

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 ability.
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	24/09/2018 14:10
Date Of Accident	22/09/2018 09:45
Exact Location Of Accident	CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY265M
Insured/Policyholder	
Name Of Registered Owner	SEE MOI CHAN
NRIC No	S6970356I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83227467
Alternative Phone No	OFFICE-83227467

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA260212
Cover Note Number	

Driver

Name of Driver	CHOO SIEW FONG
Passport No/FIN	F1903978K
Date Of Birth	29/06/1987
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83227467
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 663 YISHUN AVE 4 #12-213 S 760663
Postcode	
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER 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	GBG6618T
Vehicle Make/Model/Colour	LORRY NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELU
NRIC/Passport Number	
Contact Number	97701458
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FJ7379M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FJ7379M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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.

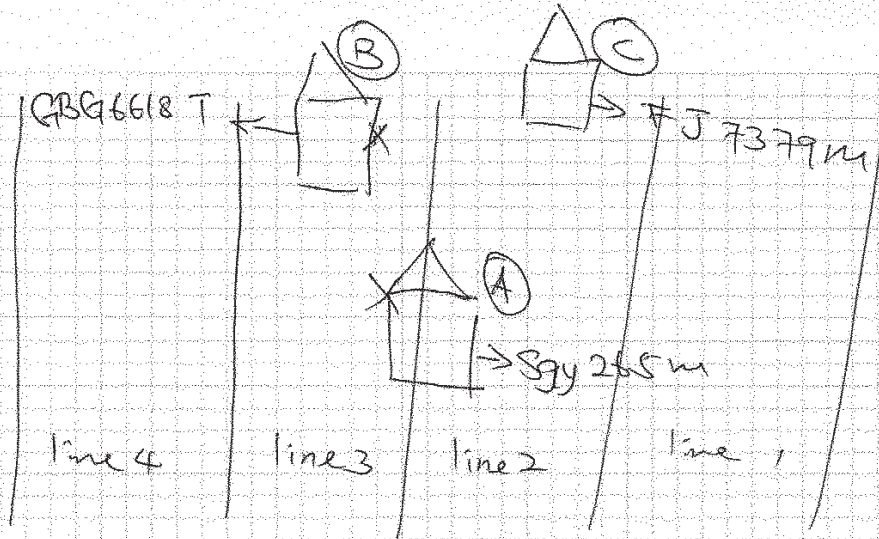
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/9/18

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

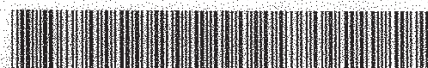
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180922/2050

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20180922/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 11:43		Vide Report No.: F/20180922/0133		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: CHOO SIEW FONG			Address: APT BLK 663 YISHUN AVE 4 #12-213 SINGAPORE 760663		
ID Type / ID No.: FIN NO / F1903978K			Contact No.: Home/Office: Mobile: 83227467		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 31	Date of Birth: 29/06/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 2B,3,3C Date of Expiry:		

General Information of the Accident

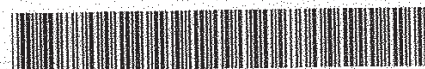
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2018 09:45	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE (AYE) towards PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FJ7379M	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0
GBG6618T	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	White	Slightly Damaged	1
SGY265M	Car	SUZUKI	SWIFT 1.5 AT	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180922/2050

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180922/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Velu	ID No.	NIL
Related Vehicle	GBG6618T (Lorry)	Contact No.	97701458
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	CHOO SIEW FONG	ID No.	F1903978K
Related Vehicle	SGY265M (Car)	Contact No.	83227467
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/09/2018 at about 0943hrs, I was driving my vehicle, SGY265M along CTE(AYE) towards PIE on the second lane. I checked that the traffic was clear before I signaled left and filtered into the third lane. As I was about to filter to the third lane, my left side mirror was hit by a motorcycle, FJ7379M, and he later rear ended a lorry, GBG6618T which was on the third lane. He then fell from his bike. I immediately stopped my vehicle, to make a check on him and called the police. Traffic police and ambulance came shortly after and the traffic police gave me an acknowledgement form as they took one SD card from my vehicle. I was also informed to head down to TPHQ on 23/09/2018 at 1100hrs to meet IO Yusmasthan T8182 regarding this case. I was also advised to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20180922/2050

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Report No. T/20180922/2050

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

Sgt 1 MA DERON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/09/2018 11:43

Officer In Charge Of Case:

TP / GIT /

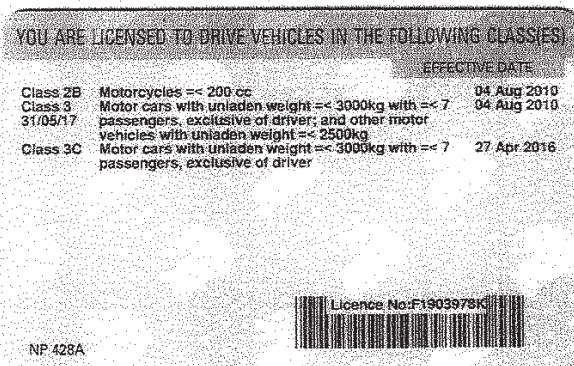
Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Classification Of Case:


Authentication Stamp

NP168



Accident Sketch Plan

See Mr. Chan (NRIC/Passport/FIN/WP no: S 6970356 I),
owner of vehicle no. S9Y 265M, hereby authorize the driver,
Mr/Ms Choo Siew Fong (NRIC/Passport/FIN/WP no: S F1903978 K) to make an
accident report on my behalf.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

