

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	25/07/2019 14:38
Date Of Accident	23/07/2019 16:40
Exact Location Of Accident	ALONG ROAD 1 PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH19G
Insured/Policyholder	
Name Of Registered Owner	LOH KIA KHIM
NRIC No	S7031634Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81122929
Alternative Phone No	OFFICE-81122929

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
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	DMPCSN1675361902
Cover Note Number	

Driver

Name of Driver	ESTHER LOH CHUAN IN
NRIC No	S9802447F
Date Of Birth	23/01/1998
Occupation	INDOOR
Date Of Driving Pass	03/02/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81122929
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
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?	YES
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	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED 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	SJL7766X
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 SKM4022L
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 SLG1695L
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 ESTHER LOH CHUAN IN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SBH19G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SOH HOON PENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLG1695L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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 & Time:

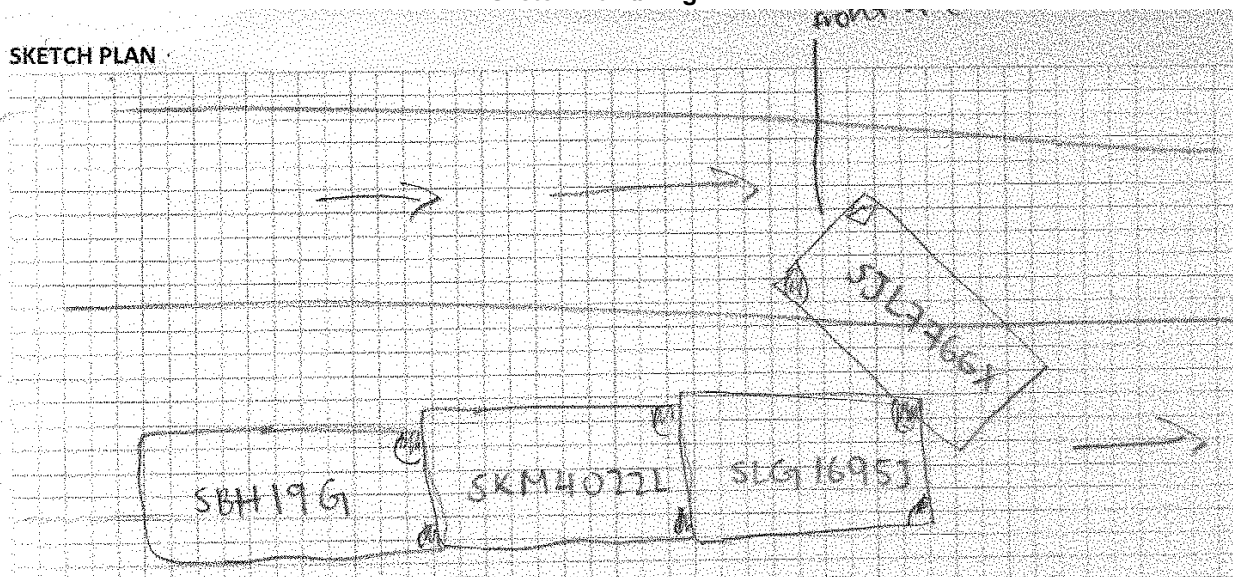
Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/07/19 / 9:25 am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/07/2019 at about 4:40PM, I was driving a car, plate: SBH19G, along PIE towards Changi. I was driving on the extreme right lane when I noticed a car, plate: SKM4022L was slowing down hence I also slowed down my car. Out of a sudden, the car came to an abrupt stop and I was unable to stop in time, resulting my car colliding with SKM4022L. When I alighted from the car, I noticed SKM4022L had collided into a car, plate: SLG1695J in front. SLG1695J also collided with SL7766X which was in front, and the front of SL7766X was facing the left lane.

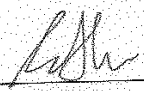
All vehicles suffered damages. Ambulance was at scene and conveyed one female to the hospital. Traffic police also arrived at scene.

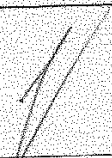
I felt discomfort on my back, neck, and ^{suffered from} headache as well. I have already seen a doctor and was given 5 days of MC.

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: 25 JULY 2019 / 9:25 am


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



**SINGAPORE
POLICE FORCE**



T/20190723/2168

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20190723/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2019 21:49		Vide Report No.:		Station Diary No.: 52
Informant's Particulars				
Name of Informant: ESTHER LOH CHUAN IN		Address: 57 JALAN LANJUT SINGAPORE 577700		
ID Type / ID No.: NRIC NO / S9802447F		Contact No.: Home/Office: Mobile: 81122929		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 21	Date of Birth: 23/01/1998	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2019 16:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Changi		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control:	Traffic Volume: Moderate	
Traffic Flow: One Way		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
SBH19G	Car	HYUNDAI	Avante	Purple	Totally Damaged	0
SJL7766X	Car	SUBARU	Impreza	Blue	Seriously Damaged	1
SKM4022L	Car	TOYOTA	Camry	Silver	Seriously Damaged	0
SLG1695J	Car	HYUNDAI	Elentra	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190723/2168

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20190723/2168

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ESTHER LOH CHUAN IN	ID No.	S9802447F
Related Vehicle	SBH19G (Car)	Contact No.	81122929
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving - Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	23/07/2019	Date Discharge	23/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

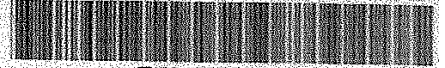
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All the vehicle suffered damages. Ambulance was at scene and conveyed one female to the hospital. Traffic police was also at scene.

I felt discomfort on my back and neck. I am suffering from a headache as well. I have already seen a doctor and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190723/2168

Police Station Of Origin:
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Tel No: 1800-4589999

3 of 3

Report No. T/20190723/2168

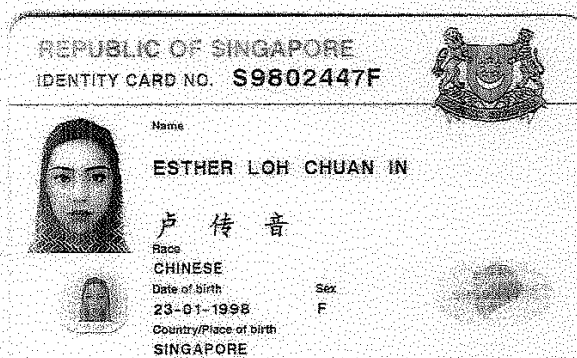
CONTINUATION OF REPORT

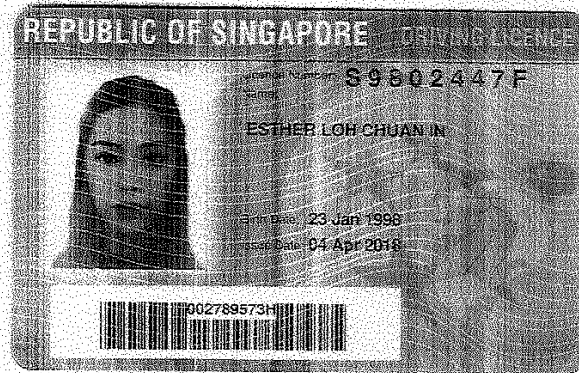
Sketch Plan

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.

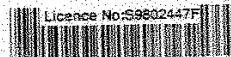
Signature Of Officer Recording The Report: F / Sgt 1 LEE CHING HAO NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2019 21:49
Officer In Charge Of Case: TP / GIT / SGT 1 Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No. 65476236 Authentication Stamp Singapore Police Force	Classification Of Case:





YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	03 Feb 2017



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

