

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	07/06/2019 18:30
Date Of Accident	01/06/2019 21:00
Exact Location Of Accident	PETIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1986D
Insured/Policyholder	
Name Of Registered Owner	SHIRLEY LEONG CHOY KOW
Passport No/FIN	0
Email Address	SHIRLEY.LCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83990008
Alternative Phone No	OFFICE-83990008

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2142979
Cover Note Number	

Driver

Name of Driver	JOSEPH CHONG GIAP SHENG
NRIC No	S9828960G
Date Of Birth	10/09/1998
Occupation	INDOOR
Date Of Driving Pass	10/07/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82008245
Fax Number	
Contact Number	
Email Address	JOSEPHCHONG1009@GMAIL.COM

Address	BLK 521 JELAPANG ROAD #11-157
Postcode	670521
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	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)	4
Passenger 1	NAME: : LEONG SOON HUAT GENDER: : MALE
Passenger 2	NAME: : PIONG YEE FANG GENDER: : FEMALE
Passenger 3	NAME: : LEONG SHUO PIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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	SKS8224M
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	96655549
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JOSEPH CHONG GIAP SHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

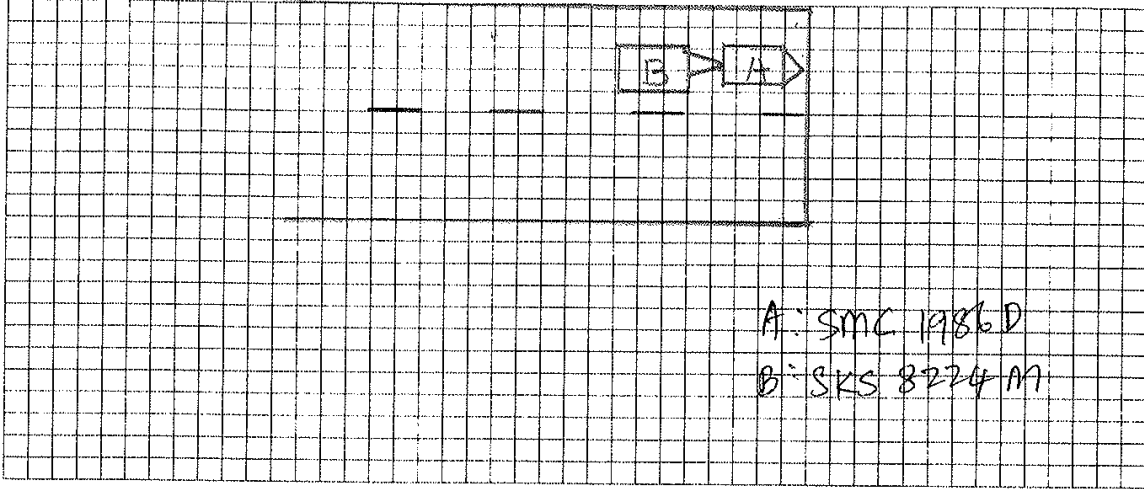
(X)

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was at the traffic light along Petir Road slightly before Hillion Mall when the driver of the other car banged into the rear of my vehicle. The traffic light was red at the point of the accident.

DECLARATION

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

②

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

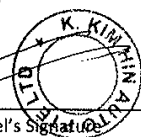
Date & Time:

7/6/19 @ 1:30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20190603/2066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190603/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 12:35	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: JOSEPH CHONG GIAP SHENG			Address: APT BLK 521 JELAPANG ROAD #11-157 SINGAPORE 670521		
ID Type / ID No.: NRIC NO / S9828960G			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2019 21:00	Type of Location: Straight Road
Location: Along Road 1 PETIR ROAD along Petir Rd near to Hillion Mall				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SKS8224M	Car					0
SMC1986D	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190603/2066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190603/2066

CONTINUATION OF REPORT

Driver			
Name	MR LIM		ID No. NIL
Related Vehicle	SKS8224M (Car)		Contact No. 96655549
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	JOSEPH CHONG GIAP SHENG		ID No. S9828960G
Related Vehicle	SMC1986D (Car)		Contact No. 82008245
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/06/2019	Date Discharge	02/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/06/2019 at about 2100hrs, I was driving a vehicle (SMC1986D) along Petir Rd.

At one point of time, I was waiting for the traffic light to turn green when I felt an impact coming from the rear of my vehicle. As such, I alighted from my vehicle and discovered a vehicle (SKS8224M) had collided onto the rear of my vehicle. My car suffered damage to the rear bumper causing my rear boot unable to close fully. My car was only equipped with a front in-car camera. Later, both of us decided to drive Hillion Mall which was nearby. Both of us exchanged our contact numbers and left the place.

On 02/06/2019, I went to send my vehicle to the workshop. I also felt pain on my neck area. As such, I went to Mount Alvernia Hospital and was given 5 days of MC. I am lodging the report for record and insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20190603/2066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190603/2066

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: E / Staff Sgt MUHAMMAD IKHSAN BIN SAID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 12:35
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> SINGAPORE POLICE FORCE </div> <div> </div> <div> SN 070 </div> </div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;"> SIGNATURE </div> </div>

Authentication Stamp
NP168

Accident Photo



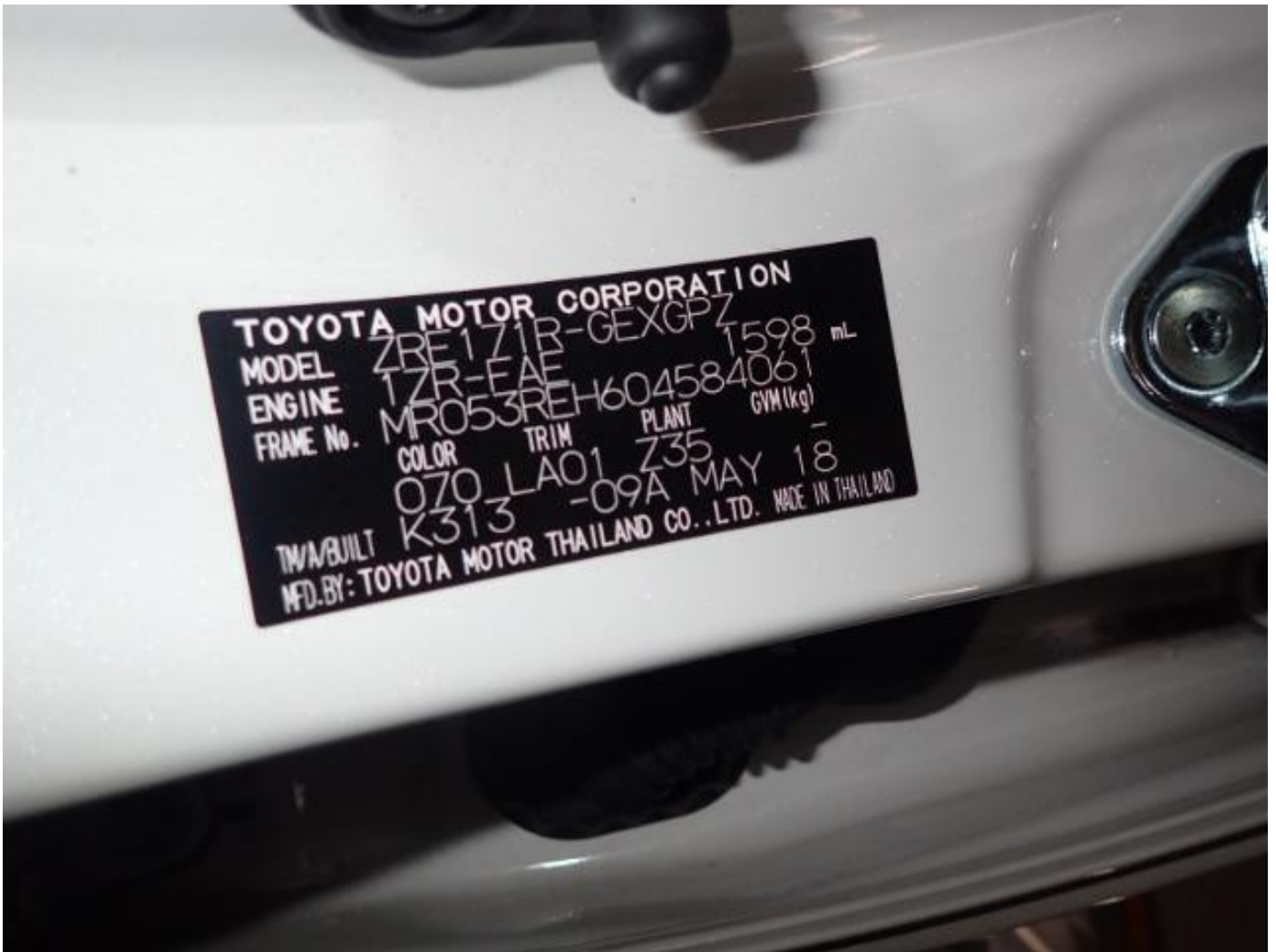
Accident Photo



Accident Photo



Accident Photo



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