Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/06/2019 18:37

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 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	11/06/2019 15:43
Date Of Accident	07/06/2019 08:40
Exact Location Of Accident	CHANGI ROAD TPE TWDS AIRPORT EXIT4 (ELIAS ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU6822L
Insured/Policyholder	
Name Of Registered Owner	SEAH SEOW HUI
NRIC No	S7241257E
Email Address	SEANSEAH2000@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96509913
Alternative Phone No	OTHERS-96509913
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3039071902
Cover Note Number	
Driver	
Name of Driver	SEAH SEOW HUI
NRIC No	S7241257E
Date Of Birth	01/11/1972
Occupation	INDOOR
Date Of Driving Pass	29/06/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96509913
Fax Number	
Contact Number	OTHERS-96509913
EMail Address	SEANSEAH2000@YAHOO.COM

Address	BLK 174A EDGEDALE PLAINS #07-151
Postcode	821174
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	AFTER RAIN
Road Surface	WET

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?	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: : ENG BEE HUI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT ; T/20190610/7006 / T/20190610/2155

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG8140R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.

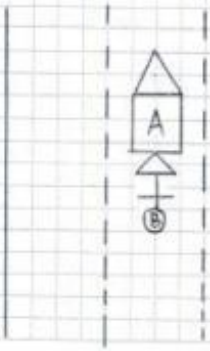
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

11/6/2019

SKETCH PLAN

Changi Road

TPE Towards Airport Exit 4 (ELIAS ROAD)



A : SGU 6822 L

B - FBG 8140 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 June 2019 at 08:40 A.M. I was travelling along TPE towards Airport. Suddenly, vehicle B (FBG 8140 R) 'bang' onto my vehicle rear portion.

Pls Refer to the Police Report - T/20190610/7006 T/20190610/2155

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
11/6/2019

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20190610/7006

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH SEOW HUI	ID No.	S7241257E
Related Vehicle	SGU6822L (Car)	Contact No.	96509913
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	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	Slight

Brief Details.

On 7 June 2019 at 8.40am, I was travelling along TPE towards airport. Suddenly, a motorcycle (FBG 8140 R) hit onto my vehicle rear portion.

Sketch Plan #4

SINGAPORE POLICE FORCE

T/20190610/2155

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

Report No. T/20190610/2155

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU6822L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3039071902	23/05/2019	22/05/2020

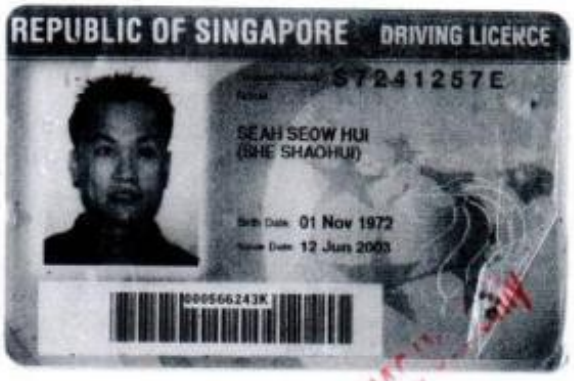
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH SEOW HUI	ID No.	S7241257E
Related Vehicle	SGU6822L (Car)	Contact No.	96509913
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

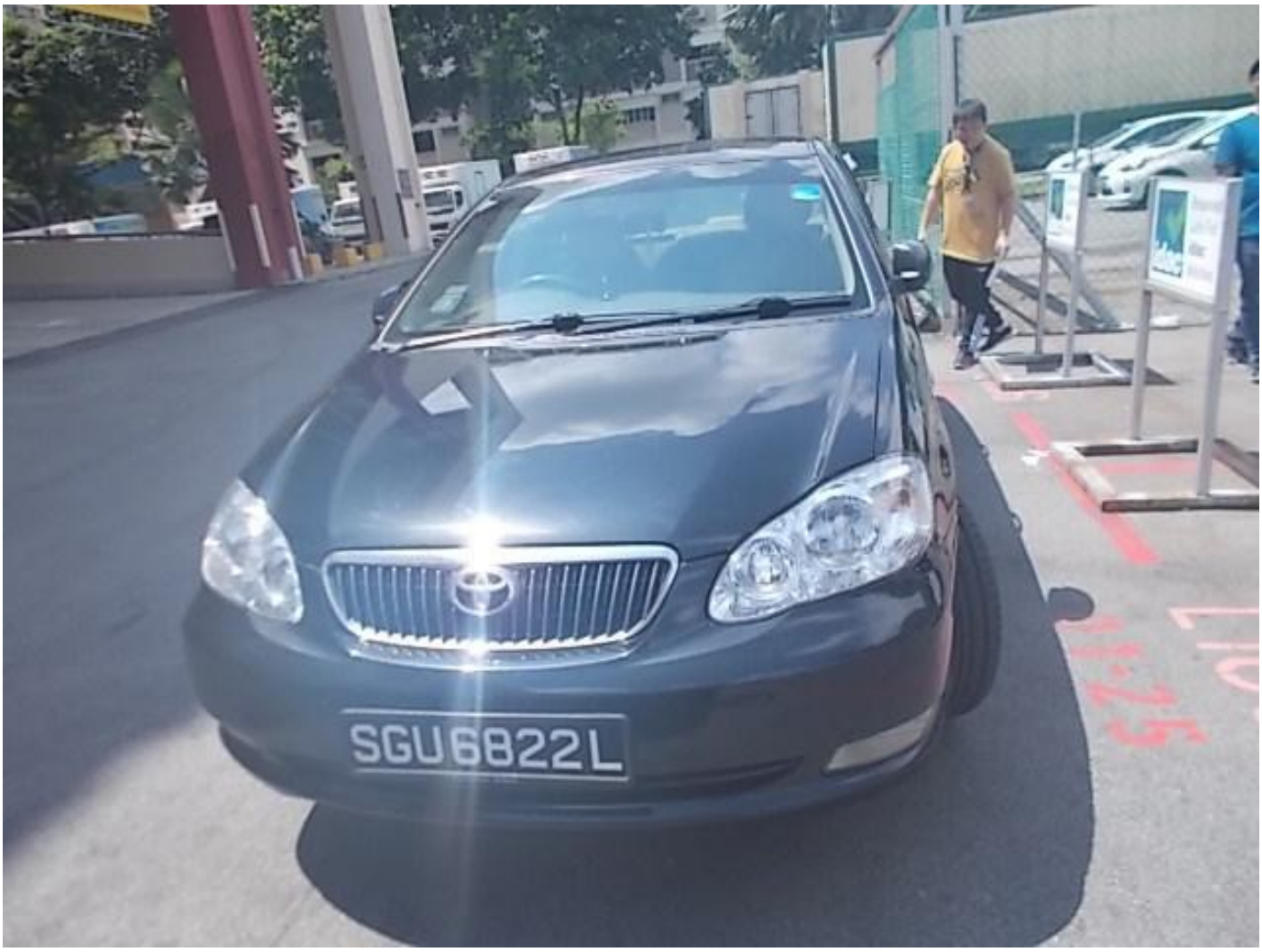
ON THE STATED DATE, TIME AND LOCATION
I WAS DRVING MY CAR OF PLATE NUMBER SGU6822L ALONG TPE TOWARDS AIRPORT EXIT 4 (ELIAS ROAD. I WAS ON THE 1ST LANE FILTERING TO 2ND LANE. WHEN I THOUGHT THAT I HAVE MOVE TO THE 2ND LANE, A MOTORCYCLE OF PLATE NUMBER FBG8140R KNOCK ONTO THE REAR PORTION OF MY CAR. I GET OFF MY CAR AND ATTENDED TO THE MOTORIST RIDER, MY WIFE CALLED THE POLICE AND THE AMBULANCE. AMBULANCE ARRIVED AND ATTENDED TO THE MOTORIST RIDER, HE WAS LATER CONVEYED TO THE HOSPITAL. FROM WHAT I SEE THE RIDER, HE IS FINE AS HE WAS STILL ABLE TO TALK TO US BUT HE INSISTED TO GO TO THE HOSPITAL FOR FURTHER CHECKUP.

THIS IS A FRESH COPY OF REPORT.
REFER TO PREVIOUS REPORT NUMBER: T/20190610/7006

Sketch Plan #5



Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

SINGAPORE POLICE FORCE

T/20190610/7006

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

Report No. T/20190610/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/06/2019 10:07	G/20190607/0064	

Informant's Particulars

Name of Informant: SEAH SEOW HUI			Address: APT BLK 174A EDGEDALE PLAINS #07-151 SINGAPORE 821174	
ID Type / ID No.: NRIC NO / S7241257E			Contact No.: Home/Office: Mobile: 96509913	
Nationality: SINGAPORE CITIZEN			Email: seanseah2000@yahoo.com	
Sex: Male	Age: 46	Date of Birth: 01/11/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Accountant			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: 07/06/2019 08:40	Type of Location: Straight Road
Location: TPE towards airport Exit 4 (Elias road)				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBG8140R	Motorcycle					0
SGU6822L	Car	TOYOTA	COROLLA+ ALTIS+1.6+ AUTO	Black		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU6822L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3039071902	23/05/2019	22/05/2020

SINGAPORE POLICE FORCE

T/20190610/7006

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

Report No. T/20190610/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH SEOW HUI	ID No.	S7241257E
Related Vehicle	SGU6822L (Car)	Contact No.	96509913
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	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	Slight

Brief Details.

On 7 June 2019 at 8.40am, I was travelling along TPE towards airport. Suddenly, a motorcycle (FBG 8140 R) hit onto my vehicle rear portion.

SINGAPORE POLICE FORCE

T/20190610/7006

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

CONTINUATION OF REPORT

Sketch Plan

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: 10/06/2019 10:07
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp

NP168

SINGAPORE POLICE FORCE

T/20190610/2155

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

Report No. T/20190610/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/06/2019 16:24		

Informant's Particulars

Name of Informant: SEAH SEOW HUI			Address: APT BLK 174A EDGEDALE PLAINS #07-151 SINGAPORE 821174	
ID Type / ID No.: NRIC NO / S7241257E			Contact No.: Home/Office:	Mobile: 96509913
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 01/11/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Accountant			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: 07/06/2019 08:40	Type of Location:
Location: CHANGI ROAD TPE TOWARDS AIRPORT EXIT 4 (ELIAS ROAD)				
Weather: AFTER RAIN		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
FBG8140R	Motorcycle	HONDA	TIGER GL200R M	Black		0
SGU6822L	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20190610/2155

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

Report No. T/20190610/2155

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU6822L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3039071902	23/05/2019	22/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH SEOW HUI	ID No.	S7241257E
Related Vehicle	SGU6822L (Car)	Contact No.	96509913
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

Brief Details.

ON THE STATED DATE, TIME AND LOCATION
I WAS DRVING MY CAR OF PLATE NUMBER SGU6822L ALONG TPE TOWARDS AIRPORT EXIT 4 (ELIAS ROAD. I WAS ON THE 1ST LANE FILTERING TO 2ND LANE. WHEN I THOUGHT THAT I HAVE MOVE TO THE 2ND LANE, A MOTORCYCLE OF PLATE NUMBER FBG8140R KNOCK ONTO THE REAR PORTION OF MY CAR. I GET OFF MY CAR AND ATTENDED TO THE MOTORIST RIDER, MY WIFE CALLED THE POLICE AND THE AMBULANCE. AMBULANCE ARRIVED AND ATTENDED TO THE MOTORIST RIDER, HE WAS LATER CONVEYED TO THE HOSPITAL. FROM WHAT I SEE THE RIDER, HE IS FINE AS HE WAS STILL ABLE TO TALK TO US BUT HE INSISTED TO GO TO THE HOSPITAL FOR FURTHER CHECKUP.

THIS IS A FRESH COPY OF REPORT.
REFER TO PREVIOUS REPORT NUMBER: T/20190610/7006

SINGAPORE POLICE FORCE

T/20190610/2155

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

Report No. T/20190610/2155

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:
TP /
EUGENE AW WEI XUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/06/2019 16:24

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

Signature:

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1190761/43 Vehicle Registration No: SGU6822L

Name(as shown in NRIC) : SEAH SEOW HUI NRIC/FIN/Passport No : S7241257E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 174A, EDGEDALE PLAINS, #07-15 Singapore(821174

Contact (Tel) : — Mobile No. : 96509913

Email Address : SEANSEAH2000 @ YAHOO.COM

Date of Accident : 07/06/2019 Time of Accident : 08:40

Place of Accident : CHANGI ROAD TPE TWDS AIRPORTS EXIT4 (ELIAS ROAD)

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Driver and Passenger no injury

Policyholder / Driver's Signature
Date:

11/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: