

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	05/08/2019 14:50
Date Of Accident	03/08/2019 15:00
Exact Location Of Accident	CTE TOWARDS CITY BEFORE EXIT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ811U
Insured/Policyholder	
Name Of Registered Owner	OH SZE CHING
NRIC No	S7703696B
Email Address	OHSZECHING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96899337
Alternative Phone No	OTHERS-96899337

Vehicle Particulars

Manufacturer	BMW
Model	216D ACTIVE TOURER D/AB
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P1954623
Cover Note Number	

Driver

Name of Driver	OH SZE CHING
NRIC No	S7703696B
Date Of Birth	03/02/1977
Occupation	INDOOR
Date Of Driving Pass	28/03/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96899337
Fax Number	
Contact Number	OTHERS-96899337
Email Address	OHSZECHING@GMAIL.COM

Address	132 PUNGGOL WALK #12-17
Postcode	828777
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	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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : TAY SOK LI GENDER: : FEMALE
Passenger 2	NAME: : OH KAI AN ISAAC GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACH.

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	GBG6271J
Vehicle Make/Model/Colour	MERCEDES WHITE & RED
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	PHANG SIE KEAT

NRIC/Passport Number	S8415118A
Contact Number	81078107
Address	APT BLK 603 HOUGANG AVE 4 #03-213
Postcode	530603
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	TAY SOK LI
Approximate Age	40
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SLQ811U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 132 PUNGGOL WALK #12-17
Postcode	828777

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:

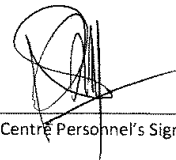
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 5/8/2019 10.30AM

Driver's Signature
(If driver is not the policyholder)
Date & Time:



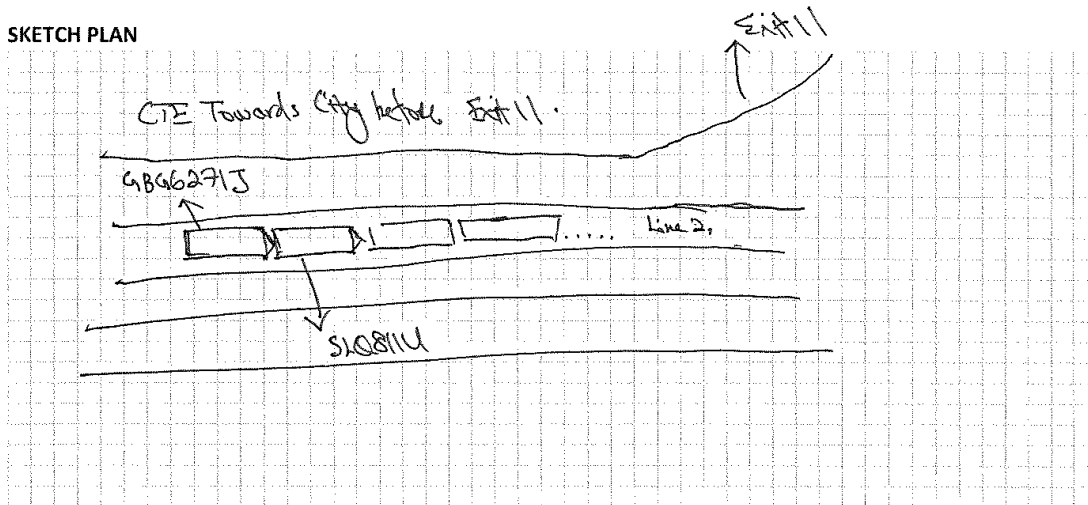
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was heavy. My Vehicle "S10811U" was stationary as the vehicle in front of me had stop on CTE towards city in lane 2 before exit 11.

I am in the same lane and did not change lane when the accident happen.

After stopping for about 3s the Van behind me hit into us.

The impact of the car was so great it cause both my rear passengers to hit their head and felt dizzy and nausea. The passengers on the rear right neck also felt painful and blood pressure had increase to ~~critical~~ critical value (systolic pressure over 220, recorded in A&E).

Both rear passengers went to A&E for checking at around 6 p.m and given medical leaves. Van hitting us is ~~GBG6271J~~ "GBG6271J".

DECLARATION

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

Policyholder's Signature
Date & Time: 05/08/19 10:30 AM

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Revised Form 10/1/19



**SINGAPORE
POLICE FORCE**



T/20190804/7003

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

1 of 4

Report No. T/20190804/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2019 12:59	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: OH SZE CHING			Address: 132 PUNGGOL WALK #12-17 SINGAPORE 828777	
ID Type / ID No.: NRIC NO / S7703696B			Contact No.: Home/Office: Mobile: 96899337	
Nationality: SINGAPORE CITIZEN			Email: ohszeching@gmail.com	
Sex: Male	Age: 42	Date of Birth: 03/02/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Electronics engineer (general)			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: 03/08/2019 15:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Rear End Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6271J	Van					0
SLQ811U	Car	BMW	216D%252B ACTIVE%25 2BTOURER %252BD%2 52FAB%	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20190804/7003

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

2 of 4

Report No. T/20190804/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ811U	AXA INSURANCE SINGAPORE PTE LTD	P1954623	28/06/2019	27/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	OH SZE CHING	ID No.	S7703696B	
Related Vehicle	SLQ811U (Car)	Contact No.	96899337	
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	
Passenger				
Name	OH KAI AN, ISAAC	ID No.	T1202182D	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/08/2019	Date Discharge	03/08/2019	
No. of Days granted Medical Leave	01	Degree of Injury	Slight	
Passenger				
Name	TAY SOK LI	ID No.	S7911749H	
Related Vehicle	NIL	Contact No.	96514106	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/08/2019	Date Discharge	03/08/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20190804/7003

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

3 of 4

Report No. T/20190804/7003

CONTINUATION OF REPORT

Brief Details.

Traffic was heavy. My vehicle "SLQ811U" was stationary as the vehicle In front of me had stop on CTE towards city in lane 2 before exit 11.

I am in the same lane and did not change lane when the accident happen. After stopping for about 3s the Van behind me hit us.

The impact of the Van was so great it cause both my rear passengers to hit their head and felt dizzy and nausea.

The passengers on the rear right neck also felt painful and blood pressure had increase to critical value (systolic pressure over 220, recorded in A&E).

Both rear passengers went to A&E for checkup at around 6pm and was given medical leaves. Vehicle hitting us was "GBG6271J".



**SINGAPORE
POLICE FORCE**



T/20190804/7003

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

4 of 4

Report No. T/20190804/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/08/2019 12:59

Classification Of Case: