

## 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	26/10/2020 18:18
Date Of Accident	23/10/2020 18:50
Exact Location Of Accident	ALONG PUNGGOL WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2989G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FLEXI DRIVE ENTERPRISE
Co Reg No	5XXXX875M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96675455
Alternative Phone No	OFFICE-96675455

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCRHQ20-000016
Cover Note Number	

### Driver

Name of Driver	TAN GEOK CHOO
NRIC No	SXXXX075C
Date Of Birth	27/11/1969
Occupation	INDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96675455
Fax Number	
Contact Number	OTHERS-96675455
EEmail Address	NOEMAIL

Address	BLK 21 LORONG 108 CHANGI #05-02
Postcode	426411
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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: : JEANIE ONG SHU HUA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201026/7027

#### 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	GBB8336U
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI SHANHU
NRIC/Passport Number	GXXXX038P
Contact Number	90536779

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN GEOK CHOO  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLB2989G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JEANIE ONG SHU HUA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLB2989G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 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:

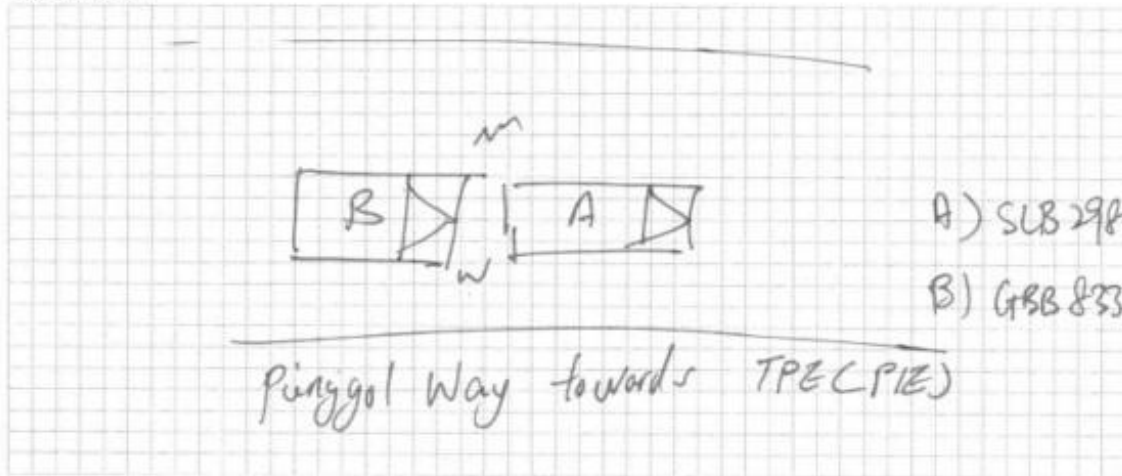


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/2020/026/7027.

### 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.:

IGDRMC Sketch Plan Form V3

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201026/7027

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201026/7027

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 16:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN GEOK CHOO			Address: 21 LORONG 108 CHANGI #05-02 SINGAPORE 426411		
ID Type / ID No.: NRIC NO / S6942075C			Contact No.: Home/Office: Mobile: 96675455		
Nationality: SINGAPORE CITIZEN			Email: regina@wellscope.com.sg		
Sex: Female	Age: 50	Date of Birth: 27/11/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			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: 23/10/2020 18:50	Type of Location: Straight Road
Location:  PUNGGOL WAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB8336U	Lorry	NISSAN	cabstar	Silver	Seriously Damaged	0
SLB2989G	Car					0

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**SINGAPORE  
POLICE FORCE**



T/20201026/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20201026/7027

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LI SHANHU	ID No.	G2591038P
Related Vehicle	GBB8336U (Lorry)	Contact No.	90536779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: 22/06/2025
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	TAN GEOK CHOO	ID No.	S6942075C
Related Vehicle	SLB2989G (Car)	Contact No.	96675455
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	24/10/2020	Date	24/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	TAN GEOK CHOO	ID No.	S6942075C
Related Vehicle	SLB2989G (Car)	Contact No.	96675455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201026/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20201026/7027

## CONTINUATION OF REPORT

Passenger			
Name	JEANIE ONG SHU HUA	ID No.	S9742163C
Related Vehicle	SLB2989G (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/10/2020	Date	24/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight

### Brief Details.

On 23/10/2020 at about 1850 hrs, I was travelling along the service road from Punggol Way towards TPE (PIE) with my daughter seated on the front passenger seat with our safety belt on. When towards the end of service road, vehicle in front slow down and stop, I slow down and stop too. Moments later, I felt a great impact from the rear of my vehicle. After the accident impact, I feel sharp pain on my chest. Therefore I took awhile to get down from my vehicle. By then I only realise my vehicle was collided by a lorry GBB8336U. Traffic police and ambulance was at the accident scene. Traffic police officer took both our particular. I wasn't given any case number as I was not convey by ambulance. Me and my daughter consult doctor due to the pain was given 5 days of MC



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201026/7027

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Report No. T/20201026/7027

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
26/10/2020 16:43

Classification Of Case:

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

