

## 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	26/04/2019 10:25
Date Of Accident	22/03/2019 06:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6571Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN BOON KHAI
NRIC No	S7933817F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96684011
Alternative Phone No	OFFICE-96684011

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	TL TUCSON
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	VPA/P1910529
Cover Note Number	

### Driver

Name of Driver	CHIN BOON KHAI
NRIC No	S7933817F
Date Of Birth	23/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684011
Fax Number	
Contact Number	OFFICE-96684011
E-Mail Address	NOEMAIL

Address	83 TAMPINES AVENUE 1 #08-22
Postcode	528686
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	COLLISION - HEAD TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4943T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA CHENG SWEE MAURICE
NRIC/Passport Number	S0302495D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHIN BOON KHAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLL6571Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	83 TAMPINES AVENUE 1 #08-22
Postcode	528686

Sketch Plan

**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.

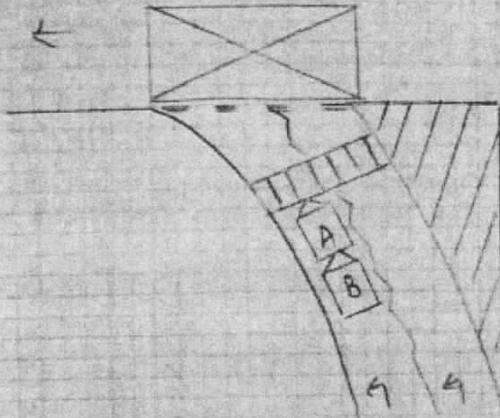
  
Policyholder's Signature  
Date of Filing

  
Driver's Signature  
(If driver is not the policyholder)  
Date of Filing

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

Sketch Plan #2

SKETCH PLAN



A = SLL6571Z

B = SJV4943T

PIE towards Tuas

(Near Exit 9 Eunos Flyover  
Pedestrian Zebra Crossing)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
Report No: T/20190322/2102

DECLARATION

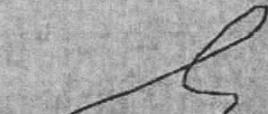
(We declare the foregoing particulars are true in every respect.)

  
Police Officer's Signature

Date & Time:

  
Driver's Signature

(If driver is not the police officer)

  
Reporting Centre Personnel's Signature

Name:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190322/2102

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Report No. T/20190322/2102

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2019 14:14	Vide Report No.:	Station Diary No.: 93
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**Informant's Particulars**

Name of Informant: CHIN BOON KHAI		Address: 83 TAMPINES AVENUE 1 #08-22 SINGAPORE 528686	
ID Type / ID No.: NRIC NO / S7933817F		Contact No.: Home/Office:                      Mobile: 96684011	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 23/10/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Civil engineer (general)		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2019 06:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Towards Tuas, near Exit 9 Eunice flyover pedestrian zebra crossing				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV4943T	Car				Seriously Damaged	0
SLL8571Z	Car	HYUNDAI	TL TUCSON 2.0 GLS AT 3WD SR (EPB)	Grey	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190322/2102

Police Station Of Origin:  
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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190322/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL6571Z	AXA INSURANCE SINGAPORE PTE LTD	CN036879	07/03/2019	06/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PHUA CHENG SWEE MAURICE	ID No.	S0302495D	
Related Vehicle	SJV4943T (Car)	Contact No.	NIL	
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	CHIN BOON KHAI	ID No.	S7933817F	
Related Vehicle	SLL6571Z (Car)	Contact No.	96684011	
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	22/03/2019	Date Discharge	22/03/2019	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	

**Brief Details.**

On 22/03/2019, at about 0600hrs, I was driving along Pan Island Expressway near to the Exit 9, near the Eunos flyover when I came to the pedestrian zebra crossing. I saw a cyclist waiting to cross and hence, I slowed to a stop and was waiting for the cyclist to cross.

Suddenly, I felt an impact from the rear of my vehicle and my vehicle lurched forward a little. I immediately check myself for injuries and also noticed that the cyclist had managed to cross the zebra crossing unharmed. I felt a bit of pain at the back of my neck.

I parked my vehicle and got out. I realized that the vehicle, SJV4943T behind me had collided into the rear of my vehicle. The other driver was a elderly male Chinese who looked disoriented and hence, I called for police.

Soon after, the ambulance arrived and helped to convey the male to hospital while I waited for the traffic police to arrive. Traffic police asked me a few questions and then took my SD card for my vehicle video

POLICE REPORT



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POLICE FORCE**



T/20190322/2102

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Report No. T/20190322/2102

CONTINUATION OF REPORT

camera footage. He passed me an acknowledgement slip and then I left the scene.

I went to Clementi Family Health point clinic for medical assistance as I still felt pain on my neck and the right side of my back. I was given two days Medical leave from 22/3/19 to 23/3/19.

My rear bumper and boot was damaged and my right side indication light was also damaged.



POLICE REPORT



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T/20190322/2102

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Report No. T/20190322/2102

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:

D /  
Insp MENAKAH DIO THIAGARAS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

Authentication Stamp  
SP/188

Signature Of Informant:

Date/Time:  
22/03/2019 14:14

Classification Of Case:



SN-37

SIGNATURE