Vehicle Registration Number	SFH9090S
Vehicle Make/Model/Colour	
Name of Driver	
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8919L
Vehicle Make/Model/Colour	
Name of Driver	
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKD6724D
Vehicle Make/Model/Colour	
Name of Driver	
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name	CHUA MENG LEE
Injured person in which vehicle?	

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 to 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, I/we 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 the 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 laws ... processing, handling and/or dealing with my claims (collectively the "Purposes");

   (b) [illegible]

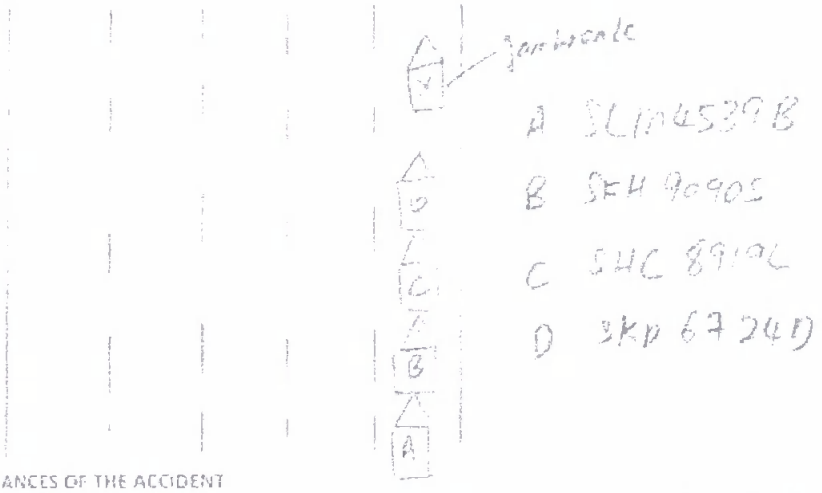
   (c) [illegible]

   (d) [illegible]

[illegible]

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report

DECLARATION

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20190128/2044

Report No. T/20190128/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/01/2019 13:00		70

Informant's Particulars

Name of Informant: CHUA MENG LEE			Address: APT BLK 670 HOUGANG AVENUE 8 #01-745 SINGAPORE 530670	
ID Type / ID No.: NRIC NO / S7215489D			Contact No.: Home/Office: Mobile: 96336353	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 07/05/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2019 15:30	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY towards Ang Mo Kio				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFH9090S	Car				Seriously Damaged	0
SHC8919L	Car				Slightly Damaged	1
SKD6724D	Car				No Damage	0
SLM4539B	Car				Seriously Damaged	0

Sketch Plan #4

SINGAPORE POLICE FORCE

T/20190128/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On 26/01/2019 at about 1530hrs, I was driving a white Toyota Prius car of registration plate number SLM4539B along CTE towards Ang Mo Kio on the right most lane. There was no passenger inside the taxi. While travelling between Braddell Road exit and Ang Mo Kio Ave 1 exit, one white colour Toyota Allion car of registration plate number SKD6724D made an emergency brake. Subsequently, a taxi which was behind the car stopped to avoid collision. There was one passenger inside the taxi. However, there was a grey colour Mercedes car of registration plate number SFH9090S, with no passenger, collided onto the rear of the taxi. My car was behind the grey colour Mercedes and swerved to the next lane on the left to avoid the collision, however the grey Mercedes car also swerved and my car collided onto the rear of the Mercedes car.

Traffic Police and ambulance were at scene and I was conveyed to Tan Tock Seng Hospital for fractured finger on the left hand and chest pain. I was admitted in TTSH on 26/01/2019 at about 1600hrs and discharged on the same day about 1900hrs. I am given hospital leave from 26/01/2019 to 08/02/2019.

There is CCTV inside my car focusing onto the front of the car. I do not know of any traffic cameras in the vicinity. Thus, I am lodging this report.

Sketch Plan #5

SINGAPORE POLICE FORCE

T/20190128/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190128/2044

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 / Staff Sgt MOHAMED FAIZAL AKBAR ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 13:00
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	Signature: Singapore Police Force

Accident Photo

Accident Photo

Accident Photo

Accident Photo