# **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 witholding 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

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN SENG TAH NRIC No. SXXXX966A 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 Policy Number Z20VP05027548 Cover Note Number

#### DRIVER

Name of Driver **CHAN SENG TAH** NRIC No SXXXX966A Date Of Birth 13/02/1965 Occupation Indoor

Date Of Driving Pass 14/04/1993 Driving experience 27 YEARS AND 8 MONTHS Gender 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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

KHOO SEOW CHARM

Female

### DETAILS OF POLICE ACTION

Name

Gender

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

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 Vehicle Manufacturer	SGM9966C Nissan
Malatala Malatal	
Vehicle Variant	Qashqai
Vahiala Calaur	-
	- D: :
Vehicle Category	Private car
Name of Driver	NURLIYANA BTE AHKARUNHAM
NRIC No	SXXXX280Z
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 Vehicle Manufacturer Vehicle Model Vehicle Variant	SMC2082E Toyota Sienta
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO SEOW CHARM
NRIC No	SXXXX150H
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

#### IMPORTANT NOTICE

- 1. Rease report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Formmats be <u>completed by the Policyholder and/or the Authorised Driver</u>.
  3. Information provided must be as <u>truthful and accurate as possible</u>. Any wiful misrepresentation or withholding of material facility including to a light and the companies to <u>resolution policy hability</u>.
  4. The issue and acceptance of this Form by insurance companies in not an admission of policy liability on the part of the insurance companies.

A. The saske aft acceptance of all acceptance of the Police for investigation.

5. Any false reporting may be referred to the Police for investigation.

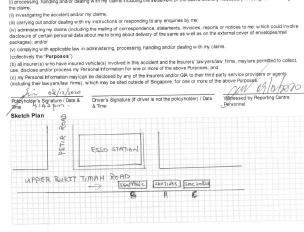
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7. By the lodgement of this report to the insurers, you thereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

1.understand, acknowledge, agree and consent that:

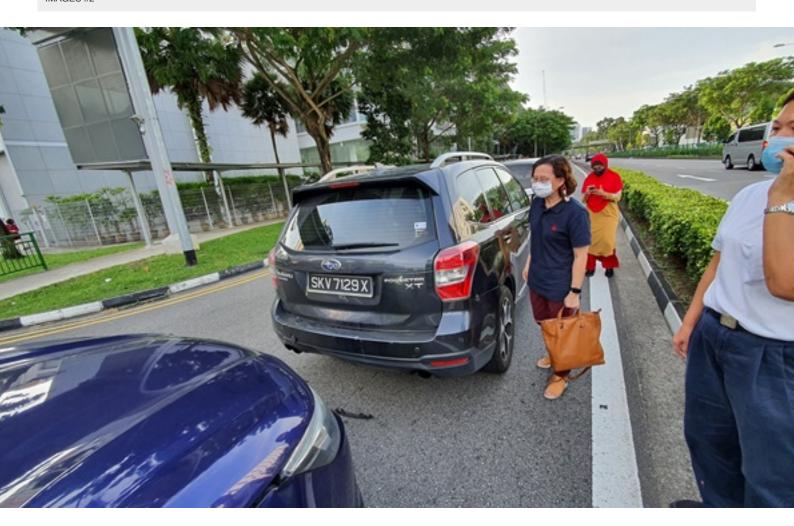
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal adata/personal information and disclose and transfer such Personal Information in a disclose and transfer such Pe



		/ 1	
REPAR TO F	olice buport	1/2020 1204/7054	
		1170701-00/100/	
aration			
aradon			
eclare the foregoing parti	culars are true in every resp	pect	/ , 1
£ 1			1/19/1/100
Ju 08/12/20:			111/20
nolder's Signature / Date	Driver's Signature (#	driver is not the policyholder) / Date	Witnessed by Reporting Centre
4:42pm.	& Time		Personnel







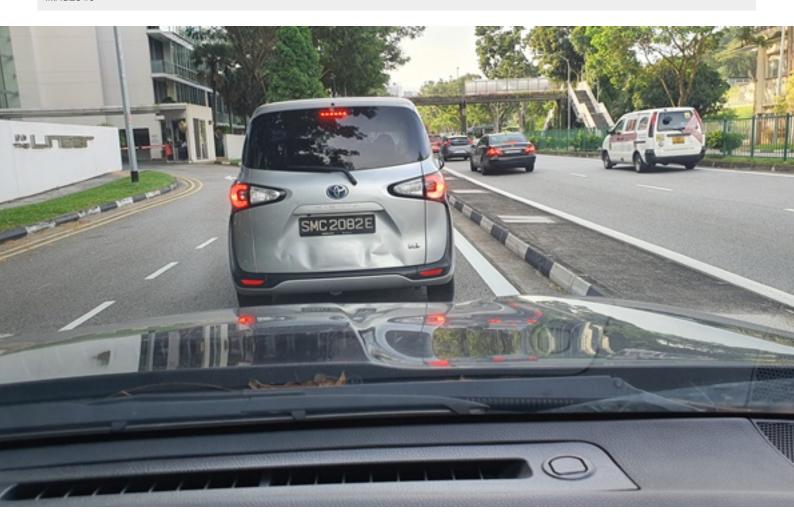








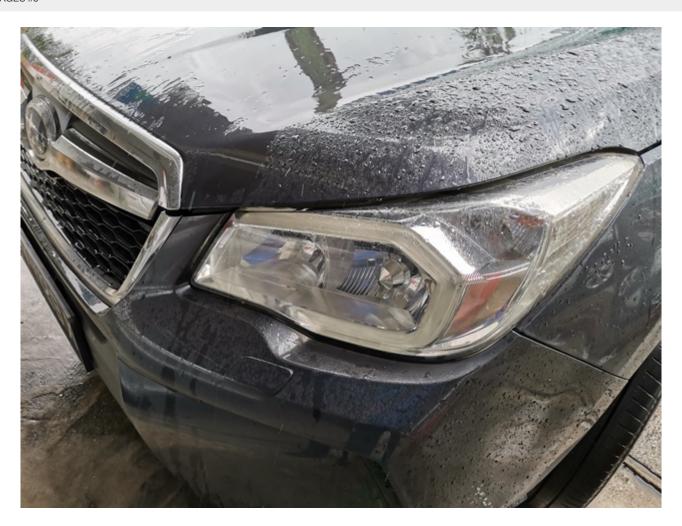








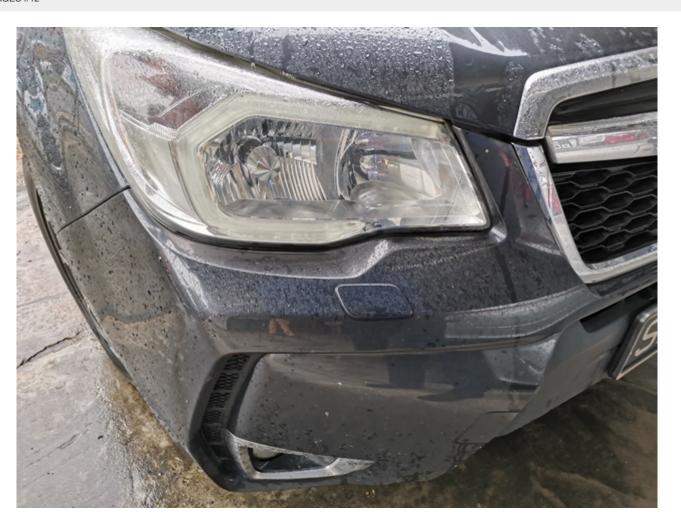




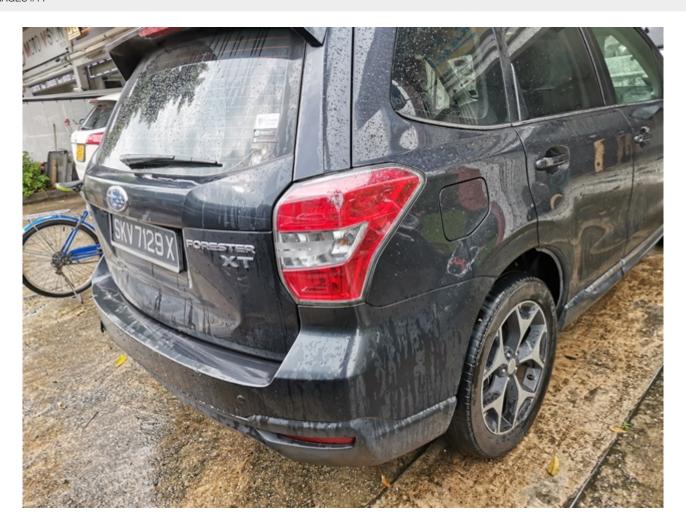












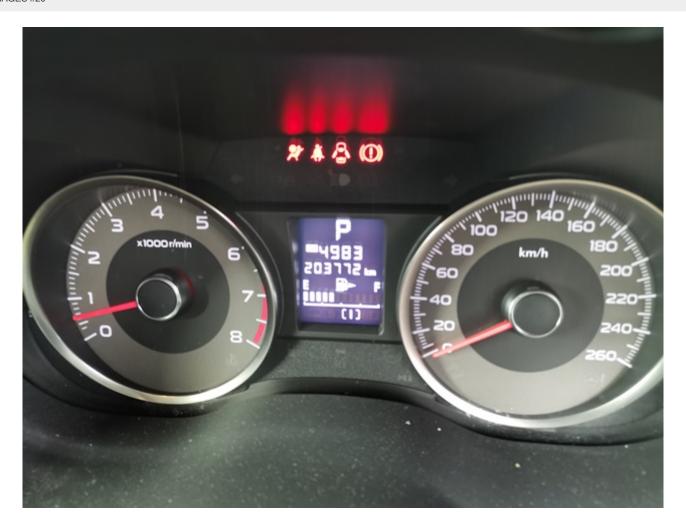


















1 of 5 Report No. T/20201208/7054

REPORT OF A TRAFFIC ACCIDENT

	ne Report Ma 120 23:46	ade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	lars			
	Informant: ENG TAH		Address: 63 ROSEWOOD DRIVE #04	-12 SINGAPORE 737874	
	/ ID No.: D / S259196	6A	Contact No.: Home/Office:	Mobile: 98536811	
	Nationality: SINGAPORE CITIZEN		Email: ecst86@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)		al)	Driving Licence Information: Class: 3	Date of Expiry:	

	nation of the Acci			
Type of Injury Others		Drink	Date/Time of	Type of Location
Accident:	ent: Procedent.		08/12/2020 08:25	Straight Road
Location:				
UPPER BUKI	T TIMAH ROAD			
Lamp Post Nu	mber: 232			
Weather:		Road Surface:	T F	Road Speed Limit:
Clear		Dry		50 Km/h
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way			ŀ	Heavy
Type of Collisi			,	Anyone conveyed by
stopped vehic	les collided by mov	ing vehicle from rear	á	ambulance:
			1	Vn.

Vehicle No.	Туре	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





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ONTINUATION OF REPORT

Details of Vel	nicle Insurance			Wilder Co.	00.0700.070.0700		
Vehicle No.	Insurance Company		Lance	Insurance No		A CLUB COLUMN	
SKV7129X	LONPAC INSURANCE BHD.					Effective	Expiry Date
		DI ID.	220VI	Z20VP05027548		30/09/2020	29/09/2021
Details of Per	son Involved						
Any Pedestria	n Involved: No	011000000000000000000000000000000000000					
No. of Pedestr	ians Injured: NIL		Hon of D		_		
Driver		9216191000000	Use of P	edestriai	n Cros	sing: NA	
Name	NURLIYANA BINTE	NURLIYANA BINTE AHKARUNHAN			).	S8705280Z	
Related Vehicl	e SGM9966C (Car)				act No.	. 97417237	
Hospital/Clinic	NIL	NIL				Class: NIL Date of Expiry: NIL	
Date	NIL		Date	Lxpiij	NIL		
No. of Days gra	anted Medical Leave	NIL	Degree o	f	NIL		
Passenger		William Co.	_ Dogico C	District House	IAIL		

Related Vehicle	SKV7129X (Car)					
	(Odi)			Conta	act No.	97638200
Hospital/Clinic	NIL			Class Drivin Licen Expin	ig ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL -	Degree of		NIL	
Passenger		Um 21500-1100	Degree of	SECTION S	INIL	
Name	NG SAI GOON			ID No		S0535447A
Related Vehicle	SKV7129X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ted Medical Leave N	VIL.	Degree of			
					NII	





3 of 5

CONTINUATION OF REPORT

Passenger				NEWS TO	Hoos		
Name	SANDAR NWE					G6545972N	
Related Vehicle	SKV7129X (Car)		Contact No.		NIL		
Hospital/Clinic					of g e &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	Expiry	NII		
No. of Days gran	ited Medical Leave NIL Degree of				NIL		
Driver			- Bogico di	01,000,000	OH SHE		
Name	CHAN SENG TAH			ID No.		S2591966A	
Related Vehicle	SKV7129X (Car)			Conta	ct No.	98536811	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL		
	ted Medical Leave	NIL	Degree of	f NIL			
Passenger	·····································	Sections	productive for the	GS REES	S POSTU		
Name	PUEH JYE FANG					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 grant	ed Medical Leave	NIL	Degree of		NIL		
Driver		LES MAN	3,000	40000	Modell	March 1921 Brogger March 1921	
Name	KHOO SEOW CHARM			ID No.		S6847150H	
Related Vehicle	SMC2082E (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	10000	
	ed Medical Leave						





CONTINUATION OF REPORT

Brief Details.

I was traveilling with 4 passengers in my car (SKV7129X), turning from Choa Chu Kang Road into Upper Bukit Timah Road. At the slip road infront of ESSO station, traffic was heavy & slow. I stopped behind vehicle SMC2082E. Suddenly a vehicle SMC2098E0 hit my car from behind, and the collision momentum pushed my car forward & hit the car (SMC2082E) infront.

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 passanger. 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 aftermoon, 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 Charm) sustain some injury without giving details. I was told she has made police report and was advised to make the same.





5 of 5 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

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 23:4

Classification Of Case: