

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	03/11/2020 17:59
Date Of Accident	02/11/2020 18:55
Exact Location Of Accident	PIE (TUAS) AFTER STEVENS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8809G
Insured/Policyholder	
Name Of Registered Owner	TOH YU KEAT
NRIC No	SXXXX957I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98462627
Alternative Phone No	OFFICE-98462627

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 CVT SR
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800048880-02
Cover Note Number	

Driver

Name of Driver	TOH YU KEAT (ZHUO YOUJI)
NRIC No	SXXXX957I
Date Of Birth	22/10/1974
Occupation	INDOOR
Date Of Driving Pass	07/01/1999
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98462627
Fax Number	
Contact Number	OFFICE-98462627
Email Address	NOEMAIL

Address	937 BUKIT TIMAH ROAD #05-35
Postcode	589646
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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: : LIM MENG HONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201103/7019.

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	SMK8060L
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8558U

Vehicle Make/Model/Colour

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) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMM2111C

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) 1

DETAILS OF INJURED PERSON 1

Name TOH YU KEAT (ZHUO YOUJI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF8809G

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.

6. 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: 3/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Scanned with CamScanner

Accident Sketch Plan

SKETCH PLAN

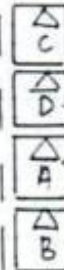
Vehicle A: SJF8809G

Vehicle B: SMK8060L

Vehicle C: SHC8558U

Vehicle D: SMM2111C

PIE(TUCK) after crash



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

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

Policyholder's Signature

Date & Time: 3/11/20

Driver's Signature

(if driver is not the policyholder)

Date & Time: 3/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/7019

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

1 of 4

Report No. T/20201103/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2020 12:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TOH YU KEAT		Address: 937 BUKIT TIMAH ROAD #05-35 SINGAPORE 589646	
ID Type / ID No.: NRIC NO / S74349571		Contact No.: Home/Office: Mobile: 98462627	
Nationality: SINGAPORE CITIZEN		Email: syktoh@yahoo.com	
Sex: Male	Age: 46	Date of Birth: 22/10/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Operations Director		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2020 18:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		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
SHC8558U	Car				Slightly Damaged	0
SJF8809G	Car	TOYOTA	HARRIER PREMIUM 2.0 CVT SR	Black	Seriously Damaged	1
SMK8060L	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/7019

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

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Report No. T/20201103/7019

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMM2111C	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF8809G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800048880-02	25/05/2020	24/05/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM MENG HONG	ID No.	S8014922J
Related Vehicle	SJF8809G (Car)	Contact No.	92211787
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
Driver			
Name	TOH YU KEAT	ID No.	S7434957I
Related Vehicle	SJF8809G (Car)	Contact No.	98462627
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/11/2020	Date	03/11/2020
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 02/11/2020 AT ABOUT 18:55HR, I WAS DRIVING MY VEHICLE - SJF8809G, ALONG PIE HEADING IN THE DIRECTION OF TUAS, WITH A PASSENGER IN MY VEHICLE. I WAS TRAVELLING ON THE EXTREME RIGHT LANE WHEN, AFTER THE EXIT TO STEVENS ROAD, FRONT VEHICLE SLOW DOWN, AND I PROCEEDED TO SLOW DOWN AS WELL. ABOUT 1-2 SECONDS LATER, I FELT AND IMPACT ON MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT VEHICLE. WHEN I ALIGHTED MY VEHICLE, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/7019

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

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Report No. T/20201103/7019

CONTINUATION OF REPORT

1ST VEHICLE - SHC8558U
2ND VEHICLE - SMM2111C
3RD VEHICLE - SJF8809G
4TH VEHICLE - SMK8060L

SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT ONECARE CLINIC BUKIT PANJANG AND WAS GIVEN 3 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/7019

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

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Report No. T/20201103/7019

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 / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

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:
03/11/2020 12:43

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



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