

## 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	16/11/2020 16:58
Date Of Accident	13/11/2020 19:50
Exact Location Of Accident	T JUNCTION OF LOR 4 TOA PAYOH & TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK5278X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH PENG HO
NRIC No	SXXXX112F
Email Address	PENGHO.OH.2012@SIS.SMU.EDU.SG
Mobile Phone No	(LOCAL) +65-90304138
Alternative Phone No	OFFICE-60000000
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT-1.3 GF CVT (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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA460298/1
Cover Note Number	
<b>Driver</b>	
Name of Driver	OH PENG HO
NRIC No	SXXXX112F
Date Of Birth	28/02/1991
Occupation	INDOOR
Date Of Driving Pass	30/01/2014
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90304138
Fax Number	
Contact Number	OFFICE-60000000
EEmail Address	PENGHO.OH.2012@SIS.SMU.EDU.SG

Address	85 PASIR RIS GROVE #09-09
Postcode	518212
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 - CROSS JUNCTION
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?	YES
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 [OTHER]	T/20201114/2046
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Report please refer Police Report

#### 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	SFN4679L
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	OH PENG HO
Approximate Age	
Injuries Sustain	ABRASION ON RIGHT ARM
Injured person in which vehicle?	SMK5278X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN


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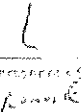
#### **B. Consent under the Personal Data Protection Act (PDPA)**

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

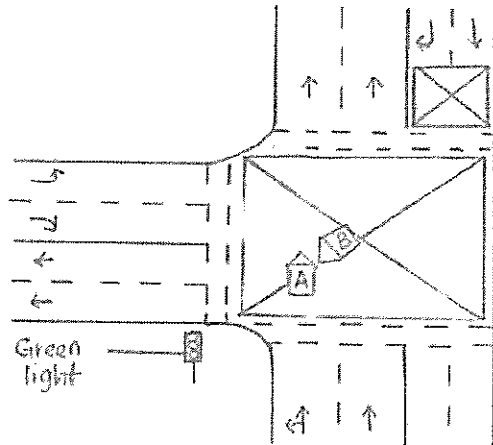
  
Policyholder's Signature  
Date & Time

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

  
Reporting Centre Person's Signature  
Name: Ramona  
NPIC/IN No: 871103-594

### Sketch Plan #2

### SKETCH PLAN



A = SMK 5278X

B = SKN 4679 L

T-Junction of Lorong  
4 Toa Payoh and  
Toa Payoh Central

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No. : T/20201114/2046

## DECLARATION

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

**Folk yholder's Signature**

**Date & Time:**

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

Reporting Centre Personnel's Signature  
Name Donnell  
DATE/TIME No 23/08/1996

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201114/2046

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No T/20201114/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 16:10		Vide Report No.: E/20201113/0155		Station Diary No: 23	
<b>Informant's Particulars</b>					
Name of Informant: OH PENG HO			Address: 85 PASIR RIS GROVE #09-09 SINGAPORE 518212		
ID Type / ID No.: NRIC NO / S9107112F			Contact No: Home/Office: Mobile: 90304138		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 28/02/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 19:50	Type of Location: T-Junction
Location: TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN4679L	Car	TOYOTA		Grey	Slightly Damaged	0
SMK5278X	Car	HONDA	FIT 1.3G F- PKG CVT	Red	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK5278X	AXA INSURANCE SINGAPORE PTE LTD	GA460298	12/04/2020	11/04/2021

# Police Report



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T/20201114/2046

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No: T/20201114/2046

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	SKN4679L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	OH PENG HO	ID No.	S9107112F
Related Vehicle	SMK5278X (Car)	Contact No.	90304138
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	13/11/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On 13/11/2020 at about 1950hrs. I was travelling along Lorong 4 Toa Payoh in my vehicle SMK5278X. I then came to a junction near Church of the Risen Christ. At that moment, the traffic light was green and I proceeded straight. It was then, I felt an impact from the right portion of my vehicle. Another vehicle SKN4679L collided into my vehicle whilst making a right turn.

Both police and ambulance were at scene reference E/20201113/0155. I was then conveyed by ambulance to Tan Tock Seng Hospital.

I received 2 days of MC from 13/11/2020 to 14/11/2020 for the abrasions on my right arm. Due to the accident, the nerves of my right hand were affected and I would be seeking further review with the neuro specialist.

I had an in-car camera installed inside my vehicle and the SD card was seized by the police and I was advised to make a traffic accident report.

Police Report



SINGAPORE  
POLICE FORCE



T/20201114/2046

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SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No: T/20201114/2046

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: F / Sgt 3 ASHLEY TOH	Signature Of Informant: 
Signature Of Interpreter Not applicable	Date/Time: 14/11/2020 16 10
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No: 65472077	Classification Of Case:
Authentication Stamp UN168	