

## 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 ability.
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 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	15/06/2016 18:02
Date Of Accident	15/06/2016 11:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP4001D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIRUDIN BIN JANTAN
NRIC No	S0167369F
Email Address	KHAIRUDINJAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97273952
Alternative Phone No	OFFICE-97273952

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA078626
Cover Note Number	14/12/2015-13/12/2016

### Driver

Name of Driver	KHAIRUDIN BIN JANTAN
NRIC No	S0167369F
Date Of Birth	23/04/1952
Occupation	INDOOR
Date Of Driving Pass	05/04/1978
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97273952
Fax Number	
Contact Number	OFFICE-97273952
Email Address	KHAIRUDINJAN@GMAIL.COM

Address	BLK 223A JURONG EAST STREET 21 #10-843
Postcode	601223
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	COLLISION- CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPE9025 (PRIVATE CAR)
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

Are accident photos available for attachment?	YES
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPE9025
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JIMMY WONG CHING MEE
NRIC/Passport Number	G8357054M
Contact Number	97692308
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY9599E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	BAH BEE HONG
NRIC/Passport Number	S7437192B
Contact Number	86668000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SHC3355X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHIEW SOON HOR
NRIC/Passport Number	S6830123H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	GX1486R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number	YL6022M
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SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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 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

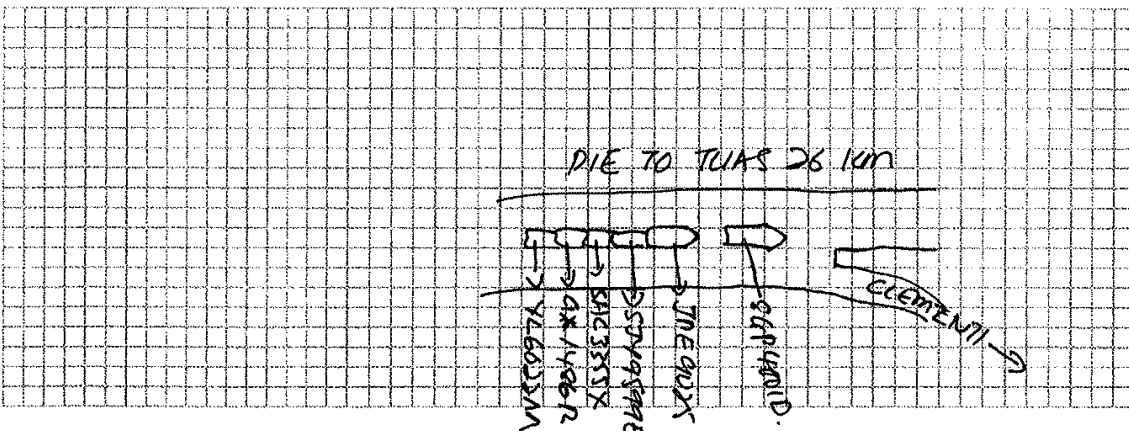
  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SHI WEI

Sketch Plan




Describe Circumstances of the Accident

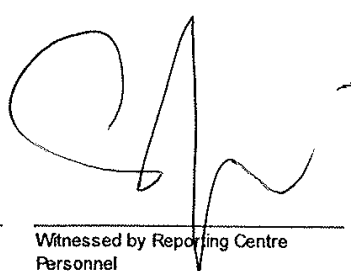
Refer to Police Report - T/20160615/2088

**Declaration**

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

  
Witnessed by Reporting Centre Personnel

SHI WEI

Date: 15/06/16

To: Owner of Vehicle Number: SGP4001D

The following has been advised to you via your workshop, Ethoz Group Ltd through their staff, Shi Wei.

ETHOZ



Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.
- ☐ For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others \_\_\_\_\_

Signed and acknowledge by:

Khairudin bin Jantan & [Signature]

Name and signature of policyholder/ authorised driver

Shi Wei

Name and signature of workshop personnel including company stamp

ETHOZ GROUP LTD 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)  
Company Registration No. 198104531H



**SINGAPORE  
POLICE FORCE**



T/20160615/2088

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20160615/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2016 15:03		Vide Report No.:		Station Diary No.: 108	
<b>Informant's Particulars</b>					
Name of Informant: KHAIRUDIN BIN JANTAN			Address: APT BLK 223A JURONG EAST STREET 21 #10-843 SINGAPORE 601223		
ID Type / ID No.: NRIC NO / S0167369F			Contact No.: Home/Office: Mobile: 97273952		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 23/04/1952	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2016 11:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
⑤ GX1486R	Van				Seriously Damaged	0
③ JPE9025	Car				Seriously Damaged	0
① SGP4001D	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Silver	Seriously Damaged	0
④ SHC3355X	Car				Seriously Damaged	1



SINGAPORE  
POLICE FORCE

T/20160615/2088

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20160615/2088

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
③ SJY9599E	Car				Seriously Damaged	2
⑥ YL6022M	Lorry				Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP4001D	AXA INSURANCE SINGAPORE PTE LTD	GA078636	14/12/2015	13/12/2016

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JIMMY WONG CHING MEE		ID No.	G8357054M
Related Vehicle	JPE9025 (Car)		Contact No.	97692308
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	KHAIRUDIN BIN JANTAN		ID No.	S0167369F
Related Vehicle	SGP4001D (Car)		Contact No.	97273952
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



**SINGAPORE  
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T/20160615/2088

Police Station Of Origin:  
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Tel No: 1800-8999999

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Report No. T/20160615/2088

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIEW SOON HOR	ID No.	S683123H
Related Vehicle	SHC3355X (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
<b>Driver</b>			
Name	BAH BEE HONG	ID No.	S7437192B
Related Vehicle	SJY9599E (Car)	Contact No.	86668000
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
<b>Driver</b>			
Name	ABDUL WAHAB	ID No.	S1777503J
Related Vehicle	YL6022M (Lorry)	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

**Brief Details.**

On 15/6/2016 at about 1145hrs, I was driving my vehicle(Reg no. SGP4001D) and travelling on the 3rd lane along PIE towards Tuas. All of a sudden, one vehicle in front of me had stopped his vehicle. Therefore, I brake my vehicle as well.

At that time, I felt that one vehicle which was behind me had hit onto my vehicle. Immediately after I had stopped my vehicle, I stepped out of my vehicle and saw that there was a chain collision involving 6 vehicles including mine. Subsequently, the traffic police and ambulance arrived at scene. After which, I exchanged my particulars with the involved parties. After the accident, the traffic police then told me to lodge a police report.

I wish to state that I do not know why the vehicle which was in front of me had stopped all of a



**SINGAPORE  
POLICE FORCE**



T/20160615/2088

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
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Report No. T/20160615/2088

**CONTINUATION OF REPORT**

sudden which causes me to brake my vehicle as well.



POLICE FORCE



T/20160615/2088

Police Station Of Origin:  
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Report No. T/20160615/2088

## 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:

D /

Cpl HARVEY LAU WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/06/2016 15:03

Officer In Charge Of Case:

TP / GIT /

SI KONG MUN KEEN

Contact No.: 65476099

Classification Of Case:

Authentication Stamp

NP168



Signature: \_\_\_\_\_

Singapore Police Force

SN 034

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

