

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 25/01/2021 18:48 (SGT)
Date of Accident 24/01/2021 14:00 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG2741L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH BENG TECK
NRIC No SXXXX539J
Email Address ASHLEY9567@YAHOO.COM
Mobile Phone No (Phone) +65-97820525
Alternative Phone No +65-97820525

VEHICLE PARTICULARS

Manufacturer Honda
Model Edix
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 ThirdParty
Fleet Policy No
Policy Number Z20VP05026545
Cover Note Number -

DRIVER

Name of Driver SOH BENG TECK
NRIC No SXXXX539J
Date Of Birth 08/11/1955
Occupation Indoor

Date Of Driving Pass	08/08/1977
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97820525
Alt. Phone Number	+65-97820525
Email Address	ASHLEY9567@YAHOO.COM
Address	BLK 201 BUKIT BATOK ST 21 #15-162
Address complement	-
Postcode	650201
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	5
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210124/7028

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	SKN4781Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	GBD9454U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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 3

Vehicle Registration Number	SMQ1586B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 4

Vehicle Registration Number	SLL6566P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	SOH BENG TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGG2741L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

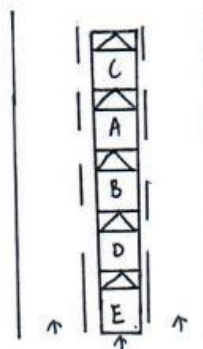
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

SE towards CTE under mandai Lake Flyover Bridge



Vehicle A: SG6 2741L
 Vehicle B: SKN 4781Z
 Vehicle C: GB 094544
 Vehicle D: SM 21586B
 Vehicle E: SLL 6566P

Describe Circumstances of the Accident

Refer to Police Report No: L | 26216124 | 7028

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



L/20210124/7028

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POLICE REPORT (NP299)

Report No. L/20210124/7028

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 24/01/2021 18:39	Vide Report No.	Station Diary No.
Name Of Informant SOH BENG TECK	Address 201 BUKIT BATOK STREET 21 #15-162 SINGAPORE 650201	
ID Type / ID No. NRIC NO / S1216539J	Contact No. Home/Office:	Mobile: 97820525
Nationality SINGAPORE CITIZEN	Email Address michal_soh@yahoo.com.sg	
Occupation Retiree	Sex Male	Age 65
Institution/School Name	Date of Birth 08/11/1955	Race Chinese
Date/Time Of Incident 24/01/2021 14:00	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

On the stated date and time I SGG2741L was travelling straight on the stated venue. As the vehicle GBD9454U in front of me slow down I gradually followed too. Suddenly vehicle SKN4781Z came from behind and hit onto my vehicle rear portion, the impact was so great that causes my vehicle to propel forward to hit the vehicle in front of me.

I alighted and realised that it was a 5 vehicles chain collision and I am the 2nd car.

The order of the vehicle are as follow:

1. GBD9454U

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: 24/01/2021 18:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

L/20210124/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210124/7028

- 2. SGG2741L
- 3. SKN4781Z
- 4. SMQ1586B
- 5. SLL6566P

Due to the impact I felt pain on my neck and back and I proceeded to intemedical kovan clinic to seek treatment and was given 4 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

24/01/2021 18:39

Classification Of Case: