

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	04/01/2020 12:41
Date Of Accident	03/01/2020 08:40
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN183Z
Insured/Policyholder	
Name Of Registered Owner	NEO IN NEE
NRIC No	SXXXX647H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91555558
Alternative Phone No	OFFICE-91555558

Vehicle Particulars

Manufacturer	BMW
Model	320
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA453455/1
Cover Note Number	

Driver

Name of Driver	BRONSON TEH
NRIC No	SXXXX703C
Date Of Birth	01/01/1985
Occupation	INDOOR
Date Of Driving Pass	24/09/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91555558
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	183 JALAN PELIKAT #03-81
Postcode	537643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	4
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SLZ8492G
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 SML867Z
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 SJS9778L
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)

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.:

Sketch Plan #2

SKETCH PLAN



A-SGN183Z

B-SLZ84926

C-SJS9778L

D-SML867Z

Date 03/07/2020

Time 0840 hrs.

PIE Towards Chungi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was driving along PIE Towards Chungi (after Balak North Ave Exit) on lane 1.

As I drove, the front vehicle D brake, so I followed, suddenly I felt an impact from the rear, and my vehicle was pushed forward, the force was so great that my vehicle collided onto the vehicle D. I checked, total of 4 vehicle were involved in the accident.

I felt discomfort after the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

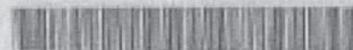
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T20200103/2167

1 of 4

Report No: T20200103/2167

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2889999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 22:08	Vide Report No.	Station Diary No: 58
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Informant's Particulars

Name of Informant BRONSON TEH			Address: 183 JALAN PELIKAT #03-B1 SINGAPORE 537543	
ID Type / ID No. NRIC NO / S8500703C			Contact No. Home/Office: Mobile: 91555558	
Nationality SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 01/01/1985	Type of Informant: Driver	
Race Chinese			Language English	Institution / School Name:
Occupation: PILOT			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 03/01/2020 08:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE toward Changi Near Bedok North Avenue 3 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
BGN163Z	Car	BMW	320i AT ABS DAB 2WD 2DR GAS/D SB	Black		0
SJS9778L	Car	HYUNDAI	I30 PDE 1.4 WAGON T- GDI DCT	Red		1
SLZ8482G	Car	TOYOTA	WISH 1.8 A	Grey		1
SML887Z	Car	HYUNDAI	FD I30 CW 1.6 A	Silver		0

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999



T/20200103/2167



Police Station C
Hougang NPP
357 H


Report No: 1/20200103/215

CONTINUATION OF REPORT

Police Report

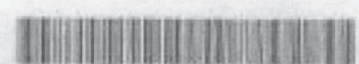
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRONSON TEH	ID No.	S8500703C
Related Vehicle	SGN183Z (Car)	Contact No.	91555558
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEW JIA HAUR	ID No.	S8028665H
Related Vehicle	SJ59778L (Car)	Contact No.	95314411
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
Driver			
Name	TAN JIE WEI, DANNY	ID No.	S8429251C
Related Vehicle	SLZ8492G (Car)	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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999



TQ2001032187

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Report No: TQ2001032187

CONTINUATION OF REPORT

Driver			
Name	TAN YONG CHENG	ID No	S8405699E
Related Vehicle	SML887Z (Car)	Contact No	91264358
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 03/01/2020 at about 0830hrs, I was driving my car(Registration No. SGN183Z, 3rd car) along PIE toward Changi Near Bedok North Avenue 3 Exit on the 1st lane of the 3lanes road. I observed another car(Registration No. SML887Z, 2nd car) in front of me applied brake which I follow suit. My car was about to come to a stop when suddenly, another car(Registration No. SLZ8492G, 4th car) collided onto my car's rear resulting in dent damages. I suffered impact on my back and neck area and my car surge forward to hit the 2nd car(Registration No. SML887Z). The 2nd car had also hit onto the 1st car(Registration No. SJS9778L). Ambulance and Traffic Police was called in reference G/20200103/0065 and one passenger was conveyed to hospital. There is no dashcamera in my car. I am lodging this Traffic Accident report as advised by Traffic Police. I later went to Q&M Medical Family Clinic to seek medical attention however did not take any MC.

Police Report



SINGAPORE
POLICE FORCE



T202001032157

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No: T202001032157

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 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2020 22:08

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

MP168