

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	02/12/2019 12:44
Date Of Accident	29/11/2019 14:00
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 1 TOWARDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3449Y
Insured/Policyholder	
Name Of Registered Owner	THAM SOUK FUN
NRIC No	S1379772B
Email Address	YSOUKFUN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82339061
Alternative Phone No	OFFICE-82339061

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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	ALLIANZ GLOBAL CORPORATE & SPECIALTY SE - SINGAPORE BRANCH
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SGV0000786191-001
Cover Note Number	

Driver

Name of Driver	THAM SOUK FUN
NRIC No	S1379772B
Date Of Birth	13/03/1959
Occupation	INDOOR
Date Of Driving Pass	28/04/1992
Driving Experience	27 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82339061
Fax Number	
Contact Number	OFFICE-82339061

E-Mail Address	YSOUKFUN@YAHOO.COM.SG
Address	BLK 505 WOODLANDS DRIVE 14 #06-68
Postcode	730505
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	STARTING TO RAIN
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC2282T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG LEE PENG
NRIC/Passport Number	S0166255D
Contact Number	96201350
Address	NA
	NA

Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THAM SOUK FUN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT3449Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 505 WOODLANDS DRIVE 14 #06-68
Postcode	

Accident Sketch Plan Pg. 1

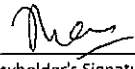
SKETCH PLAN

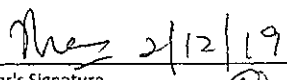
IMPORTANT NOTICE

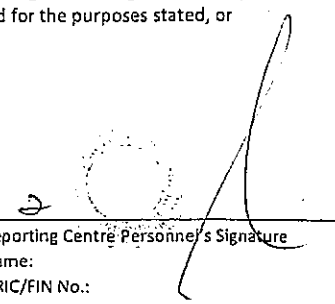
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

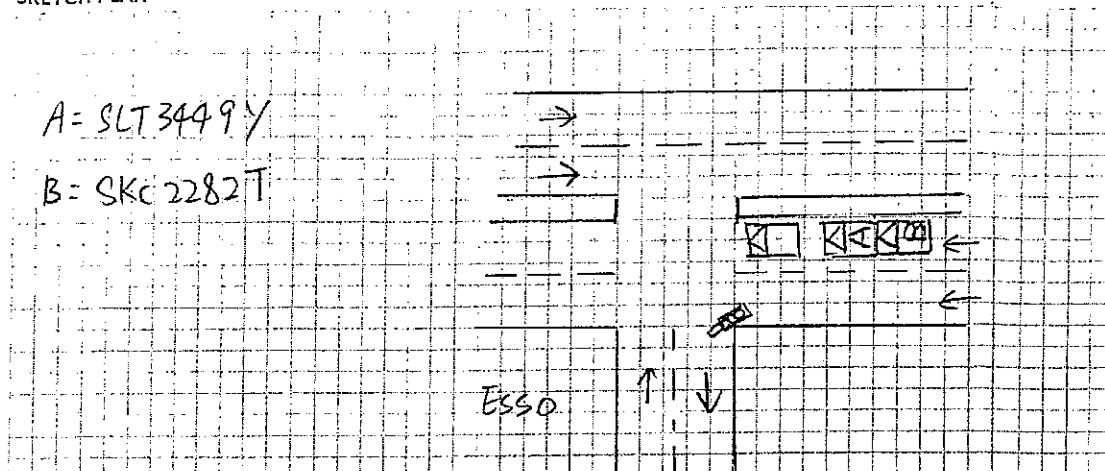

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/12/19 12.27 pm


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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Junction of Woodlands Ave 1 towards Woodlands Ave 5 on 29-11-2019 @ 1400 hours. I waiting for the traffic light to turn green. When the light turn green, before I could move the car, I felt an impact from my rear. Vehicle B collided onto rear portion of my vehicle.

Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Own Damage Claim
<input checked="" type="checkbox"/> Third Party Claim

DECLARATION

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

Shan
Policyholder's Signature
Date & Time:

Shan 21/12/19
Driver's Signature
(If driver is not the policyholder) @
Date & Time: 12:27 pm

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



**SINGAPORE
POLICE FORCE**



T/20191129/2154

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20191129/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 19:17	Vide Report No.:	Station Diary No.: 26
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: THAM SOUK FUN		Address: APT BLK 505 WOODLANDS DRIVE 14 #06-68 SINGAPORE 730505	
ID Type / ID No.: NRIC NO / S1379772B		Contact No.: Home/Office: Mobile: 82339061	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 60	Date of Birth: 13/03/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/11/2019 14:00	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS AVENUE 1 Along Woodlands Ave 1 towards Ave 3, junction.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SKC2282T		VOLVO		White	Slightly Damaged	0
SLT3449Y		HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20191129/2154

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 4

Report No. T/20191129/2154

CONTINUATION OF REPORT

Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance Policy No.	Effective Date	Expiry Date
SLT3449Y	ALLIANZ GLOBAL CORPORATE & SPECIALTY SE SINGAPORE BRANCH	SGV0000786191	26/10/2019	25/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM SOUK FUN	ID No.	S1379772B
Related Vehicle	SLT3449Y	Contact No.	82339061
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	29/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HENG LEE PENG	ID No.	S0166255D
Related Vehicle	NIL	Contact No.	96201350
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 29/11/2019 at about 1400hrs, I was driving my personal vehicle bearing SLT3449Y along Woodlands Ave 1 towards Ave 3. I came to a stop at a junction as the traffic was red.

Subsequently, when the traffic turned green, I wanted to move off however a vehicle from the rear bearing SKC2282T did not stop on time and collided onto my rear. We managed to exchanged particulars and no one was conveyed by ambulance as all parties does not require any medical attention.

I have installed camera front and rear view inside my vehicle. I wish to state that the rear camera was not functioning as the memory space was full however the front camera showed my vehicle jerked due to the collision.

There are no government property damaged. I consulted a doctor from Mt Alvernia and was given 5 days of MC dated 29/11/2019 until 03/12/2019 by Dr Tan Sei Tai Timothy (MC no: M19000030450) as I felt pain on my hands, knee, head and entire back body.



**SINGAPORE
POLICE FORCE**



T/20191129/2154

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 4

Report No. T/20191129/2154

CONTINUATION OF REPORT

I am lodging this report to facilitate the matter for claiming purposes.