



## 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	05/10/2021 15:51 (SGT)
Date of Accident	30/09/2021 18:00 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	outside CJC along Whitley Road towards PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD373Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Seah Jin Ji Kenneth
NRIC No	SXXXX389C
Email Address	seahji@gmail.com
Mobile Phone No	(Phone) +65-91149871
Alternative Phone No	(Home) +65-91149871

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2172486
Cover Note Number	-

#### DRIVER

Name of Driver	Seah Jin Ji Kenneth
NRIC No	SXXXX389C



Date Of Birth	15/04/1988
Occupation	Indoor
Date Of Driving Pass	14/03/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91149871
Alt. Phone Number	(Home) +65-91149871
Email Address	seahjj@gmail.com
Address	Blk 117A Jalan Tenterm #20-505
Address complement	-
Postcode	321117
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	drizzling
Road Surface	Wet

#### 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?	Yes
Was any other vehicle 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	wife
Gender	Female

#### PASSENGER 2

Name	daughter
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Whampoa Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002507999
Alt. Police Station Phone No	(Fax) +65-63554314
Police Station Address	Blk 29 Jalan Bahagia #01-368 Singapore 320029
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

refer attached police report.

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ9328C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91093688
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	SMR7684G
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 3

Vehicle Registration Number	SJR6732T
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	SG5797P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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 -  
 Gender -  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? SMR7684G  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? Yes

### INJURED 2

Name of injured person - Seah Jin Ji Kenneth  
 Gender Male  
 Phone No (Phone) +65-91149871  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? SMD373Z  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? No

### INJURED 3

Name of injured person - wife  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? SMD373Z  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? No

### INJURED 4

Name of injured person - daughter  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? SMD373Z  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? No

## SKETCH PLAN

### IMPORTANT NOTICE

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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;

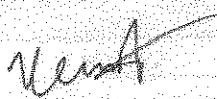
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

Driver's Signature (If driver is not the policyholder) / Date & Time  
5/10/21

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

A - SMD 373Z

B - SMD 932JC

C - SMR 7684 G

D - SJR 6732T

E - SG 5197P



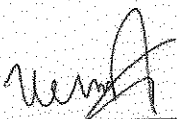
**Describe Circumstances of the Accident**

Refer attached police report.

Footnote: vehicle with traffic police and no  
damaged photo taken.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

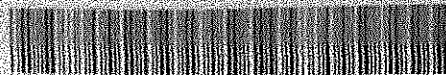
5/10/21



Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20211001/2070

1 of 3

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

Report No: T/20211001/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2021 14:45		Vide Report No: E/20210930/0114		Station Diary No: 21	
<b>Informant's Particulars</b>					
Name of Informant: SEAH JIN JI, KENNETH			Address: APT BLK 117A JALAN TENTERAM #20-505 SINGAPORE 321117		
ID Type / ID No: NRIC NO / S8816389C			Contact No: Home/Office: Mobile: 91149871		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 15/04/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COMPLIANCE OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police:	Drink Drive No:	Date/Time of Accident: 30/09/2021 18:00	Type of Location: Straight Road
Location: WHITLEY ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5797P	Bus/Coach/Minibus	MAN	A95	Multi-Colored	Slightly Damaged	0
SJR6732T	Car	TOYOTA	COROLLA ALTIS	White	Slightly Damaged	0
SMD373Z	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Seriously Damaged	2
SMQ9328C	Car	TOYOTA	HARRIER M GRADE	Silver	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20211001/2070

2 of 3

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

Report No: T/20211001/2070

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SMR7684G	Car	TOYOTA	VELLFIRE	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMD373Z	AXA INSURANCE SINGAPORE PTE LTD	P2172486	31/07/2021	30/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH JIN JI, KENNETH	ID No.	S8816389C
Related Vehicle	SMD373Z (Car)	Contact No.	91149871
Hospital/Clinic	THE TENTERAM CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2021	Date Discharge	30/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 30/09/2021 at about 1800hrs, I was travelling along Whitley Road (Outside of CJC) towards PIE (Tuas) on the left of 2 lanes in 1 way direction. The traffic flow was heavy and I stopped in front of a stationary SMRT Bus (No. 966) waiting to move off. Suddenly, there's a very strong impact from my rear which caused my vehicle to surge forward hitting the Bus in front of me. I realized it's a 5 car chain collision when I got down to check as such, I quickly called 999 and 995 for assistance.

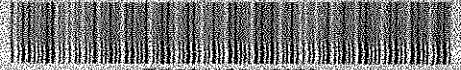
During that time, my wife and 3 year old daughter was in the car with me. My wife suffered mild soreness on her back. My wife, daughter and myself were given 3 days MC.

I did not exchanged particulars with any of the drivers as the police already had the information. I only took photos of the accident scene and the contact number of the driver that rear ended me. There are no dispute ensued between all affected parties.

From what I know there are a few parties that were conveyed to the hospital however I am not sure which vehicle they were from.



**SINGAPORE  
POLICE FORCE**



T/2021/001/2070

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No. 1800-2507999

3 of 3

Report No. T/2021/001/2070

**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

E /

Sgt 2 LAW REN JUN

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2021 14:45

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAN

Contact No. 65476171

Classification Of Case

SN 72

Authentication Stamp

NP108



SIGNATURE