

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	23/10/2019 14:28
Date Of Accident	22/10/2019 20:00
Exact Location Of Accident	CTE TOWARDS WOODLANDS AFTER BRADDELL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7345C
Insured/Policyholder	
Name Of Registered Owner	LAU CHUEN KOK
NRIC No	S6945583B
Email Address	C.K.LAU_ANDY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98427668
Alternative Phone No	OTHERS-98427668

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 M GRADE (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	P2258671
Cover Note Number	

Driver

Name of Driver	LAU CHUEN KOK
NRIC No	S6945583B
Date Of Birth	23/12/1969
Occupation	INDOOR
Date Of Driving Pass	28/09/1987
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98427668
Fax Number	
Contact Number	OTHERS-98427668
Email Address	C.K.LAU_ANDY@HOTMAIL.COM

Address	BLK 11 ROSEWOOD DRIVE #01-21
Postcode	737939
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	RAINING
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?	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)	3
Passenger 1	NAME: : PUN SIOK KIANG GENDER: : FEMALE
Passenger 2	NAME: : HEIDI 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 - SINGAPORE CITY
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

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?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF238H
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	LAU CHUEN KOK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMJ7345C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	PUN SIOK KIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMJ7345C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3	
Name	HEIDI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMJ7345C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

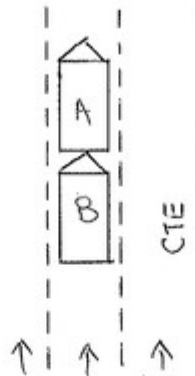
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



A: SMT 7345C
B: SLF 238H

CTE TOWARDS
WOODLANDS
AFTER
BRADDELL



I WAS TRAVELLING ALONG CTE TOWARDS WOODLANDS.
VEHICLE INFRONT SLOWED DOWN AND STOPPED, I ALSO SLOWED DOWN
AND STOPPED DUE TO HEAVY TRAFFIC. SUDDENLY I FELT AN IMPACT
FROM MY VEHICLE REAR, VEHICLE B HAD HIT ONTO MY VEHICLE.
AFTER THE ACCIDENT VEHICLE B HAD WROTE A BLACK AND WHITE THAT
SHE AGREE TO COMPENSATE FOR THE DAMAGE OF MY VEHICLE.
X THIRD PARTY CLAIM - LEONG AUTO Y

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

23/5/19

Reporting Center
Name:
NRIC/FIN No.:

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





**SINGAPORE
POLICE FORCE**



T/20191023/7011

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

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Report No. T/20191023/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 11:25	Vide Report No.: F/20191022/0135	Station Diary No.:
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Informant's Particulars

Name of Informant: LAU CHUEN KOK			Address: BLK 11 ROSEWOOD DRIVE #01-21 SINGAPORE 737939		
ID Type / ID No.: NRIC NO / S6945583B			Contact No.: Home/Office: Mobile: 98427668		
Nationality: SINGAPORE CITIZEN			Email: c.k.lau_andy@hotmail.com		
Sex: Male	Age: 49	Date of Birth: 23/12/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2019 20:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SLF238H	Car					0
SMJ7345C	Car	TOYOTA	HARRIER M GRADE	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7345C	AXA INSURANCE SINGAPORE PTE LTD	P2258671	19/03/2019	18/03/2021



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20191023/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU CHUEN KOK	ID No.	S6945583B
Related Vehicle	SMJ7345C (Car)	Contact No.	98427668
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/10/2019	Date Discharge	23/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	HEIDI LAU	ID No.	NIL
Related Vehicle	SMJ7345C (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/10/2019	Date Discharge	23/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Passenger			
Name	PUN SIOK KIANG	ID No.	NIL
Related Vehicle	SMJ7345C (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/10/2019	Date Discharge	23/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was travelling along CTE towards Woodlands. Vehicle in front slowed down and stopped, i also slowed down and stopped due to heavy traffic. Suddenly i felt an impact from my vehicle rear, vehicle B had hit onto my vehicle. After the accident Vehicle B had wrote a black and white that she agree to compensate for the damage of my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20191023/7011

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Report No. T/20191023/7011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20191023/7011

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Report No. T/20191023/7011

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:
23/10/2019 11:25

Classification Of Case:

Name: Sophia Ouy
 IC: S8504533D
 HP: 91055331
 Car: SLF 238H

I, Sophia Ouy, S8504533D, SLF 238H
 agree to compensate Mr Lail SC945-83B;
~~PM~~ JM J 7345 C
 for the repairing of the vehicle.

~~Sophia~~
 Sophia Ouy
 S8504533D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

