

# 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 ..... 22/09/2021 19:20 (SGT)  
Date of Accident ..... 21/09/2021 13:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SEMBAWANG RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH5688Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAW GEK MENG  
NRIC No ..... SXXXX876G  
Email Address ..... law\_jo1961@hotmail.com  
Mobile Phone No ..... (Phone) +65-90033544  
Alternative Phone No ..... +65-90033544

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... LEXUS ES250 A/T S/R  
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  
Transmission ..... Auto  
CC ..... 2494

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ20-006862  
Cover Note Number ..... 7/10/20-6/10/21

### DRIVER

Name of Driver ..... LAW GEK MENG  
NRIC No ..... SXXXX876G

Date Of Birth .....	04/07/1961
Occupation .....	Indoor
Date Of Driving Pass .....	07/11/2005
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90033544
Alt. Phone Number .....	+65-90033544
Email Address .....	law_jo1961@hotmail.com
Address .....	36 SPRINGLEAF CRESCENT
Address complement .....	-
Postcode .....	788350
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle 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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210922/2015

#### 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 .....	SHD2315M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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 ..... GBK5398M  
 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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... LAW GEK MENG  
 Gender ..... -  
 Phone No ..... (Phone) +65-90033544  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLH5688Z  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

#### INJURED 2

Name of injured person ..... TAXI DRIVER  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHD2315M  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

#### INJURED 3

Name of injured person ..... TAXI PASSENGER  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -

Injuries Sustained ..... -  
Injured person in which vehicle? ..... SHD2315M  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLAN

1. VEHICLE NO.: SLH5688Z  
2. INSURER CO: EA  
3. ACCIDENT DATE & TIME: 21/9/21  
@ 1310hrs

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 willful 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. 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")

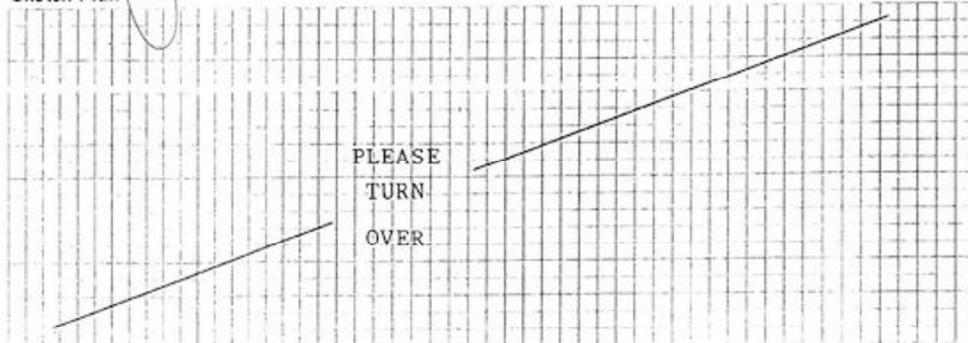
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

[Signature]  
Policyholder's Signature / Date & Time

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

[Signature] 22/9/21  
Witnessed by Reporting Centre Personnel (45)

**Sketch Plan**









**SINGAPORE  
POLICE FORCE**



T/20210922/2015

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20210922/2015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH5688Z	EQ INSURANCE COMPANY LTD.	DMPPHQ20-006862	07/10/2020	06/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAW GEK MENG	ID No.	S1461876G
Related Vehicle	SLH5688Z (Car)	Contact No.	90033544
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/09/2021	Date Discharge	21/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 21/09/2021 at about 1310hrs, I was driving my car SLH5688Z, along Sembawang Road towards the direction of Upper Thomson Road (near Ahmad Ibrahim Mosque). I was travelling on the centre of 3 lanes. I noticed there were 3 chickens crossing the road - from the centre divider crossing to the left. I slowed down my car to allow the chickens to cross safely. All of a sudden, I felt a strong impact from the rear of my car. I then realized that a taxi SHD2315M had collided into the back of my car. Another van GBK5398M then collided into the back of the taxi.

I felt pain on my back. Ambulance came and conveyed me to Khoo Teck Puat Hospital. The taxi driver and his passenger were also conveyed to the hospital by ambulance. I was given 5 days of MC. I have camera installed in the car. The Traffic Police officer had already taken the SD card for investigation purpose.



**SINGAPORE  
POLICE FORCE**



T/20210922/2015

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20210922/2015

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 L / Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2021 11:10
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	SN 055