALE
Passenger 3	NAME: : ADEN TOH YU HENG GENDER: : MALE
Passenger 4	NAME: : CHEN HOON KIEW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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 SKETCH PLAN/POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA8262H

Vehicle Make/Model/Colour

HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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. After this report has been 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 lodging 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: L. L. L.
NRIC/PIN No.: 18040111A

Sketch Plan #2

Handwritten notes on a grid background:

1. ...
2. ...

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/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:

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

GIARAC SketchPlanForm_V3

Police Report

Police Station & C.I. Origin
 Tampines A.P.C.
 6 Tampines Avenue 4 SINGAPORE 520682
 Tel No: 1800-5871899

Report No: 1/2019/02/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 11:55	Video Report No.	Station Duty No. 66
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Informant's Particulars

Name of Informant: TOH JUI DIA			Address APT BLK 151 ANG MO KIO AVENUE 5 #03-3044 SINGAPORE 560151		
ID Type / ID No. NRIC NO / S9435693H			Contact No. Home/Office Mobile: 90059436		
Nationality SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 25/09/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALESMAN			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: 01/03/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 RACE COURSE ROAD NEAR TO LTA BUILDING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV4934E	Car	MITSUBISHI	LANCER 1.6 MSR	Red		4
SHA8262H	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV4934E	AXA INSURANCE SINGAPORE PTE LTD	GA422969	03/12/2018	02/12/2019

Police Report

13/03/2019
 13/03/2019
 13/03/2019

Date Treatment: 02/03/2019		Date Discharge: NIL	
No. of Days granted Medical Leave: 03		Degree of Injury: NIL	
Passenger			
Name	ADEN TOR YU HEA E	ID No.	71205324C
Related Vehicle	SGV4934E (Car)	Contact No.	
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	TOH JUN DA	ID No.	S9435693H
Related Vehicle	SGV4934E (Car)	Contact No.	90059438
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment: 02/03/2019		Date Discharge: NIL	
No. of Days granted Medical Leave: 03		Degree of Injury: NIL	

Passenger					
Name	TAN ZHI GUANG			ID No.	S9124136F
Related Vehicle	SGV4934E (Car)			Contact No.	84070491
Hospital/Clinic	POW FAMILY CLINIC & SURGERY			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
Driver					
Name	LIM NAM SUN			ID No.	S1658350B
Related Vehicle	SHA8262H (TAXI)			Contact No.	
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	

On 01/03/19, at about 2230hrs, I was travelling on lane one along Race Course Road. At that point of time, there was a yellow 'CityCab' on lane two. As he signaled right and was filtering in, I gave way. However, he started to go back into his lane again. As such, while I was about to overtake him, he made a right turn all of a sudden and side swipe onto my vehicle. After the accident, we alighted from our vehicles to assess the damage and to exchange particulars.

I would like to state that there were no traffic police or ambulance at scene. I have a front and rear inbuilt vehicle camera which captured a footage of the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20190302/2052

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190302/2052

CONTINUATION OF REPORT

Police Report



Police Station Of Origin:
Tampines N.P.C.
8 Tampines Avenue 4 SINGAPORE 529652
Tel No. 1800-587 8888

Report No. 12/011002042052

Case/Reference No. 12/011002042052

Sketch Plan

Information is not to be responsible station person

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 66474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 JONATHAN LIM XIONG HAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

02/03/2019 11:55

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE