

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	13/07/2020 13:09
Date Of Accident	09/07/2020 16:50
Exact Location Of Accident	SERANGOON NORTH AVE 1 SLIP RD TO AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD908L
Insured/Policyholder	
Name Of Registered Owner	POH YEW CHYE
NRIC No	S1131980G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97333322
Alternative Phone No	OFFICE-97333322

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS-
Exact Purpose for which vehicle was being used at time of accident	PTE USED
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	POH YEW CHYE
NRIC No	S1131980G
Date Of Birth	19/11/1955
Occupation	INDOOR
Date Of Driving Pass	27/12/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97333322
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15A JALAN SALANG
Postcode	769549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	2
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)	2
Passenger 1	NAME: : ANG BEE GEOK GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT REPORT NO : T/20200710/2055

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	K.I.V.
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3979G
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	SLIGHTLY DAMAGED
Vehicle Category	TAXI
Name of Driver	HOW KIAN NAM
NRIC/Passport Number	S1640891C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	POH YEW CHYE
Approximate Age	65
Injuries Sustain	UPPER AND LOWER BACK
Injured person in which vehicle?	SBD908L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	15A JALAN SALANG
Postcode	769549

DETAILS OF INJURED PERSON 2	
Name	ANG BEE GEOK
Approximate Age	56
Injuries Sustain	UPPER AND LOWER BACK56
Injured person in which vehicle?	SBD908L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	15A JALAN SALANG
Postcode	769549

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:

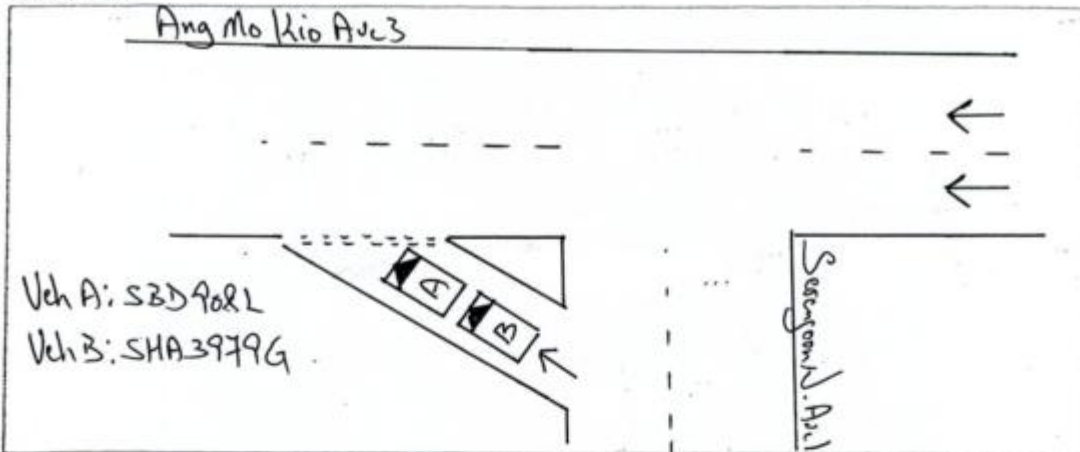
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

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

Pls refer to the Police Report

☐ Claim OD/TP at Su Brothers ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

傅和財

Policyholder's Signature
Date & Time:

傅和財

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



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



**SINGAPORE
POLICE FORCE**



T/20200710/2055

1 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200710/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2020 19:26	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: POH YEW CHYE			Address: 15A JALAN SALANG SINGAPORE 769549	
ID Type / ID No.: NRIC NO / S1131980G			Contact No.: Home/Office:	Mobile: 97333322
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 19/11/1955	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Renovation			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2020 16:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SERANGOON NORTH AVENUE 1 ANG MO KIO AVENUE 3 Zebra Crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicles against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBD908L	Car	FORD	FOCUS TITANIUM 1.0 GTDI 5DR	Silver	Slightly Damaged	1
SHA3979G	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20200710/2055

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200710/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBD908L	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0006211	23/11/2019	22/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	Ang Bee Geok	ID No.	S1721297D	
Related Vehicle	SBD908L (Car)	Contact No.	98299682	
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	03	Degree of Injury	Slight	
Driver				
Name	POH YEW CHYE	ID No.	S1131980G	
Related Vehicle	SBD908L (Car)	Contact No.	97333322	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Driver				
Name	Low Kian Nam	ID No.	S1640891C	
Related Vehicle	SHA3979G (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	



**SINGAPORE
POLICE FORCE**



T/20200710/2055

Police Station Of Origin:
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Report No. T/20200710/2055

CONTINUATION OF REPORT

Brief Details.

On 09/07/2020 at about 1650hrs, I was driving in Ford four wheeler (SBD908L) along Serangoon North Avenue 1 towards Ang Mo Kio Avenue 3. At the junction of Serangoon North Avenue 1 and Ang Mo Kio Avenue 3, I turned left at the zebra crossing. After driving about 3 metres past the zebra crossing, I stopped to look out for incoming cars from Ang Mo Kio Avenue 3 road.

Shortly after, I felt a large impact from the back of my car, hence, it caused my head to hit the door while my wife namely Ang Bee Geok bearing NRIC S1721297D, HP: 98299682, dob: 31/08/1965, who was a passenger, experience whiplash which resulted in a painful sensation in her neck and lower back. Subsequently, I alighted and observed a cab had collided into the rear bumper of my car.

Subsequently, me and the drivers took pictures and exchanged particulars. I am unsure if the other driver and his passenger was injured.

The driver's details are as follows: Low Kian Nam bearing NRIC S1640891C, date of birth 21/08/1964 residing at Blk 107 Bedok Reservoir Rd, #09-334, Singapore 470107. However, I did not ask for his contact number. The driver was driving a private hire four wheeler with plate number SHA3979G of unknown taxi company.

I wish to inform that I have an in car rear video camera that captured the incident. The recording showed the abovementioned vehicle colliding into the rear bumper of my car. It showed the vehicle that was about 3-4 metres behind continue moving after I had stopped my car, which resulted in the collision.

I also wish to inform that no police or ambulance attended to us during the incident.

On 10/07/2020 at about 1700hrs, me and my wife went to do a check up at Intermedical 24 hrs clinic at 525 Ang Mo Kio Avenue 10 #01-2407 Singapore 560525 as we still felt pain in our upper and lower backs due to the incident. I received a 4 days MC while my wife received a 3 days MC



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T/20200710/2055

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Report No. T/20200710/2055

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:
L /
Sgt 2 MUHAMMAD NAFIIS BIN ISKANDAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SIANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/07/2020 19:26

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

