

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	08/03/2019 15:22
Date Of Accident	07/03/2019 15:00
Exact Location Of Accident	PIE (LP 730)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS1666A
Insured/Policyholder	
Name Of Registered Owner	KHNG THIAN HUAT
NRIC No	S0100189B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96314060
Alternative Phone No	OFFICE-96314060

Vehicle Particulars

Manufacturer	BENTLEY
Model	CONTINENTAL GT 6.0
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	CN036457
Cover Note Number	

Driver

Name of Driver	KHNG THIAN HUAT
NRIC No	S0100189B
Date Of Birth	02/03/1953
Occupation	INDOOR
Date Of Driving Pass	08/12/1972
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96314060
Fax Number	
Contact Number	OFFICE-96314060
EEmail Address	NOEMAIL

Address	-
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	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)	2
Passenger 1	NAME: : CHOY MEI HAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached 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	SLF5877E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BEN
NRIC/Passport Number	
Contact Number	86086539
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8802P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TEO
NRIC/Passport Number
Contact Number 97337233
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKD8204A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HANIF
NRIC/Passport Number
Contact Number 92399160
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

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

(A) SLF587
(B) SDC 1666
(C) SHC8802
(D) SKD820

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE

Attached 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.:



**SINGAPORE
POLICE FORCE**



T/20190308/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190308/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 14:21		Vide Report No.: E/20190307/0092		Station Diary No.:
Informant's Particulars				
Name of Informant: KHNG THIAN HUAT		Address: 23 BUKIT SEDAP ROAD SINGAPORE 279922		
ID Type / ID No.: NRIC NO / S0100189B		Contact No.: Home/Office: Mobile: 96314060		
Nationality: SINGAPORE CITIZEN		Email: khngthianhuat@hotmail.com		
Sex: Male	Age: 66	Date of Birth: 02/03/1953	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 15:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY 16KM LP730 TO CHANGI				
Weather: Sunny	Road Surface: Dry		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		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
SDS1666A	Car	BENTLEY	CONTINENT AL GT6.0	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDS1666A	AXA INSURANCE SINGAPORE PTE LTD	Cover Note No. CN036457	06/03/2019	05/03/2020



**SINGAPORE
POLICE FORCE**



T/20190308/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20190308/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHOY MEI HAR	ID No.	S02441651
Related Vehicle	SDS1666A (Car)	Contact No.	97319697
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	KHNG THIAN HUAT	ID No.	S0100189B
Related Vehicle	SDS1666A (Car)	Contact No.	96314060
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

Brief Details.

Accident occurred on 7th March 2019 at PIE (AP)16km LP/730 -- Police Case Card Report No. E/20190307/0092.

I was driving my car SDS 1666A (Bentley) along the PIE towards Changi Airport, on first lane from centre of the road (extreme right). I saw a vehicle ahead not moving so I applied brake to slow down, wanted to shift to the next lane but no chance to shift due to heavy on-coming traffic. I then stopped completely behind the SLF 5877E (Honda Civic). In a very very short while after I stopped my vehicle behind the SLF 5877E (Honda Civic) there was a hard impact that banged and pushed my car from behind and then resulted my car SDS 1666A (Bentley) moved forward and banged against the front car SLF 5877E (Honda Civic). The accident occurred.

The driver of SLF 5877E (Honda Civic) came out of his car and walked to the vehicles behind my car and all drivers came out from the car including myself. The car behind that banged my car was SHC 8802P(Comfort Taxi) and the car that banged SHC 8802P(Comfort Taxi) was SKD 8204A (Jaguar XF). The taxi driver told us that he knew and saw my car had stopped so he had also followed and stopped completely behind my car before the SKD 8204A (Jaguar XF) came driving behind his taxi and banged his taxi.

My car SDS 1666A(Bentley)'s front and back are badly damaged. It was arranged to tow away to the workshop after the Police had recorded our statements and pictures were taken.

Vehicles Involved in this chain accident:

The vehicle in front of me - a Honda Civic SLF 5877E; Driver-Ben Hp.86086539.



**SINGAPORE
POLICE FORCE**



T/20190308/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20190308/7005

CONTINUATION OF REPORT

My vehicle - a Bentley SDS 1666A; Driver-Khng Thian Huat Hp.96314060.
The vehicle behind me - a Comfort Taxi SHC8802P; Driver-Mr Teo Hp.97337233.
The vehicle behind the taxi - a Jaguar XF SKD 8204A; Driver-Mr Hanif Hp.92399160.



**SINGAPORE
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T/20190308/7005

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4 of 4

Report No. T/20190308/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
08/03/2019 14:21

Classification Of Case:

Date: 8/3/19

To: Owner of Vehicle Number: SPS 1666A

The following has been advised to you via your workshop, S2 H Math through their staff, Ms. Wong.

(L) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

(✓) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

(✓) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

() You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

(✓) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

(1) Others _____

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

