

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	27/07/2020 12:26
Date Of Accident	25/07/2020 18:30
Exact Location Of Accident	WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBG5225A
Insured/Policyholder	
Name Of Registered Owner	FOO SING CHOON
NRIC No	SXXXX305D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96655077
Alternative Phone No	OFFICE-96655077

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8GL A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MT103799-R01
Cover Note Number	

Driver

Name of Driver	JEFF FOO YI HAO
NRIC No	SXXXX885C
Date Of Birth	23/09/1995
Occupation	INDOOR
Date Of Driving Pass	18/03/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96565077
Fax Number	
Contact Number	OFFICE-96565077
Email Address	NOEMAIL

Address	BLK 418 WOODLANDS STREET 41 #12-133
Postcode	730418
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200726/2012.

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	GBF4724M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	JEFF FOO YI HAO
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SBG5225A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

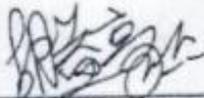
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- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

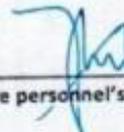
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:



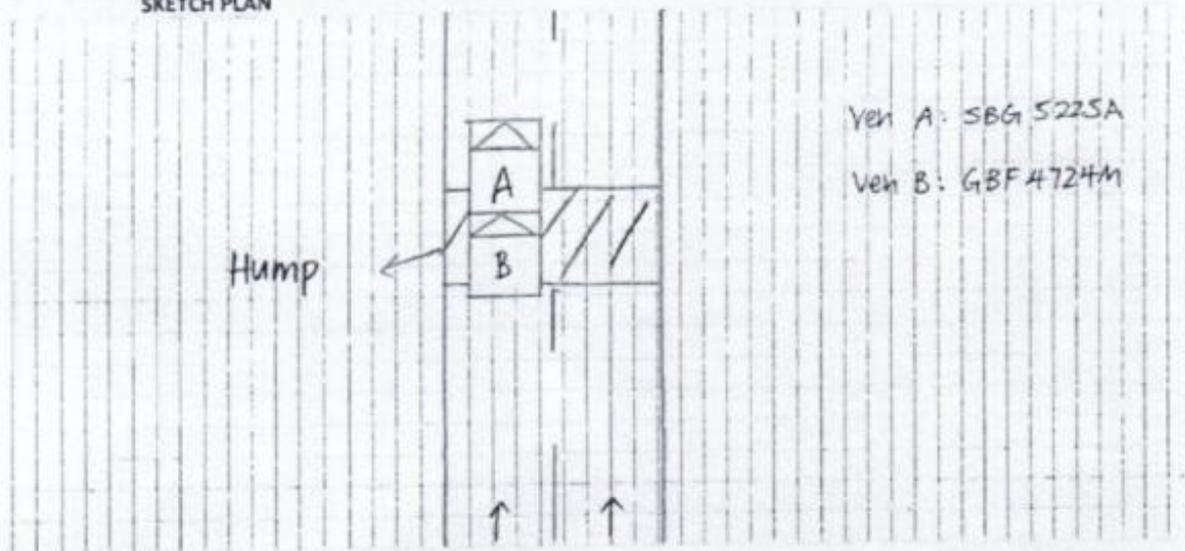
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

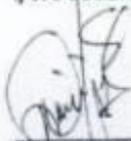


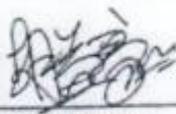
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200726/2012

1 of 3

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

Report No: T/20200726/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 02:06	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: JEFF FOO YI HAO		Address: APT BLK 418 WOODLANDS STREET 41 #12-133 SINGAPORE 730418	
ID Type / ID No.: NRIC NO / S9535885C		Contact No.: Home/Office: Mobile: 96565077	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 23/09/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DIGITAL MARKETER		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: 25/07/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 1 Near Block 401.				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBF4724M	Lorry				Slightly Damaged	1
SBG5225A	Car				Slightly Damaged	1

Police Report



SINGAPORE
POLICE FORCE



T/20200726/2012

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

2 of 3

Report No. T/20200726/2012

CONTINUATION OF REPORT

Brief Details.

On 25/07/2020 at about 1832hrs, I was driving along Woodland Avenue1 near block 401 bearing registration plate number SBG5225A with my partner(Trudy Yap Tian Wen, HP:98001216) beside me and nothing was amiss.

Subsequently, one lorry bearing registration plate number GBF4724M collided on to the rear of my vehicle. My vehicle sustained scratches and dents on the boot. The other party vehicle sustained dents on the front bumper and a cracked front registration plate.

We went down and he informed he is a PRC and did not bring his work permit with him and gave me his contact number as the point of contact(HP:84357795) for claims, thereafter, left the place.

I wish to inform me and my partner felt tightness on our back but has not seen the doctor. I have an In-Car CCTV and it has captured the incident.

No police nor ambulance attended.

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Police Report



SINGAPORE
POLICE FORCE



T/20200726/2012

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

3 of 3

Report No. T/20200726/2012

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 ROYCE YEW TIAN POH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/07/2020 02:06

Officer In Charge Of Case:
IP / AEIT /
BLANG YI TING, STEPHANIE
Contact No: 65476414

Classification Of Case:

Authentication Stamp
SP168

Signature: Sh 065
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



