

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	26/06/2020 15:18
Date Of Accident	26/06/2020 11:00
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW6789P
Insured/Policyholder	
Name Of Registered Owner	AGNES GOH YEA CHENG
NRIC No	SXXXX219I
Email Address	AGNESGOH6789@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97680402
Alternative Phone No	OTHERS-97680402

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VP05026137
Cover Note Number	

Driver

Name of Driver	AGNES GOH YEA CHENG
NRIC No	SXXXX219I
Date Of Birth	18/09/1967
Occupation	INDOOR
Date Of Driving Pass	24/03/1986
Driving Experience	34 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97680402
Fax Number	
Contact Number	OTHERS-97680402
Email Address	AGNESGOH6789@GMAIL.COM

Address	97 MEI HWAN DRIVE
Postcode	568405
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	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	3
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?	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 SKETCH AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP6118Z
Vehicle Make/Model/Colour	HONDA
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	SKX217K
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Vehicle Make/Model/Colour	TOYOTA ALPHARD
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 INJURED PERSON 1

Name	AGNES GOHYEA CHENG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SGW6789P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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: 26 June 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

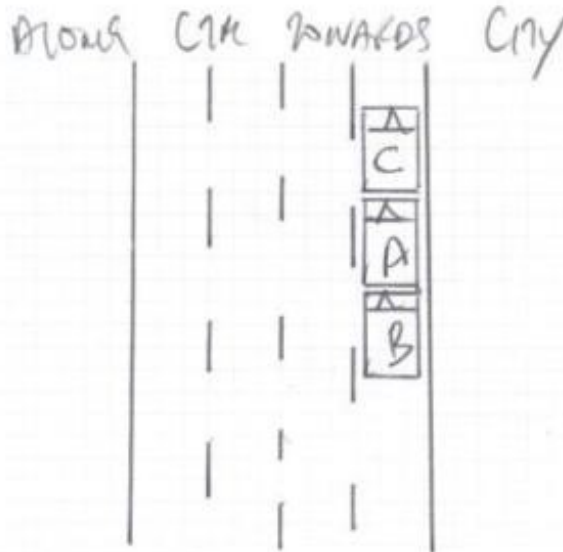
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



- A) SKW 6789P
- B) SDP 6118Z
- C) SKX 217K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car in front SKX 217K jammed brake abruptly and I also applied brakes to stop my car from hitting it, on the CTE towards town. Next I know, the car behind SDP 6118Z banged into my car, causing my car to surge forward and collide with SKX 217K.

Police Report 1/20200626/2061

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 26 June 2020

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

[Signature] 29/06/2020
 Reporting Centre Personnel's Signature
 Name: Roshni Vithayal
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200626/2051

1 of 4

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20200626/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 16:13		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: AGNES GOH YEA CHENG			Address: 97 MEI HWAN DRIVE SINGAPORE 568405		
ID Type / ID No.: NRIC NO / S1805219I			Contact No.: Home/Office: Mobile: 97680402		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 18/09/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bank 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: 26/06/2020 11:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE going towards town. Near to exit 7D				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
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
SDP6118Z	Car					0
SGW6789P	Car	MERCEDES BENZ	B180 STYLE (R16 LED)	White	Slightly Damaged	0
SKX217K	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200526/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20200526/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SGW6789P	LONPAC INSURANCE BHD.	Z20VP05026137	18/03/2020	17/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AGNES GOH YEA CHENG		ID No.	S1805219I
Related Vehicle	SGW6789P (Car)		Contact No.	97680402
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	Raymond Ang		ID No.	NIL
Related Vehicle	SKX217K (Car)		Contact No.	88769989
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	Yong De Han		ID No.	NIL
Related Vehicle	NIL		Contact No.	84573782
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**



T/20200626/2051

Police Station Of Origin:
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Tel No: 1800-2879999

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Report No. T/20200626/2051

CONTINUATION OF REPORT

Brief Details.

On 26/6/2020, I was driving my vehicle SGW6789P along CTE going towards town. At around 1100hrs, I was near to exit 7D the vehicle in front of me (SKX217K) suddenly jammed brake which resulted in me doing the same. As I came to a complete stop without colliding with the vehicle in front, I felt a collision from behind and caused my vehicle to surge forward and collided with the vehicle in front.

The vehicle behind (SDP6118Z) did not manage to stop in time and collided with me. I then came out of my vehicle and all 3 of us exchanged contact details with each other. A short while later, traffic police came and they only asked if I am injured and they need to clear the lane as fast as possible if I do not require any medical assistance. I then took down the relevant contacts I need and left the scene.

I wish to state that I have not visited the doctor but I am experiencing neck pain and headache since the accident happened. I also have the in car camera footage for both front and back of the accident that occurred. I will be visiting the doctor after lodging this report.

I am lodging this report for police assistance.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200626/2051

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Report No. T/20200626/2051

Police Station Of Origin:
Serangoon Gardens NPP
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555947
Tel No: 1800-2879999

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 CHO JUN XIONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2020 16:13

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

Authentication Stamp:

NP158

Singapore Police Force

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

