

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	30/09/2020 16:45
Date Of Accident	30/09/2020 14:00
Exact Location Of Accident	JALAN BAHAGIA TOWARDS KIM KEAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4717B
Insured/Policyholder	
Name Of Registered Owner	POH LEONG CHYE
NRIC No	SXXXX020A
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-88091838
Alternative Phone No	OTHERS-96583733

Vehicle Particulars

Manufacturer	LEXUS
Model	IS250-2.5 (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	20-MS004967-R01
Cover Note Number	

Driver

Name of Driver	POH ZHI OI, NIGEL (FU ZHIQI)
NRIC No	SXXXX812I
Date Of Birth	18/03/1987
Occupation	INDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96583733
Fax Number	
Contact Number	OTHERS-88091838
Email Address	INFO@CARSMITH.BIZ

Address	BLK 16 JALAN TENTERAM #14-104
Postcode	321016
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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 AND POLICE REPORT T/20200930/7027

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9184M
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	POH ZHI OI, NIGEL (FU ZHIQI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLW4717B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:

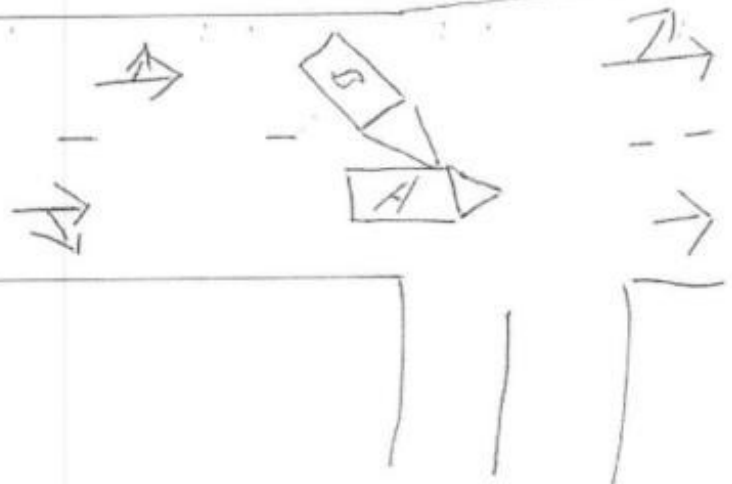
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name: 30/09/2020
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Jalan Bahagia



ASLW4717B

BSME9184M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight in my lane at Jalan Bahagia suddenly vehicle B from my left make a right turn which are not allow to turn right and collided onto my left portion of my vehicle due to the straight impact my left portion from front to rear is badly damage after the accident my neck felt pain and I go Horizon Medical Pte LTD and see doctor and was given 3 days MC.

POLICE REPORT R/20200930/7027.

DECLARATION

I/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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20200930/7027

1 of 2

POLICE REPORT (NP299)

Report No. E/20200930/7027

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

Date/Time Report Made 30/09/2020 16:19	Vide Report No.	Station Diary No.
Name Of Informant POH ZHI QI, NIGEL	Address 16 JALAN TENTERAM #14-102 SINGAPORE 321016	
ID Type / ID No. NRIC NO / S8706812I	Contact No. Home/Office:	Mobile: 96583733
Nationality SINGAPORE CITIZEN	Email Address nigelpoh@gmail.com	
Occupation Real estate agent	Sex Male	Age 33
Institution/School Name	Date of Birth 18/03/1987	Race Chinese
Date/Time Of Incident 30/09/2020 14:00 - 30/09/2020 14:00	Location Of Incident KIM KEAT ROAD	

Brief details.

I WAS DRIVING ALONG JALAN BAHAGIA TOWARDS KIM KEAT ON THE RIGHT LANE OF A 2 LANE ROAD. SOMEWHERE BEFORE KIM KEAT/JALAN RAJAH UNCONTROLLED JUCTION, AS I WAS DRIVING STRAIGHT AND IN MY LANE WHEN I SUDDENLY FELT A STRAONG IMPACT FROM THE LEFT HAND PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED TO SEE THAT VEHICLE B, BEARING NUMBER PLATE SME9184M, HAD COLLIDED INTO THE WHOLE LEFT HAND PORTION OF MY VEHICLE. VEHICLE B HAD TRIED TO MAKE A RIGHT TURN FROM THE LEFT LANE OF A 2 LANE CARRIAGEWAY INTO JALAN RAJAH. HENCE I WAS INVOLVED IN AN ACCIDENT OF 2 VEHICLES.

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: 30/09/2020 16:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20200930/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200930/7027

AS I EXPERIENCED BODILY ACHE AND PAIN FROM THE ACCIDENT, I SEEK MEDICAL ATTENTION AT A NEARBY CLINIC WAS GIVEN 03 DAYS MEDICAL LEAVE AND WILL BE SEEKING FURTHER MEDICAL ATTENTION.

Subjects Involved			
Victim			
Person Name	POH ZHI QI, NIGEL		
ID Type	NRIC NO	ID No	S8706812I
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Real estate agent	Address	16 JALAN TENTERAM #14-102 SINGAPORE 321016
Mobile No	96583733	Is Informant A Victim?	Yes
Person Name	POH ZHI QI, NIGEL (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: 30/09/2020 16:19
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

