

## 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	09/12/2019 14:53
Date Of Accident	08/12/2019 15:10
Exact Location Of Accident	PIE TOWARDS BKE NEAR LAMP POST 106
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV1932E
Insured/Policyholder	
Name Of Registered Owner	TOH CHIN THIAM
NRIC No	S1394798H
Email Address	CHINTHIAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91343096
Alternative Phone No	OTHERS-91343096
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105369449-01
Cover Note Number	
Driver	
Name of Driver	TOH CHIN THIAM
NRIC No	S1394798H
Date Of Birth	07/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91343096
Fax Number	
Contact Number	OTHERS-91343096
Email Address	CHINTHIAM@HOTMAIL.COM

Address	BLK 167 PETIR ROAD #23-148
Postcode	670167
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	CCV8011 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : RENUKA D/O ELANGGOVAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191208/2067

#### 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	CCV8011
Vehicle Make/Model/Colour	MAN TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHD SHAHRIL BIN ABDUL WAHAB
NRIC/Passport Number	87008015251
Contact Number	

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

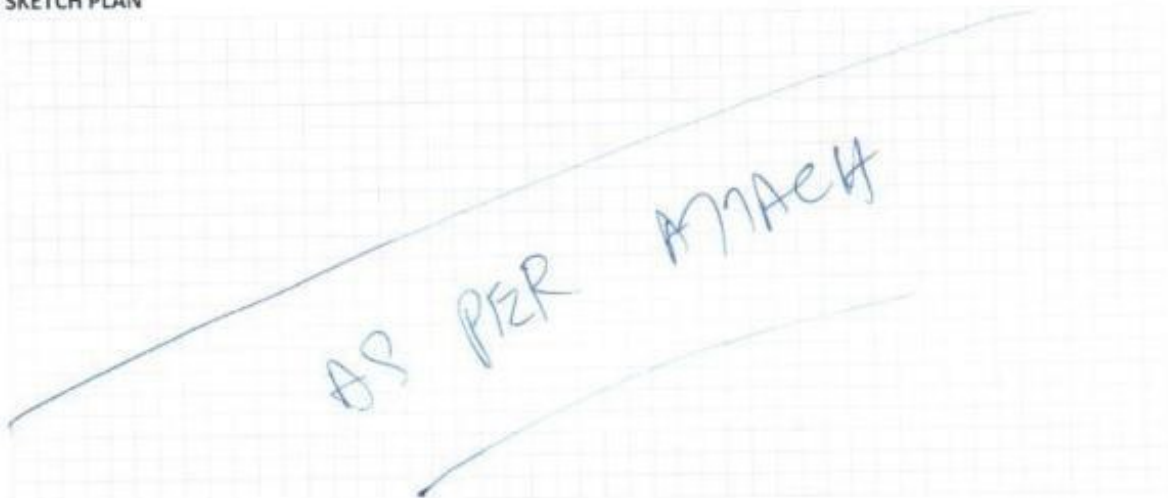
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT  
T/20/9/208/2067

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

9/12/15 @ 10:15 hr

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

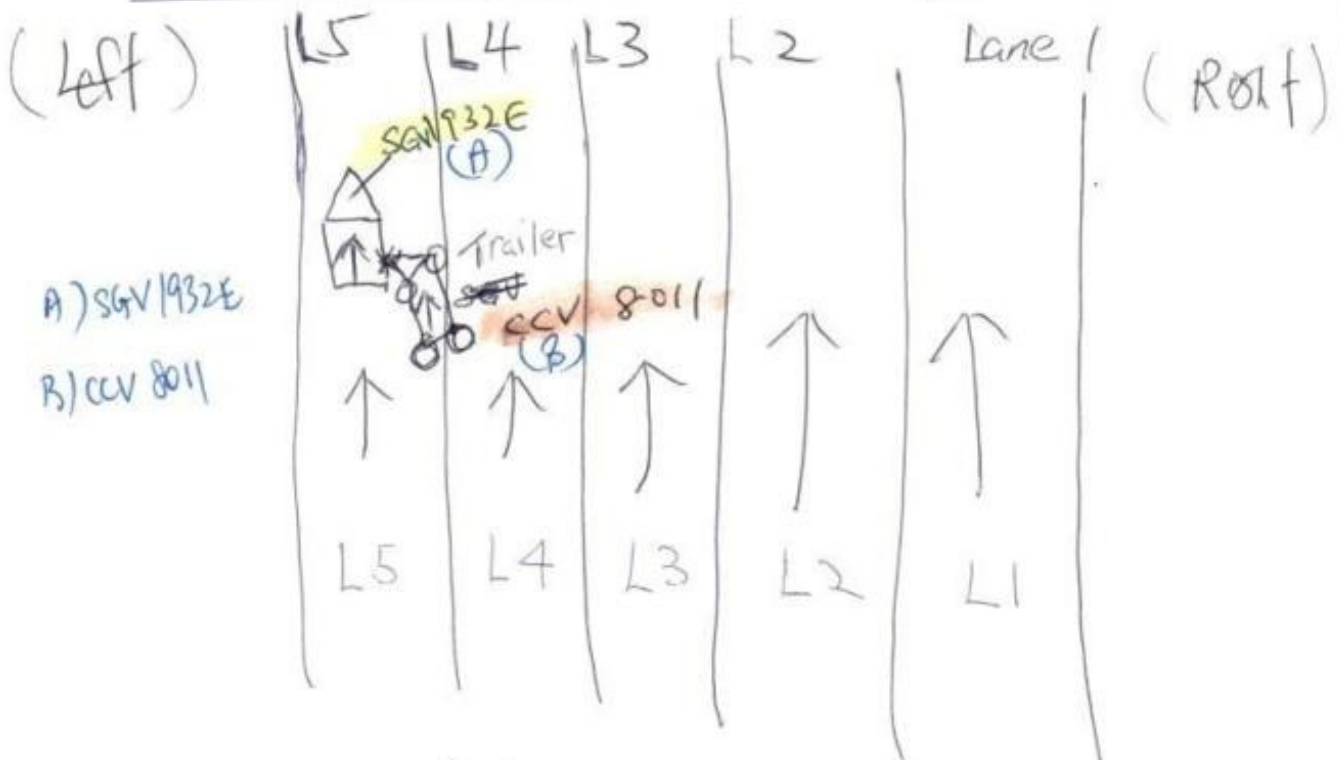
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

L: (Lane)

Date: 8/12/19

(PIE Toward BKE / Tuas)



on 8/12/19 at about 15:10 hrs

Place : PIE at <sup>Near</sup> ~~Land~~ Lamp  
Post 106

*Handwritten signature*  
9/12/19

*Handwritten signature*  
8/12/2019



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191208/2067

1 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20191208/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2019 16:18		Vide Report No.:		Station Diary No.: 58	
<b>Informant's Particulars</b>					
Name of Informant: TOH CHIN THIAM			Address: APT BLK 167 PETIR ROAD #23-148 SINGAPORE 670167		
ID Type / ID No.: NRIC NO / S1394798H			Contact No.: Home/Office: Mobile: 91343096		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/07/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/12/2019 15:10	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS BKE, NEAR LP 106 Lamp Post Number: 106				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CCV8011		MAN		Green		0
SGV1932E		TOYOTA	VIOS G AUTO	Silver		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV1932E	NTUC Income Insurance Co-Operative Limited	5105369449-01	07/12/2019	06/12/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191208/2067

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191208/2067

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHD SHAHRIL BIN ABDUL WAHAB	ID No.	870608015251
Related Vehicle	CCV8011	Contact No.	NIL
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
<b>Driver</b>			
Name	TOH CHIN THIAM	ID No.	S1394798H
Related Vehicle	SGV1932E	Contact No.	91343096
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	RENUKA D/O S ELANGGOVAN	ID No.	S8115843F
Related Vehicle	SGV1932E	Contact No.	90690571
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 08/12/19 at about 1510hrs, I was driving my vehicle bearing SGV1932E along PIE towards BKE on lane 5, with a passenger. While I was travelling along the said road, a vehicle bearing CCV8011, driving along lane 4 wanted to filter onto lane 5, while doing so, the vehicle CCV8011 front left portion collided onto the rear right portion of my vehicle.

Upon the collision, I horned, the vehicle CCV8011 then filter back to lane 4 and continued driving forward, subsequently CCV8011 stop along the road shoulder of PIE, I proceed and stop along the road shoulder. Upon stopping, the driver of CCV8011 and myself came out to make a check, to my knowledge there are



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191208/2067

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191208/2067

### CONTINUATION OF REPORT

no visible injuries on any party. I made a check with my passenger and my passenger informed that she is alright. particulars between the driver of CCV8011 and I exchanged. The driver of CCV8011 claims that he did not saw my vehicle hence the collision. photo of the scene taken.

My car has in car camera, however I am unsure if it have recorded the incident. subsequently, all parties left the scene.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191208/2057

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No: T/20191208/2057

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:

J/  
Sgt 3 YIM ZI KUEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/12/2019 16:18

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

  
SIGNATURE

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





TOYOTA MOTOR CORPORATION  
 MODEL NO. 1NZ-FE  
 VIN: MR063HY9305007319  
 1497 cc  
 1EB-FE10 735  
 DATE OF MFG: -02A APR 07  
 ASSEMBLED IN THAILAND CO., LTD. MADE IN THAILAND