

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	16/04/2019 10:25
Date Of Accident	13/04/2019 00:30
Exact Location Of Accident	ALONG RIVER VALLEY ROAD NEAR TO CLARK QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5284G
Insured/Policyholder	
Name Of Registered Owner	ASCEND COM PTE LTD
Co Reg No	199802692H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93887275

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19MT102359-R01
Cover Note Number	

Driver

Name of Driver	POH HOCK HENG JACKSON
NRIC No	S8426532B
Date Of Birth	23/09/1984
Occupation	INDOOR
Date Of Driving Pass	01/09/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887275
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 672C YISHUN AVENUE 4 #12-568
Postcode	763672
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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)	5

Passenger 1	NAME: : SHIRLEY LIM
	GENDER: : FEMALE

Passenger 2	NAME: : FOONG SI YING
	GENDER: : FEMALE

Passenger 3	NAME: : CHOO KOK WENG
	GENDER: : MALE

Passenger 4	NAME: : PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20190413/2169

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	SJS9962X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Accident Sketch Plan Pg. 1

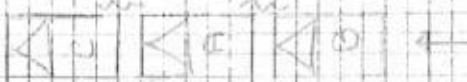
SKETCH PLAN

Along River Valley Road Near To Clark Quay

Vehicle A: 3LC 5234G

Vehicle B: 333 9962X

Vehicle C: 35T 3611T



Net 3 - same as Net 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref Police Report - T/20190413/2169

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:

CITY AUTO PTE LTD

Bldg 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190413/2169

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190413/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2019 23:13	Vide Report No.:	Station Diary No.: 155
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Informant's Particulars

Name of Informant: POH HOCK HENG, JACKSON			Address: APT BLK 672C YISHUN AVENUE 4 #12-568 SINGAPORE 763672		
ID Type / ID No.: NRIC NO / S8426532B			Contact No.: Home/Office: Mobile: 93887275		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 23/09/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B, 2A, 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/04/2019 00:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 RIVER VALLEY ROAD				
ALONG RIVER VALLEY ROAD NEAR TO CLARKE QUAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SJS9962X	Car	KIA	FORTE	Maroon	Slightly Damaged	1
SJT3611T	Car	TOYOTA	VIOS	Blue	Slightly Damaged	1
SLC5284G	Car	HONDA	VEZEL	Black	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20190413/2169

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190413/2169

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLC5284G	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TOH HUI LONG		ID No.	S8513330F
Related Vehicle	SJS9962X (Car)		Contact No.	86301588
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	MUHAMMAD FALIQ BIN HABIB MOHAMED		ID No.	S8939153I
Related Vehicle	SJT3611T (Car)		Contact No.	94558472
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	POH HOCK HENG, JACKSON		ID No.	S8426532B
Related Vehicle	SLC5284G (Car)		Contact No.	93887275
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 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/20190413/2169

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Tel No: 1800-8522999

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Report No. T/20190413/2169

CONTINUATION OF REPORT

Brief Details.

On 13/04/2019 at about 12.28am, while I was driving along River Valley Road on Lane 1, all of a sudden the car in front of me (SJT3611T) applied his brakes. I managed to brake on time and did not hit the car in front of me. About 3-5 seconds later, the car behind me (SJS9962X) hit the rear of my vehicle. Due to the collision, my car jerked to the front causing my car to hit onto the rear of the front vehicle.

My vehicle sustained dents and scratches on the frontal and rear area. No ambulance and police were at scene. No vehicle was towed. The 2 vehicles that were involved in the accident had exchanged particulars with me for insurance claim purposes. I am lodging this report for insurance claim purposes only.



**SINGAPORE
POLICE FORCE**



T/20190413/2169

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Report No. T/20190413/2169

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:

L /
Sgt 3 MOHAMMED HAYQAL BIN SAMSURI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/04/2019 23:13

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

