SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	01/06/2019 16:24
Date Of Accident	01/06/2019 10:20
Exact Location Of Accident	PIE TWDS CHANGI B4 THOMSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU6968C
Insured/Policyholder	
Name Of Registered Owner	TOH CHEE KIONG
NRIC No	S1499237E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96659697
Alternative Phone No	OFFICE-96659697
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003890-00-000
Cover Note Number	-
Driver	
Name of Driver	TOH YUZHOU JABRIAN
NRIC No	S9221691H
Date Of Birth	16/06/1992
Occupation	INDOOR
Date Of Driving Pass	05/07/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mahila Numbar	(LOCAL) LCE 942707EE

(LOCAL) +65-81279755

NOEMAIL

BLK 118 PENDING RD #06-238 Address

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 **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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ANG GERALDINE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT9011L

Vehicle Make/Model/Colour

Was there any audio recorded?

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)

Page 2 of 17

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKP5947X

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 SJS9204B

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 INJURED PERSON 1

Name TOH YUZHOU JABRIAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKU6968C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name ANG GERALDINE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKU6968C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 of material facts may allow insurance companies to repudiate policy liability.
- 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) 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

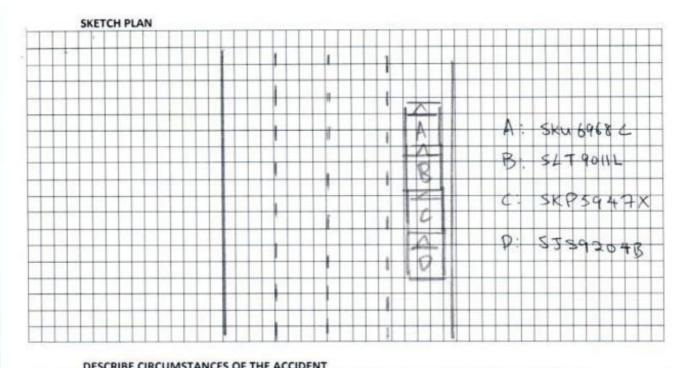
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

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Accident Sketch Plan



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DECLARATION

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

Policy holder's signature Date & time: Driver's signature

(if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190601/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 01/06/20	Date/Time Report Made: 01/06/2019 14:40		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
Name of Informant: TOH YUZHOU JABRIAN ID Type / ID No.: NRIC NO / S9221691H Nationality: SINGAPORE CITIZEN		BRIAN	Address: APT BLK 118 PENDING ROAD #06-238 SINGAPORE 670118				
		91H	Contact No.: Home/Office: Mobile: 81279755				
		EN	Email: jabriantoh@gmail.com				
Sex: Age: Date of Birth: Male 26 16/06/1992		Date of Birth: 16/06/1992	Type of Informant: Driver				
Race: Chinese			Language; English	Institution / School Name:			
Occupation: Cyber Security Consultant		sultant	Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:		Type of Location: Straight Road
Location:		No	01/06/2019 10:2	20	
DAN ISLAND	EVERENCIAN				
AN ISLAND	EXPRESSWAY				
Weather		10.10.1			
		Road Surface:		Road	Speed Limit:
Weather: Clear		Dry		Road	Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:			
Clear Traffic Flow: One Way		Dry			Volume:
Clear Traffic Flow: One Way Type of Collisi	ion: ing Vehicles - Head	Dry Traffic Control: Not Controlled		Traffic Moder	Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of D
SJS9204B	Car	MAZDA	model		Condition	No of Passenge
	1957			Silver		2
SKP5947X	Car	BMW		Black	Clinks	
				DIACK	Slightly Damaged	1
SKU6968C	Car				Damageu	
	3.50					0
SLT9011L	Car	KIA		-		
	- Cui	NA		Black	Slightly Damaged	2

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190601/7012

CONTINUATION OF REPORT

Details of Perso	on Involved	Derove	met of the second	E		THE RESERVE OF THE PARTY OF THE	
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Passenger						3	
Name	Ang Geraldine			ID No.		S9738886E	
Related Vehicle	SKU6968C (Car)			Contact No.		93896119	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL		
No. of Days gran	ted Medical Leave	Degree of		Slight			
Driver		La California			- mg		
Name	TOH YUZHOU JABRIAN			ID No.		S9221691H	
Related Vehicle	SKU6968C (Car)			Contact No.		81279755	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	NIL		
No. of Days granted Medical Leave 03				Degree of Injury Slight			

Brief Details.

I was travelling along PIE towards Changi before Thomson Road exit on lane 1. As the vehicle infront of me stopped I follow to stop as well. All of a sudden, I felt an huge impact from my vehicle rear portion. Total 4 car involved.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190601/7012

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 01/06/2019 14:40
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

DRIVING DOC





















Accident Photo



Accident Photo

