# 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

foresaid.	ACCIDENT STATEMENT
Date Of Bonort	28/01/2020 16:55
Date Of Report Date Of Accident	27/01/2020 16:40
Exact Location Of Accident Country/State of Loss	BUKIT TIMAH RD TOWARDS FARRER RD
	SINGAPORE
Discount y/State of Eees	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCL361J
Insured/Policyholder	
Name Of Registered Owner	TOH SAY CHONG
NRIC No	SXXXX013D
Email Address	SCTOH@ENSYST.COM.SG
Mobile Phone No	(LOCAL) +65-97388031
Alternative Phone No	OFFICE-97388031
Vehicle Particulars	
Manufacturer	PORSCHE
Model	PANAMERA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0099511-VDP-R003
Cover Note Number	
Driver \	
Name of Driver	TOH XHEXI NATHANIEL
NRIC No	SXXXX895E
Date Of Birth	18/12/1992

18/12/1992 Date Of Birth INDOOR Occupation 14/10/2013 Date Of Driving Pass

6 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81139122 Mobile Number

Fax Number

Contact Number

NATHANIELTOH@GMAIL.COM **EMail Address** 

Address

150 LORONG KISMIS

Postcode

598073

NO

Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured

PARENT

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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

NO

ambulance?

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)

Passenger 1

NAME:

: REBECCA YEO

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Was there any audio recorded?

SDJ228K

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

Bukit Timah Rd Toward Farrer Rd

 $\begin{vmatrix} B \end{vmatrix} > \Rightarrow \begin{vmatrix} A \end{vmatrix} > \begin{vmatrix}$ 

VEH A: SCL361J VEH B: SDJ228K

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27 Jan of about 440pm, I was driving my vehicle A
(SCL361J) clong Bukit Timah Road. I was driving on the right
Most lane when Wehicle B (SDJ228K) entered the right most
lone. The driver of Vehicle B had been filtering continuously from
the left most lone. By the time I had noticed, I immediately presed
the horn and stepped on the brake simultaneously this was Tring.
my warning hor and broke Housevel, it was too late as Vehicle B was
closedy inside my lane. As in was raining and the roads were wet the
brokes and not manage to preven the collision.

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.:

### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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.
- 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.
- 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 malling 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.:





Report No. E/20200127/7018

1 of 3

### POLICE REPORT (NP299)

Date/Time Report Made 27/01/2020 23:19

TOH ZHEXI, NATHANIEL

NRIC NO / S9247895E

SINGAPORE CITIZEN

Institution/School Name

Date/Time Of incident

27/01/2020 16:45 - 27/01/2020 17:00

Name Of Informant

ID Type / ID No.

Nationality

Occupation

manager

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Station Diary No. Vide Report No. Address 150 LORONG KISMIS SINGAPORE 598073 Contact No. Home/Office Mobile. 81139122 Email Address nathanieltoh@gmail.com Race Date of Birth Age Sex Chinese 18/12/1992 Supply and distribution/Logistics/Warehousing Male

Brief details.

I was driving vehicle SCL361J on 27 Jan 2020 445pm along Bukit Timah Road when I was involved in a

Language English

Location Of Incident

BUKIT TIMAH ROAD

Another car, vehicle SDJ228K, was filtering into my lane and did not see my vehicle. I braked but it was not in time and the vehicles collided

The impact was mainly on the front passenger area on my car, and my friend who was in the car at that

Signature Of Informant. Signature Of Officer Recording The Report The identity of the person making this report has been authenticated by Not applicable SingPass. No signature is required Date/Time Signature Of Interpreter: 27/01/2020 23:19 Not applicable Classification Of Case Officer In Charge Of Case

Authentication Stamp

#### POLICE REPORT





3 01 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200127/7018

Occupation

Supply and

Address Type

distribution Logistics/Warehousi

ng manager

Address

150 LORONG KISMIS SINGAPORE 598073 Mobile No

81139122

Is Informant A

Yes

Victim?

Person Name

TOH ZHEXI, NATHANIE : (Informant)

Signature Of Officer Recording The Report

Not applicable

Signature Of Interpreter Not applicable

Officer in-Charge Of Case

Signature Of Informant
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time 27/01/2020 23:19

Classification Of Case

Authentication Stamp