

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	09/12/2020 17:15 (SGT)
Date of Accident	08/12/2020 08:25 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	LAMP POST NUMBER: 232
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV7129X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN SENG TAH
NRIC No	S2591966A
Email Address	ecst86@gmail.com
Mobile Phone No	(Phone) +65-98536811
Alternative Phone No	+65-98536811

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027548
Cover Note Number	-

DRIVER

Name of Driver	CHAN SENG TAH
NRIC No	S2591966A
Date Of Birth	13/02/1965
Occupation	Indoor

Date Of Driving Pass	14/04/1993
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98536811
Alt. Phone Number	+65-98536811
Email Address	ecst86@gmail.com
Address	36 ROSEWOOD DRIVE
Address complement	#04-12
Postcode	737874
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PUEH JYE HUEY
Gender	Female

PASSENGER 2

Name	NG SAI GOON
Gender	Female

PASSENGER 3

Name	SANDAR NWE
Gender	Female

PASSENGER 4

Name	PUEH JYE FANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201208/7054

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 SGM9966C
 Vehicle Manufacturer Nissan
 Vehicle Model Qashqai
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver NURLIYANA BTE AHKARUNHAM
 NRIC No S8705280Z
 Contact Number (Phone) +65-97417237
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

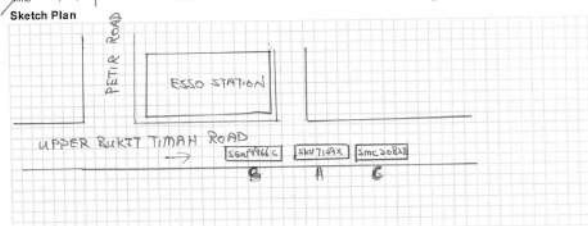
Vehicle Registration Number SMC2082E
 Vehicle Manufacturer Toyota
 Vehicle Model Sienta
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver KHOO SEOW CHARM
 NRIC No S6847150H
 Contact Number (Phone) +65-93827319
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 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.
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.

Policyholder's Signature / Date & Time: [Signature] 08/12/2020 4:14 PM
Driver's Signature (if driver is not the policyholder) / Date & Time: _____
Witnessed by Reporting Centre Personnel: [Signature] 09/12/2020



Describe Circumstances of the Accident

REFUSE TO POLICE REPORT 7/20/2020/7054

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
 [Signature] 08/12/2020
 4:42 PM

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

Witnessed by Reporting Centre Personnel
 [Signature] 09/10/2020























































**SINGAPORE
POLICE FORCE**



T/20201208/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20201208/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2020 23:46		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: CHAN SENG TAH		Address: 63 ROSEWOOD DRIVE #04-12 SINGAPORE 737874	
ID Type / ID No.: NRIC NO / S2991906A		Contact No.: Home/Office: Mobile: 98536811	
Nationality: SINGAPORE CITIZEN		Email: east08@gmail.com	
Sex: Male	Age: 55	Date of Birth: 13/02/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Civil engineer (general)		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Print: Drive: No	Date/Time of Accident: 08/12/2020 08:25	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Lamp Post Number: 232				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: stopped vehicles collided by moving vehicle from rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGM9966C	Car	NISSAN	QASHQAI	Blue	Slightly Damaged	1
SKV7129X	Car	SUBARU	forester	Black	Slightly Damaged	4
SMC2082E	Car	TOYOTA	SIENTA	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 406865
Tel No: 65470000



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Report No. T20201208/7054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKV7129X	LONPAC INSURANCE BHD.	Z20VP05027548	30/09/2020	29/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	NURLIYANA BINTE AHKARUNHAN		ID No.	S87052802
Related Vehicle	SQM9966C (Car)		Contact No.	97417237
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
Passenger				
Name	PUEH JYE HUEY		ID No.	S1826853A
Related Vehicle	SKV7129X (Car)		Contact No.	97638200
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
Passenger				
Name	NG SAI GOON		ID No.	S0536447A
Related Vehicle	SKV7129X (Car)		Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 406865
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Report No. T/20201208/7054

CONTINUATION OF REPORT

Passenger			
Name	SANDAR NWE	ID No.	G6545872N
Related Vehicle	SKV7129X (Car)	Contact No.	NIL
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	CHAN SENG TAH	ID No.	S2591966A
Related Vehicle	SKV7129X (Car)	Contact No.	98536811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	PUEH JYE FANG	ID No.	S6836789
Related Vehicle	SKV7129X (Car)	Contact No.	NIL
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	KHOO SEOW CHARM	ID No.	S6847150H
Related Vehicle	SMC2062E (Car)	Contact No.	93827319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/12/2020	Date	08/12/2020
No. of Days granted Medical Leave	NIL	Degree of	Slight



SINGAPORE
POLICE FORCE



T/2020/1208/7054

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

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Report No. T/2020/1208/7054

CONTINUATION OF REPORT

Brief Details.

I was travelling with 4 passengers in my car (SKV7129X), turning from Choa Chu Kang Road into Upper Bukit Timah Road. At the slip road in front of ESSO station, traffic was heavy & slow. I stopped behind vehicle SMC2082E. Suddenly a vehicle SGM9966C hit my car from behind, and the collision momentum pushed my car forward & hit the car (SMC2082E) in front.
All drivers from the 3 cars involved alighted to take photos and exchanged contact details and IDs. Everyone looked fine, including my 89-year old passenger. All other 2 drivers did not show any sign of physical injuries, nor did they complaint about any discomfort during the interaction. The drivers involved drove off after sufficiently exchanged particulars.
However, in the afternoon, the car owner of SMC2082E (who wasn't the driver at the time of accident) contacted me and informed that the driver (Miss Khoo Seow Cherm) sustain some injury without giving details. I was told she has made police report and was advised to make the same.



SINGAPORE
POLICE FORCE



T/20201208/7054

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20201208/7054

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 /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP108

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

Date/Time:
08/12/2020 23:46

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048560
 Tel (65) 6224 0018 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66346899 / GST Reg. No. VN00017795

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: SKV 7129X Vehicle Registration No: SVGP20C90009
 Name (as shown in NRIC): PAUL CHAN SENG JON NRIC/FIN/Passport No: S25917661
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 94536811
 Email Address: _____
 Date of Accident: 08/12/2000 Time of Accident: 08:25
 Place of Accident: UPPER FURTHER JIMMIE ROAD
 Insurance Company: COMPAC

(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:

ONE OF THE PERSONAL MOUNT OF INSIDE INJURED VEHICLE
TO BE THE LOSS

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____