

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 Submission 02/12/2020 08:56 (SGT)
Date of Accident 01/12/2020 10:40 (SGT)
Exact Location of Accident 181 Orchard Rd, Singapore 238896
Additional Location Information CTE TOWARDS ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX3333B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner M CAPITAL GLOBAL HOLDINGS PTE LTD
Company Reg No 2XXXXX392H
Email Address FILIPPOH81@HOTMAIL.COM
Mobile Phone No (Phone) +65-91236062
Alternative Phone No +65-91236062

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI20V06582/VPC/R02
Cover Note Number -

DRIVER

Name of Driver PHILIP POH CHEE SENG (FU ZHISHENG)
NRIC No SXXXX373A
Date Of Birth 31/08/1981
Occupation Outdoor

Date Of Driving Pass	09/06/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91236062
Alt. Phone Number	-
Email Address	FILIPPOH81@HOTMAIL.COM
Address	BLK 360 YISHUN RING ROAD
Address complement	#06-1634
Postcode	760360
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KEE HUI LING SAMANTHA
Gender	Female

PASSENGER 2

Name	YAP TIONG HUI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED

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	SHC8607L
Vehicle Manufacturer	Hyundai
Vehicle Model	Sonata
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	SUHAIDI BIN MOHD ALI
NRIC No	SXXXX425I
Contact Number	-
Address	BLK 312 SEMBAWANG DRIVE
Address complement	#03-496
Postcode	750312
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ5571G
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	FONG CHEE SIONG
NRIC No	SXXXX764B
Contact Number	-
Address	BLK 183 EDGEFIELD PLAINS
Address complement	#09-270
Postcode	820133
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PHILIP POH CHEE SENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX3333B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

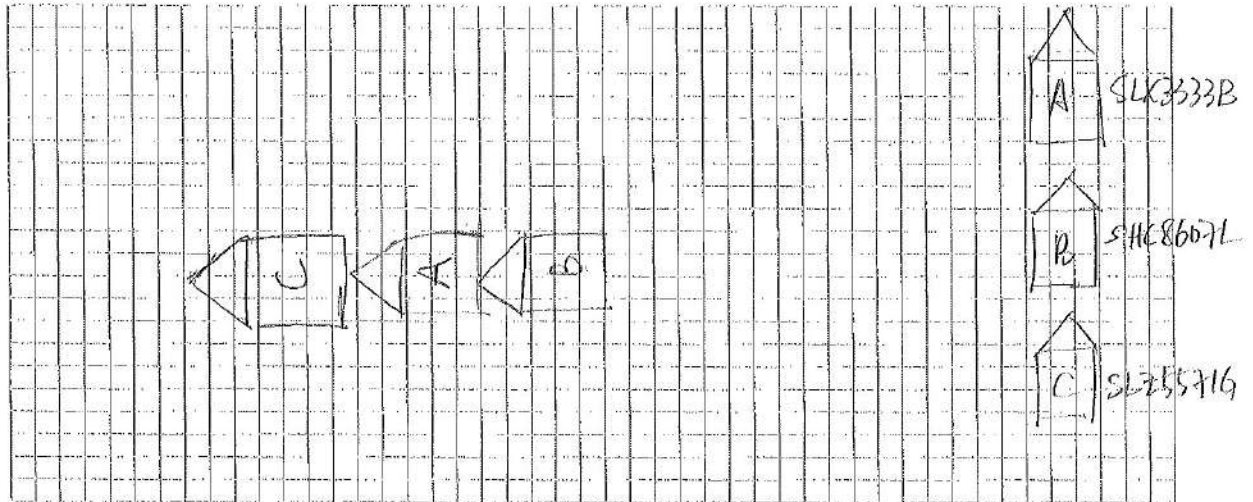
Name of injured person	KEE HUI LING SAMANTHA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX3333B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	YAP TIONG HUI
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX3333B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- As per police report -

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMG Sketchplan form_V3

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

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

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:

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



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













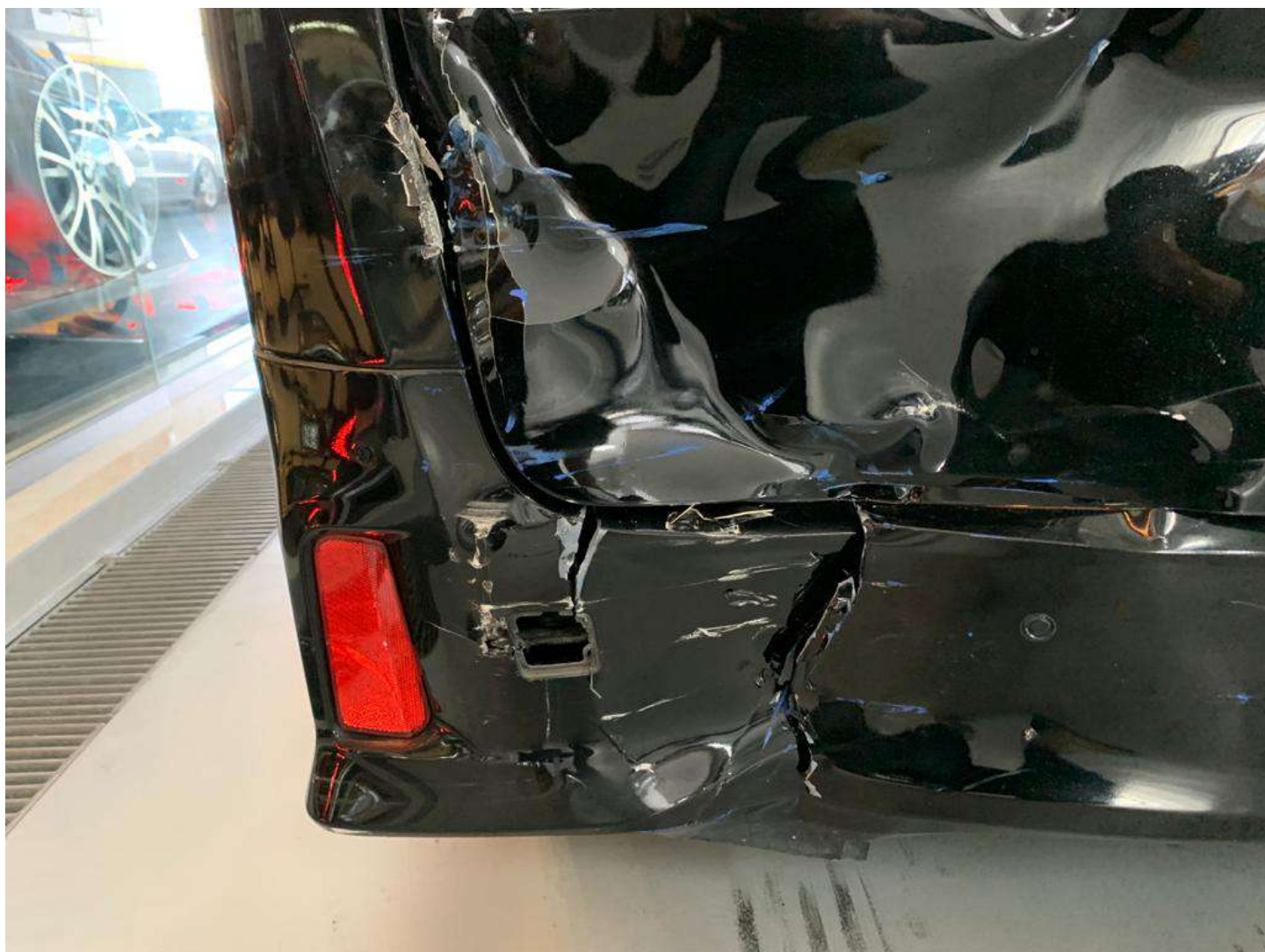




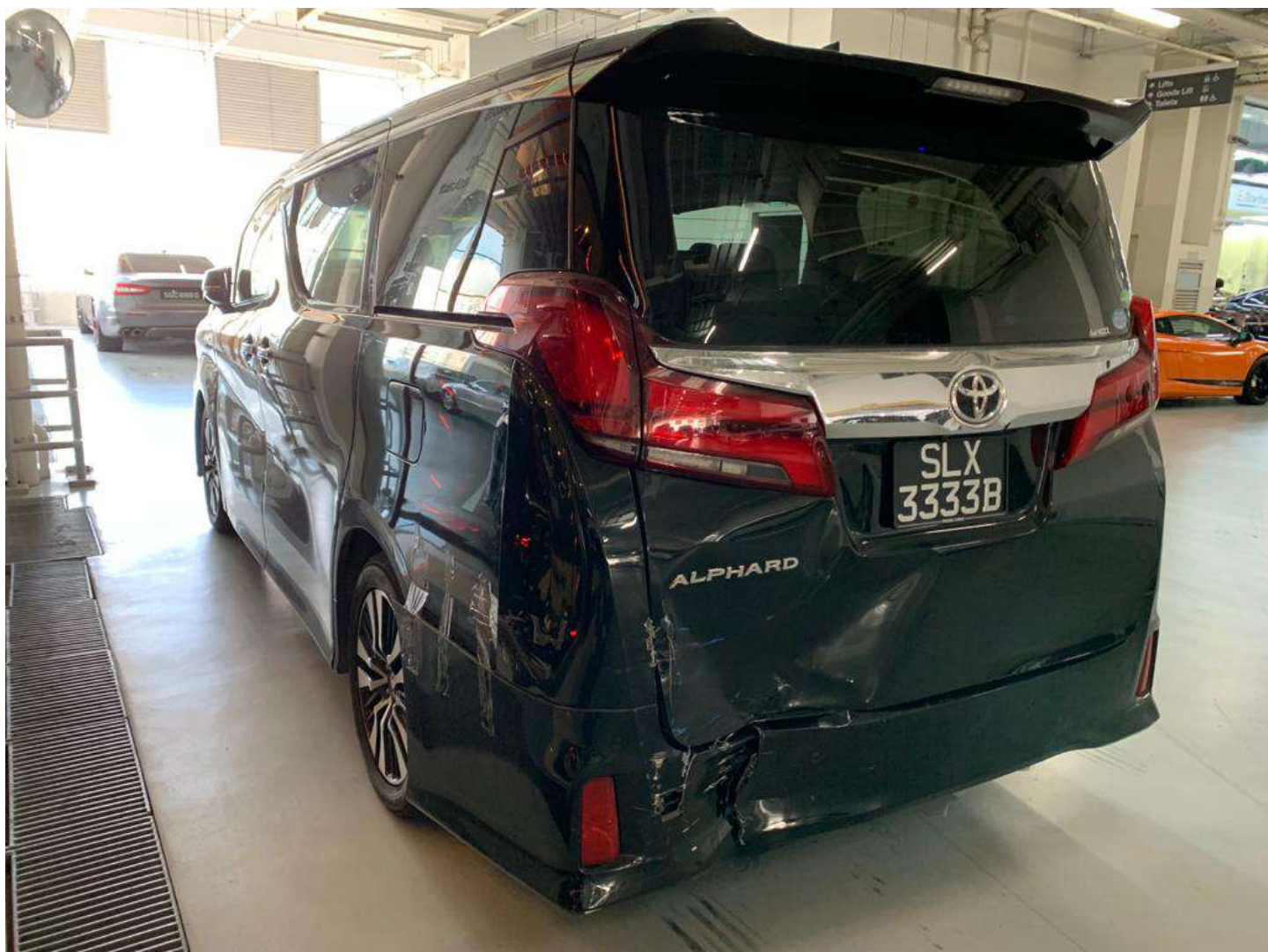


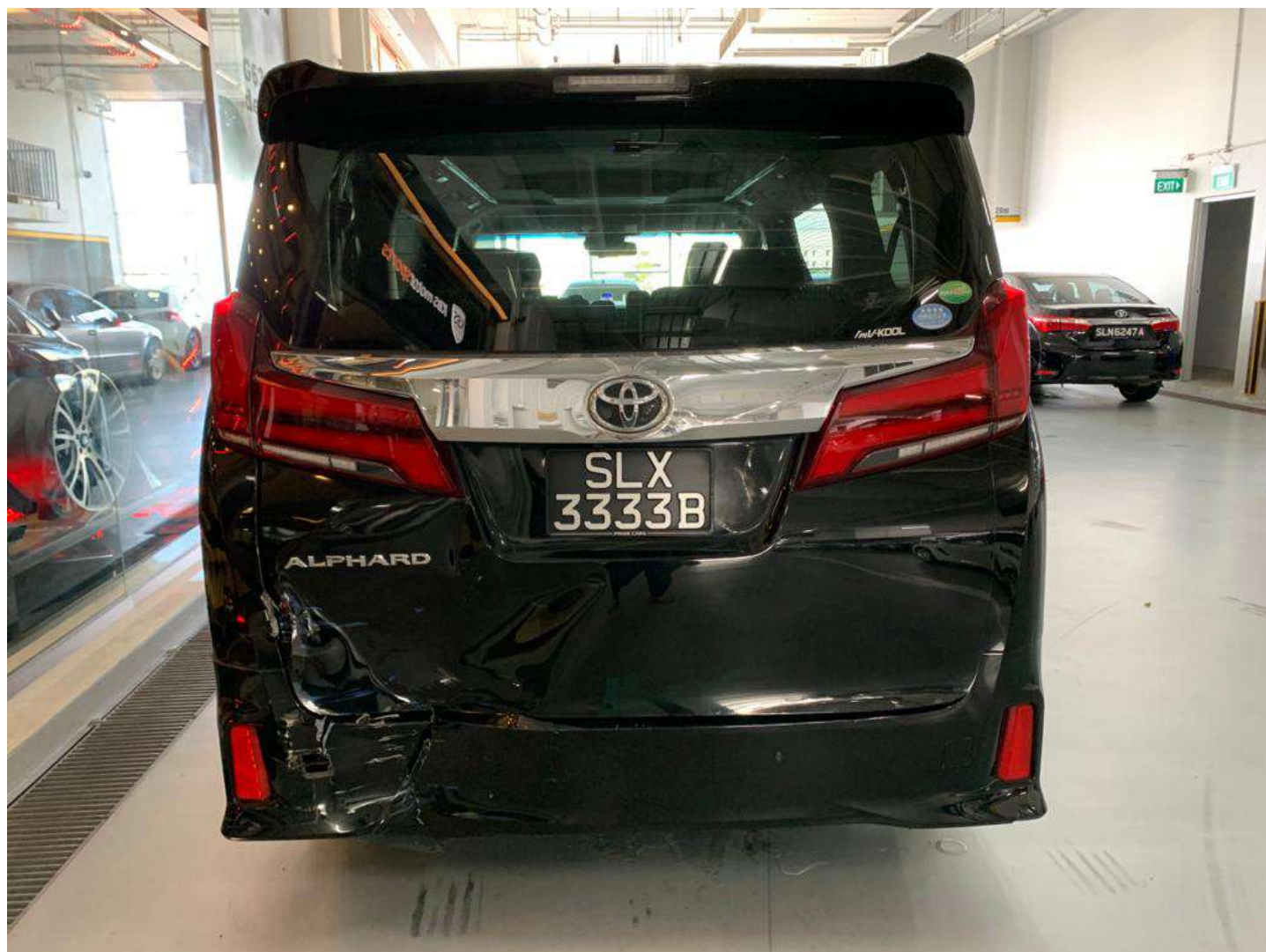








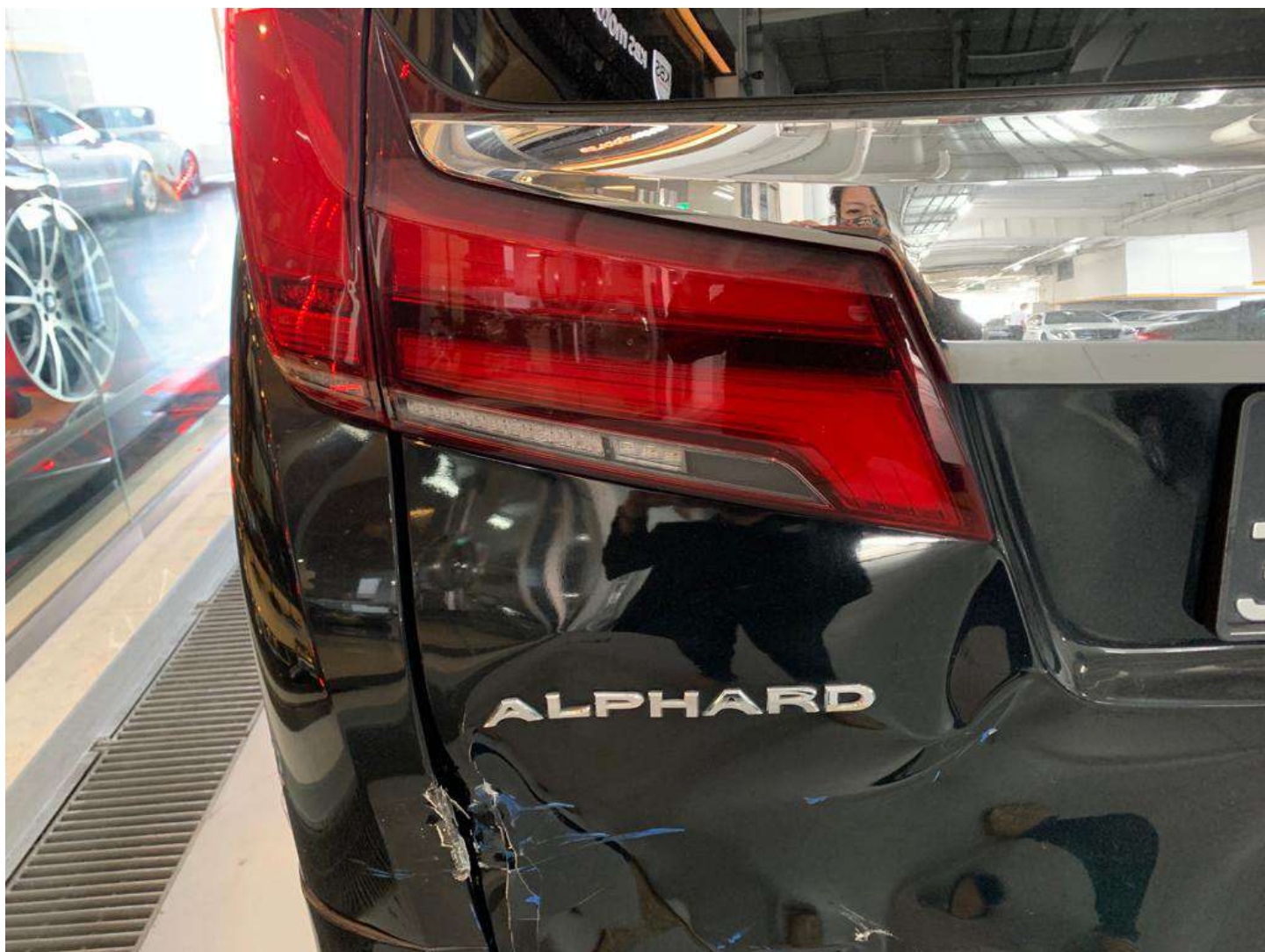




















**SINGAPORE
POLICE FORCE**



A/20201201/7032

1 of 2

POLICE REPORT (NP299)

Report No. A/20201201/7032

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 01/12/2020 17:09	Vide Report No.	Station Diary No.
Name Of Informant PHILIP POH CHEE SENG	Address 360 YISHUN RING ROAD #06-1634 SINGAPORE 760360	
ID Type / ID No. NRIC NO / S8127373A	Contact No. Home/Office: Mobile: 91236062	
Nationality SINGAPORE CITIZEN	Email Address FILIPPOH81@HOTMAIL.COM	
Occupation Chauffeur	Sex Male	Age 39
	Date of Birth 31/08/1981	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 01/12/2020 10:40 - 01/12/2020 11:00	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

I was driving my vehicle SLX3333B along CTE when the front vehicle SLZ5571G stopped, I also stopped. Then suddenly the comfort taxi SHC8607L collided into my rear portion of my vehicle, the force causing my vehicle to lunge forward and collided with the front vehicle SLZ5571G.

After the accident, I felt some pain on my neck, shoulder and back so I went to see a doctor and I was awarded with 3 days MC. My passengers who were with me during the time of accident also felt unwell.

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: 01/12/2020 17:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20201201/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201201/7032

Subjects Involved			
Victim			
Person Name	PHILIP POH CHEE SENG		
ID Type	NRIC NO	ID No	S8127373A
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Chauffeur	Address	360 YISHUN RING ROAD #06-1634 SINGAPORE 760360
Mobile No	91236062	Is Informant A Victim?	Yes
Person Name	PHILIP POH CHEE SENG		
Gender	Male		
Person Name	KEE HUI LING SAMANTHA		
Gender	Female		
Person Name	YAP TIONG HUI		
Gender	Male		
Person Name	PHILIP POH CHEE SENG (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. Date/Time: 01/12/2020 17:09 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	



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: S665500206 / 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 : SMOP20C20001 Vehicle Registration No : SLX3333B
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 1/12/2020 Time of Accident : 10:40
 Place of Accident : CTE towards Orchard Road -
 Insurance Company : _____

(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:

Should be a chain collision

 Policyholder / Driver's Signature
 Date:

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