

## 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	28/08/2020 09:59
Date Of Accident	27/08/2020 11:35
Exact Location Of Accident	CTE TWDS TIONG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML7753Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96253682
Alternative Phone No	OFFICE-96253682

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001952000
Cover Note Number	

### Driver

Name of Driver	LOH FAM KHUAN
NRIC No	SXXXX193E
Date Of Birth	06/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1978
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88332798
Fax Number	
Contact Number	OFFICE-88332798
EEmail Address	NOEMAIL

Address	BLK 925 TAMPINES STREET 91 #08-279
Postcode	520925
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	5
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200827/2086.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD512U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN4761G  
Vehicle Make/Model/Colour  
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 3

Vehicle Registration Number GBD9780C  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
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 LOH FAM KHUAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SML7753Y

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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#### 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:

27/1/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/1/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

T.B.

CTE

③ ② ①

A: SML7N3Y  
B: GBD512U  
C: SKN4761G  
D: GBD 9780C  
E: unknown

A/E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10200827/2086.

## DECLARATION:

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

Policyholder's Signature

Date & Time:

27/8/20

GARLIC SKETCHFORM V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/8/20

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200827/2086

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20200827/2086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 16:09		Vide Report No.:		Station Diary No.: 67
<b>Informant's Particulars</b>				
Name of Informant: LOH FAM KHUAN		Address: 925 TAMPINES STREET 91 #08-279 SINGAPORE 520925		
ID Type / ID No.: NRIC NO / S1206193E		Contact No.: Home/Office: Mobile: 88332798		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 06/05/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2020 11:35	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SML7753Y	Car				Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200827/2086

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200827/2086

### CONTINUATION OF REPORT

Driver			
Name	LOH FAM KHUAN	ID No.	S1206193E
Related Vehicle	SML7753Y (Car)	Contact No.	88332798
Hospital/Clinic	LITTLE CROSS FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2020	Date Discharge	27/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 27/08/2020, at about 11.35am, I was travelling along AYE entering CTE near to Tiong Bahru on the centre lane of a three lane carriageway. Subsequently, the vehicle in front of me made a sudden brake and I braked and stop in time as well behind him. Suddenly, the vehicle behind me hit me at my rear and the impact caused me to move forward and hit the vehicle in front of me. I then got out of the vehicle and I realized that I was the 3rd car of a 5 car accident. My passenger at that point of time was okay. I was not feeling well so I received 3 days of MC due to pain on my neck and my shoulder area.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200827/2086

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200827/2086

## 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:  
G /  
Sgt 3 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/08/2020 16:09

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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