

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	26/08/2020 18:01
Date Of Accident	26/08/2020 14:30
Exact Location Of Accident	T-JUNCTION OF IRRAWADDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9608A
Insured/Policyholder	
Name Of Registered Owner	GENE CHOW SOON HEE
NRIC No	S7808554A
Email Address	SOONHEE.SOONHEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97948517
Alternative Phone No	OFFICE-97948517

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 SUNROOF (A)
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA444182
Cover Note Number	

Driver

Name of Driver	GENE CHOW SOON HEE
NRIC No	S7808554A
Date Of Birth	29/03/1978
Occupation	INDOOR
Date Of Driving Pass	23/08/2005
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97948517
Fax Number	
Contact Number	OFFICE-97948517
Email Address	SOONHEE.SOONHEE@YAHOO.COM.SG

Address	BLK 138C LORONG 1A TOA PAYOH #09-32
Postcode	313138
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SHB3255G
Vehicle Make/Model/Colour	TOYOTA PRIUS (YELLOW)
Details Of Properties	
Vehicle Category	TAXI
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	GENE CHOW SOON HEE
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SLW9608A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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: 26/8/20 1525

Driver's Signature

(If driver is not the policyholder)

Date & Time:

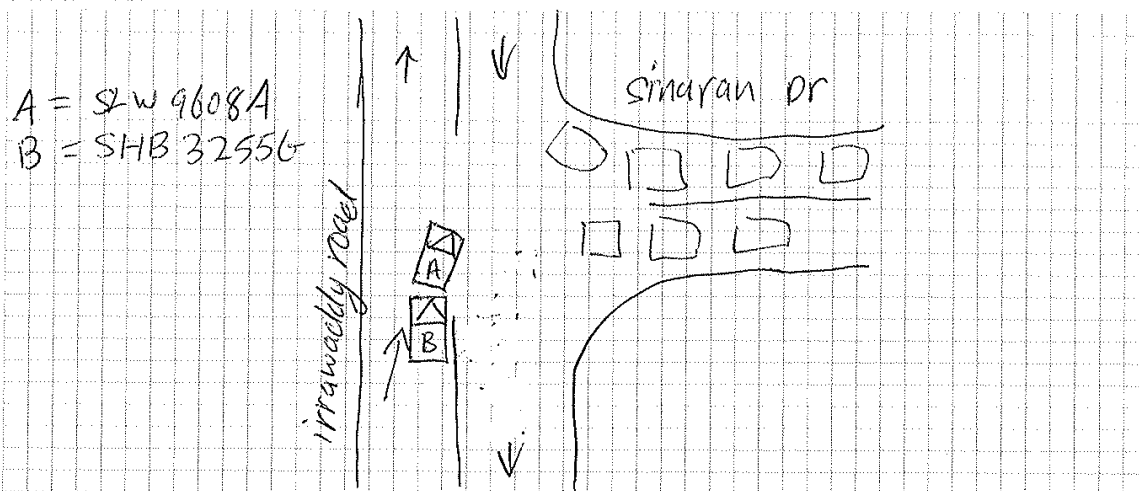
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

X on 26/8/20 @ 1430pm, I was driving SLW 9608A, while i stopped at the T junction to wait for the opposition vehicles to clear, suddenly SHB 3255G (Yellow Taxi) rear ended my vehicle rear. It was drizzly that day and no one was injured, both drivers alright and just checked the vehicles without changing particulars.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/8/20 1525

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



E/20200827/7004

1 of 2

POLICE REPORT (NP299)

Report No. E/20200827/7004

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 27/08/2020 12:13	Vide Report No.	Station Diary No.
Name Of Informant GENE CHOW SOON HEE	Address 138C LORONG 1A TOA PAYOH #09-32 SINGAPORE 313138	
ID Type / ID No. NRIC NO / S7808554A	Contact No. Home/Office: Mobile: 97948517	
Nationality SINGAPORE CITIZEN	Email Address soonhee.soonhee@yahoo.com.sg	
Occupation Assistant Claim Manager	Sex Male	Age 42
Institution/School Name	Date of Birth 29/03/1978	Race Chinese
Date/Time Of Incident 26/08/2020 14:30 - 26/08/2020 14:30	Location Of Incident 138C LORONG 1A TOA PAYOH #09-32 SINGAPORE 313138	

Brief details.

On 26/8/20 @ 1430 pm , I was travelling along Irrawaddy road and stopped at the T junction before turning to Sinaran drive , suddenly Taxi SHB3255G hit my rear , my car is SLW9608A . My rear bumper , boot was visually damaged and my back was hurt and was given 7 days MC .

Subjects Involved
Suspect

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 12:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20200827/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200827/7004

Person Name	Taxi Driver		
Gender	Male	Age	55-60
Race	Chinese		
Victim			
Person Name	GENE CHOW SOON HEE		
ID Type	NRIC NO	ID No	S7808554A
Gender	Male	Age	42
Race	Chinese	Language	English
Occupation	Assistant Claim Manager	Address	138C LORONG 1A TOA PAYOH #09-32 SINGAPORE 313138
Mobile No	97948517	Is Informant A Victim?	Yes
Person Name GENE CHOW SOON HEE (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 12:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



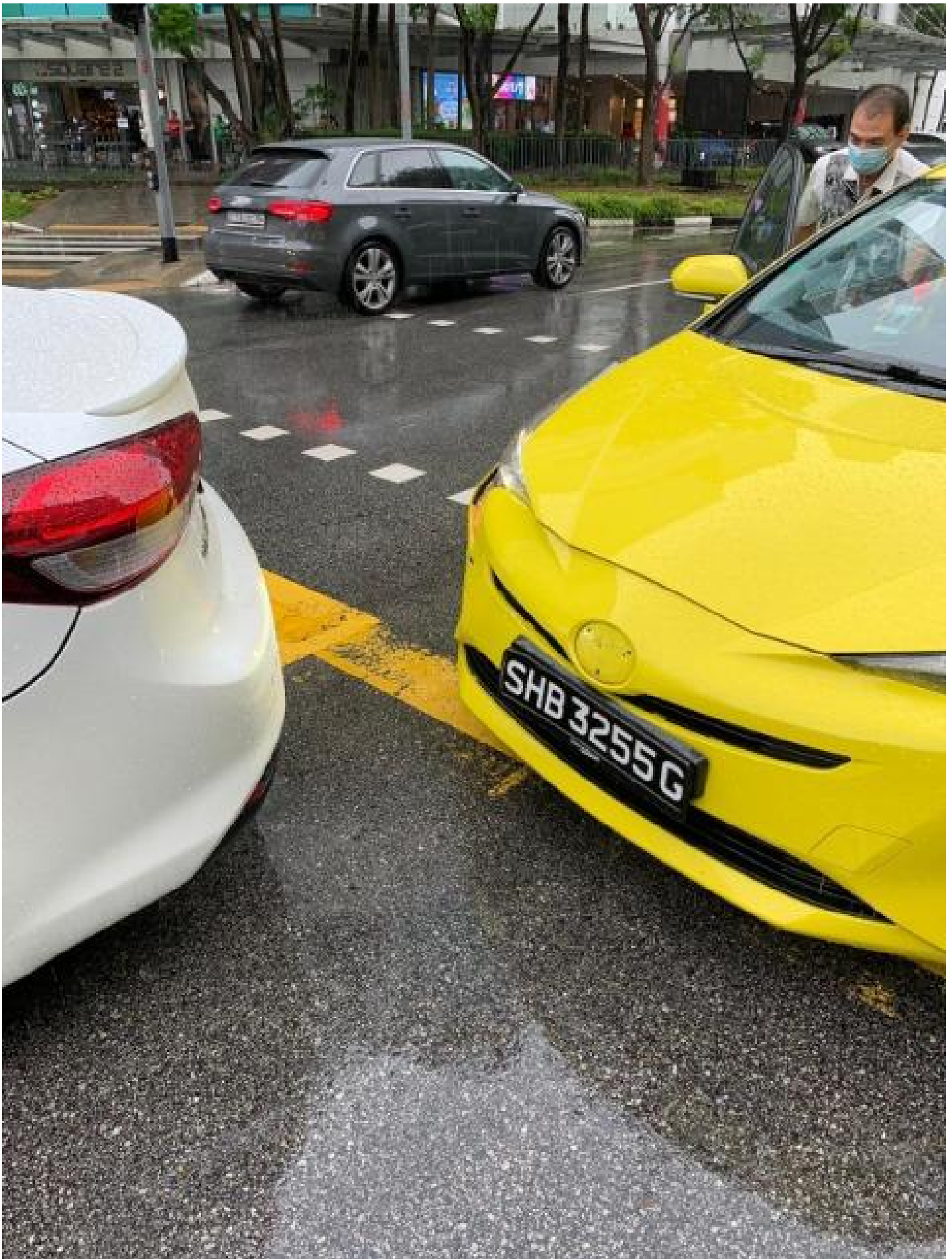
Accident Photo



Accident Photo



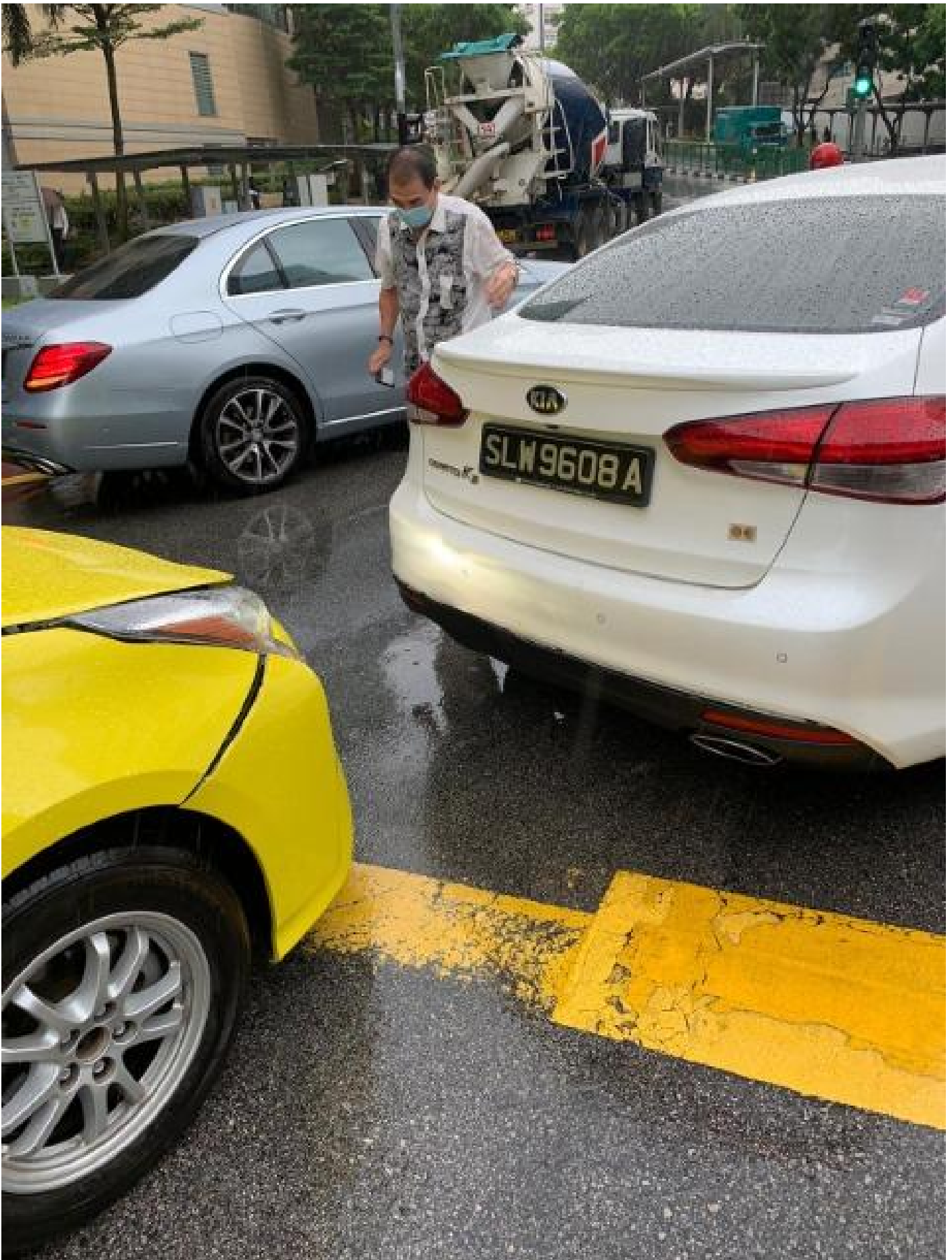
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKKH20073383 Vehicle Registration No: SLW 9608 A
Name (as shown in NRIC) : GENE CHOW SOON HEE NRIC/FIN/Passport No : SXXXX554A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 26.8.2020 Time of Accident : 1430 Hrs
Place of Accident : T-JUNCTION OF IRRAWADDY ROAD
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I HAVE 7 DAYS MC. HAVING BACKACHE & PAIN
ENCLOSED POLICE REPORT.

Policyholder / Driver's Signature

Date: 27/8/20 1206pm

Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No.: _____
Date: _____

Addendum Sheet Pg. 1



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Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKKH20073383-01 Vehicle Registration No: SLW 9608A
Name (as shown in NRIC) : GESE CHOW SOON HEE NRIC/FIN/Passport No : SXXXX554A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 26 8-2020 Time of Accident : 1430 Hrs
Place of Accident : T-JUNCTION OF IRRAWADDY ROAD
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I HAVE 7 DAYS MC. HAVING BACKACHE & PAIN
ENCLOSED POLICE REPORT.

I WOULD LIKE TO ADD IN INJURY DETAILS IN MY REPORT.
SORRY FOR THE ERROR.

Policyholder / Driver's Signature

Date: 27/8/20 1206pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: