

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	08/05/2019 10:26
Date Of Accident	08/05/2019 07:15
Exact Location Of Accident	BKE(PIE)NEAR BUKIT PANJANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2848K
Insured/Policyholder	
Name Of Registered Owner	MR TAN CHOON HUNG
NRIC No	S7245667Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97412523
Alternative Phone No	OFFICE-87201919

Vehicle Particulars

Manufacturer	BMW
Model	523I
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU003706-R02
Cover Note Number	

Driver

Name of Driver	JOANNE WONG MEI FONG
NRIC No	S7215653F
Date Of Birth	14/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97412523
Fax Number	(LOCAL) +65-87201919
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 529 CHOA CHU KANG ST 51 #07-335
Postcode	680529
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JJT6928 (PRIVATE CAR)
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: : TIAN SHIPEI VALETIA GENDER: : FEMALE

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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20190508/7026

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	JJT6928
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SME6453G
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU7030P
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)

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN:

BKE (PIE) NEAR BUKIT PANJANG EXIT

A-SLA 2048x
B-JJT 6978
C-SME 6452
D-SLU 7030P

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graph LR; A[A] --> B[B]; B --> C[C]; C --> D[D];
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BKE (PIE) NEAR BUKIT PANJANG EXIT. VEHICLE
AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER VEH B
REAR-ENDED MY VEHICLE.

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:

2/4/2008 08/08/19

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

Individual Statement



**SINGAPORE
POLICE FORCE**



F/20190508/7026

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Report No. F/20190508/7026

Date/Time Report Made 08/05/2019 14:05	Vide Report No.	Station Diary No.
Name Of Informant JOANNE WONG MEI FONG	Address APT BLK 529 CHOA CHU KANG STREET 51 #07-335 SINGAPORE 680529	
ID Type / ID No. NRIC NO / S7215653F	Contact No. Home/Office: Mobile: 97412523	
Nationality SINGAPORE CITIZEN	Email Address joanne.wongmf@msn.com	
Occupation Working proprietor (restaurant and other catering services)	Sex Female	Age 46
Institution/School Name	Date of Birth 14/05/1972	Race Chinese
Date/Time Of Incident 07/05/2019 07:00 - 07/05/2019 07:15	Location Of Incident BKE(PIE) near bukit panjang exit	

Brief details.

Vehicle in front of me slowed down and I followed suit. Moments later, the rear of my car was knocked by JYT 6928. There was a passenger in my vehicle. It was a 4 car collision with mine being the first vehicle in front. Involved vehicles in sequence as follows:

SLK 2848 K (My vehicle - 1st)
JYT 6928 (2nd)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2019 14:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MILITARY

WEAFPS2000C545840

2260 kg

4860 kg

1- 3070 kg

2- 3270 kg

1/2 inch

Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20190508/7026

1 of 3

POLICE REPORT (NP289)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
589784
Tel No: 1800-2180000

Report No. F/20190508/7026

Date/Time Report Made 08/05/2019 14:05	Video Report No.	Station Diary No.
Name Of Informant JOANNE WONG MEI FONG	Address APT BLK 529 CHOA CHU KANG STREET 51 #07-335 SINGAPORE 680528	
ID Type / ID No. NRIC NO / S7215853F	Contact No. Home/Office:	Mobile: 97412523
Nationality SINGAPORE CITIZEN	Email Address joanne.wongmf@msn.com	
Occupation Working proprietor (restaurant and other catering services)	Sex Female	Age 46
Institution/School Name	Date of Birth 14/05/1972	Race Chinese
Date/Time Of Incident 07/05/2019 07:00 - 07/05/2019 07:15	Location Of Incident BKE(PIE) near bukit panjang exit	

Brief details.

Vehicle in front of me slowed down and I followed suit. Moments later, the rear of my car was knocked by J1T 6928. There was a passenger in my vehicle. It was a 4 car collision with mine being the first vehicle in front. Involved vehicles in sequence as follows:

SJK 2848 K (My vehicle - 1st)

J1T 6928 (2nd)

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter Not applicable	Date/Time: 08/05/2019 14:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20190608/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190608/7026

SME 6453G (3rd)

SLU 7030 P (last)

Witness: Chan Er Chuan Tel: 91461458

Subjects Involved			
Victim			
Person Name	JOANNE WONG MEI FONG		
ID Type	NRIC NO	ID No	S7215853F
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	Working proprietor (restaurant and other catering services)	Address Type	
Address	APT BLK 529 CHOA CHU KANG STREET 51 #07-335 SINGAPORE 680528		Mobile No
Is Informant A Victim?	Yes		
Person Name			
Tian Shipu Valetia			
ID Type	NRIC NO	ID No	S8408451A
Gender	Female	Age	35
Race	Chinese	Language	English
Occupation	Chef	Address	632 choa chu kang north 6 #05-205 SINGAPORE 680632

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 06/06/2019 14:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE
POLICE FORCE



F/20190508/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190508/7026

Mobile No	98286435	Relation To Informant	Sister in law
Person Name			
JOANNE WONG MEI FONG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2019 14:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Identification Card

