

Date of Accident : 14/01/2020 Accident Time: 17:20hrs (24-HR-FORMAT)  
Accident Place : Slip Road of Grange Road  
Vehicle Reg. No (Car plate No.) : SMH 7649L  
Vehicle Make/Model : Subaru WRX2.5M  
Insurance Company : Aviva Policy No. 10899812  
Owner or Company Names /IC NO: Jonathan cheok wei kiat / 59327287J  
Owner or Company Contact No. : 90233536 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Jonathan cheok wei kiat / 59327287J  
DRIVER'S Date of Birth : 01/08/1993 DRIVER'S License Pass Date 08 Aug 2012  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : Blk 359 Yung An Road #08-71 (S) 610359  
DRIVER'S Contact No./ Alt No. : 1) 90233536 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Ins  
Number of Passengers (including Driver): 2 IF female  
male  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SLJ 6238Y  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: Soo Beng chwee  
IC No. DRIVER: 517585628  
DRIVER'S Contact & add: 93231515

Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC NO. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_

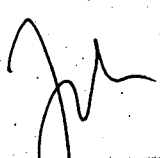
## SKETCH PLAN

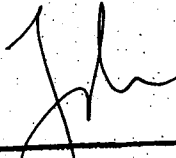
### IMPORTANT NOTICE


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:

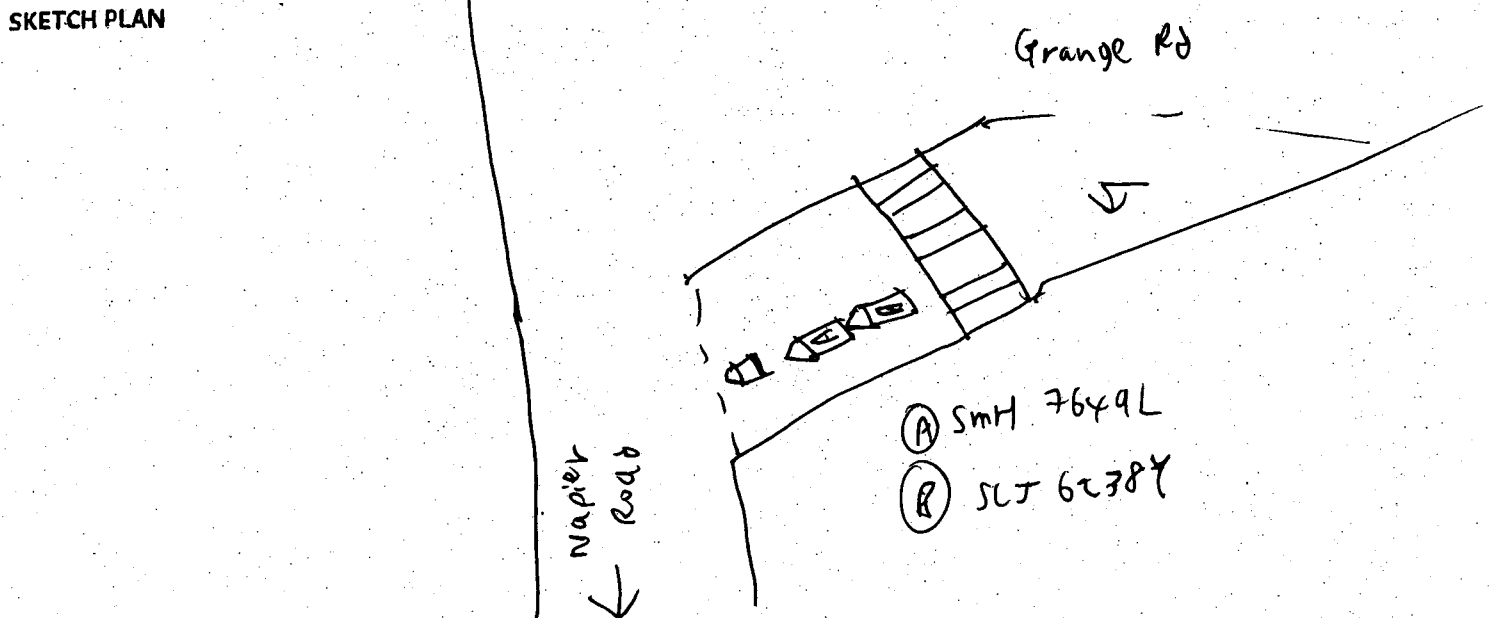
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report

## DECLARATION

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.:**



**SINGAPORE  
POLICE FORCE**



T/20200115/7000

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

1 of 3

Report No. T/20200115/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2020 01:43	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: JONATHAN CHEOK WEI KIAT			Address: APT BLK 359 YUNG AN ROAD #08-71 SINGAPORE 610359		
ID Type / ID No.: NRIC NO / S9327287J			Contact No.: Home/Office: Mobile: 90233536		
Nationality: SINGAPORE CITIZEN			Email: Jonathan.cheokwk@gmail.com		
Sex: Male	Age: 26	Date of Birth: 01/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2020 17:20	Type of Location: Grange road turning left to Irwell Bank road
Location:  GRANGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		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
SLJ6238Y	Car					0
SMH7649L	Car	SUBARU	WRX 2.5M	Grey	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7649L	AVIVA LTD		04/02/2019	20/02/2020



**SINGAPORE  
POLICE FORCE**



T/20200115/7000

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

2 of 3

Report No. T/20200115/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOO BENG CHWEE	ID No.	S1758562B
Related Vehicle	SLJ6238Y (Car)	Contact No.	93231515
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JONATHAN CHEOK WEI KIAT	ID No.	S9327287J
Related Vehicle	SMH7649L (Car)	Contact No.	90233536
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 14th Jan 2020, 1720hrs, I was driving my car, car plate no. SMH7649L along Grange road heading towards Napier Road. I made a left turn at the traffic junction consisting Paterson Road, Hoot Kiam Road and Irewell Bank road. As i made the left turn towards Irwell Bank road, i was rear ended by Mr Soo Beng Chwee, S1758562B, who was driving a Red Mazda, car plate no. SLJ6238Y. The accident occurs right after the zebra crossing.



**SINGAPORE  
POLICE FORCE**



T/20200115/7000

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

3 of 3

Report No. T/20200115/7000

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
15/01/2020 01:43

Classification Of Case: