# 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

Manager of Committee 1987 And Inches	ACCIDENT STATEMENT
Date Of Report	26/03/2019 09:46
Date Of Accident	26/03/2019 07:05
Exact Location Of Accident	BLK 622 WOODLANDS RING RD(NEAR WOODLANDS RING PRI)
Country/State of Loss	SINGAPORE
WAS EXPLORED TO A PROPERTY OF THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN6650T
Insured/Policyholder	
Name Of Registered Owner	TOH KAI CHEW
NRIC No.	S8222422Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81574852
Alternative Phone No	OTHERS-81574852
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00477781
Cover Note Number	95/02/25/5015/05/5/5
Driver	

Name of Driver TOH KAI CHEW NRIC No S8222422Z Date Of Birth 02/08/1982 Occupation OUTDOOR Date Of Driving Pass 09/04/2001 Driving Experience

17 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81574852

Fax Number

Contact Number OTHERS-81574852

EMail Address NOEMAIL Address

BLK 639 WOODLANDS RING ROAD #09-27

Postcode

730639

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

O.1111

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

NO

Was any injured conveyed to hospital by

ambulance?

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 [OTHER]

WOODLANDS EAST NPC

Was notice of intended Prosecution given?

NO:

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT AND SKETCH PLAN

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

SHC3008Z

Vehicle Make/Model/Colour

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

#### SKETCH PLAN

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- 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance
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- 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
- 7. By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the certife 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 passessed 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)
  - (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/mini packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes"
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to callect, use, disclose and/or process my Personal information for one or more of the above Purposes, and
- my Personal information may/can be disclosed by any of the bisurers 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.
- 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 froud, 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.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Yires

Reporting Centre Personnel's Signature

NRIC/FIN No.

# Sketch Plan #2

SKETCH PLAN			
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efer to police	report Todiaos	oclosic	
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ARATION			
	stars are true in every respect.		(9)
y	Action to the reserve to write with the trappect.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-tole answer			(3) //
(24) 0945 mc			(15 B) O
holder's Signature k Time: 26/03/14	Oriver's Signature  [if striver is not the policyholo	Reporting	Centre Personner's Signiture //

# Police Report





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 3 Report No. T/20190326/2016

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REPORT OF	- A	TDACCIO	ACCIDENT
KEFORT OF	M	INAFFIL	ALLUENI

Date/Time Report Made: 26/03/2019 08:54		/lade:	Vide Report No.:	Station Diary No.: 51	
Informa	nt's Partic	ulars			
Name of Informant: TOH KAI CHEW			Address: APT BLK 639 WOODLANDS RING ROAD #09-27 SINGAPORE 730639		
ID Type / ID No.: NRIC NO / S8222422Z		22Z	Contact No.: Home/Office:	Mobile: 81574852	
Nationality: SINGAPORE CITIZEN		EN .	Email:		
Sex: Male	Age: 36	Date of Birth: 02/08/1982	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Electrical engineer (general)		(general)	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2019 07:05	Type of Location Straight Road
	S RING ROAD at Woodlands Ring P	rimary near Blk 622 e	ntering on to main Roa	
Weather: Clear		Road Surface: Dry		Road Speed Limit:

Details of V	ehicle Invo	lved		STEEL ST		NAME OF TAXABLE PARTY.
Vehicle No.	and the second	Make	Model	Color	Condition	No of Passenger
SHC3008Z					No Damage	1
SLN6650T	Car	HONDA	VEZEL 1.5X A	Black	Slightly Damaged	1

AND THE RESERVE OF THE PERSON	E POSE DE LA COMPANION DE LA C	
Insurance No	Effective	Expiry Date
	Insurance No	Insurance No Effective

### Police Report





Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999 CONTINUATION OF REPORT

2 of 3 Report No. T/20190326/2016

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLN6650T	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00477781	12/05/2018	11/05/2019	

Details of Perso Any Pedestrian I	State Amplification to Charles				2000	
			Use of Peo	Use of Pedestrian Crossing: NA		
Driver					2000	
Name	TOH KAI CHEW			ID No		S8222422Z
Related Vehicle	NIL			Conta	ct No.	81574852
Hospital/Clinic	NIL		Class Drivin Licens Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Proposition of the Parket of t	NIL		
No. of Days granted Medical Leave NIL			Degree of			

#### Brief Details.

On the 26/03/2019 at about 0705hrs, after I have drop off my children at the service road beside Woodlands Ring Primary School and was heading to work. Vehicle (SHC3008Z) collided with the side of my vehicle. There was damage to both my driver door and the right passengers door.

The driver informed me that he was on the phone when he was driving and was distracted, so he step on the accelerator instead of the brakes.

As there was traffic starting to build up behind us, I informed him that we should move to the side of the road to exchange particulars. However when I drove to the side and came to a stop, he immediately drove off.

I was only able to take down his car plate number. Nobody was injured.

## Police Report





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20190326/2016

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.

Staff Sgt LEE YEE HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2019 08:54
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp Signature: Singapore Police Fo	orce