SS0221A50006 / S & H Motor Pte Ltd ENTRY DATE & TIME: 05/10/2021 15:51 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (05/10/2021 15:51 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

- Information provided must be as truthful and accurate as possible. Any while inside the policy liability on the part of the insurance companies.
   The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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.
   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 aforesed.

#### ACCIDENT STATEMENT

05/10/2021 15:51 (SGT) Date of Submission and the state of the second state of the secon 30/09/2021 18:00 (SGT) Date of Accident and the state of t Whitley Rd, Singapore xact Location of Accident outside CJC along Whitley Road towards PIE additional Location Information Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

SMD373Z Vehicle Registration Number

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Seah Jin Ji Kenneth NRIC No and property and an extra service of the se SXXXX389C Email Address seahii@gmail.com Mobile Phone No (Phone) +65-91149871 (Home) +65-91149871 Alternative Phone No.

#### VEHICLE PARTICULARS

anufacturer Hyundai Elantra Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto 

#### INSURANCE COMPANY

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

#### DRIVER

Seah Jin Ji Kenneth Name of Driver SXXXX389C NRIC No

Date Of Birth	15/04/1000
Occupation	
Date Of Driving Pass	44/03/2007
Driving experience	14/03/2007 14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91149871
Alt. Priorie Number	(Home) +65-91149871
Email Address	seahjj@gmail.com
- Address	Rik 117A Jolan Tantarm #20 E05
Address complement	Dig 11/A parait Telleriff #20-000
Postcode:	321117
Is the driver the policyholder?	Yes Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Mo.
Vehicle Registration Number of Other Vehicle Owned by D	river
the market of the contracting and the contracting a series and the following terms and contracting the contraction of the contr	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	www.ininidrizzling
Road Surace	Wet The Control of th
	on a trible and the company of the company and
OTHER INFORMATION	
Was any preign vehicle involved in the accident?	가 있다는 그 이 이 이 등 시간에 있는 것이다. 이 가장 이 사람이 되었습니다. 그리고 있는 것이 되었습니다. 그리고 있다. 
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	$\sim$
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No the No the second se
그는 그 그는 그를 가는 그는 그들은	
PASSENGER 1	
Name	
Gender	Female
그는 그 그는 물이 되었다. 그는 그 그들은 그 그들은 그 그들은 그들은 그 그들은 그 사람들은 모르는 것	ensity of the party of the second of the sec
PASSENGEI 2	
Name	
Gender	wordsites
	Female
DETAILS OF POLICE ACTION	
The second of th	
Was the avaidant and a second	
Was the accident reported to the police?	About Yes
Police Station Name	Whampoa Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002507999
ANTE A CHOP STRIKE IN THOUGHT IN THE STREET OF THE STREET	(Fax) +65-63554314
Police Station Address Was police of intended Processifier sixes 0	Blk 29 Jalan Bahagia #01-368 Singapore 320029
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMST/INCES OF ACCIDENT	
refer attached police report.	
a Cara La Cara de Cara	
ATTACHME (T(S)	
Are accident photos available for attachment?	escriter <b>No</b> con a reconstruction of a consequence of the consequence
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No No
· · · · · · · · · · · · · · · · · · ·	

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ9328C
Vehicle Manufacturer	
Vehicle Model	a 🗕 Maria sa pangalah manah jada
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	医二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
	大学 化环状物 经收益 电影 化双氯化物 化氯化物 医乳腺管 经收益 阿尔克德姓氏 医皮肤皮肤 医腺管膜炎

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR7684G
ehicle Manufacturer	
√ehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address   Analysis of the proportion of the prop	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
and the control of th	

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJR6732T
Vehicle Manufacturer	
Vehicle Model	
ehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address and many many many many many many many many	
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

그는 사람들이 많은 사람들은 사람들이 가는 사람들이 되었다면 하는 사람들이 되었다면 하는 사람들이 되었다면 하는 것이 되었다면 하는데
Vehicle Registration Number SG5797F
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	
Phone No	. <b></b>
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
이 그는 그리고 하는 내용 학교 보고 있는 사람들은 사람들은 사람들은	
INJURED 3	
INJURED 3	wife
이 그는 그리고 하는 내용 학교 보고 있는 사람들은 사람들은 사람들은	wife Female
Name of injured person Gender Phone No	그는 아이지 집안하는 아이를 하는 아이가 되었다.
INJURED 3  Name of injured person	그는 아이지 집안하는 아이를 하는 아이가 되었다.
Name of injured person Gender Phone No Address Address Complement	그는 아이에 집안하는 아이를 하는 아니다. 그리다 보다는
Name of injured person Gender Phone No Address Address Complement Post Code	그는 아이에 집안하는 아이를 하는 아니다. 그리다 보다는
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	그는 아이에 집안하는 아이를 하는 아니다. 그리다 보다는
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	그는 아이에 집안하는 아이를 하는 아니다. 그리다 보다는
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Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	Female
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	Female
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Female SMD373Z
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4	Female SMD373Z - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person	Female SMD373Z - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender	Female SMD373Z - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No	Female SMD373Z - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address	Female SMD373Z - No daughter Female -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement	Female SMD373Z - No daughter Female -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement Post Code	Female SMD373Z - No daughter Female -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	Female SMD373Z - No daughter Female -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	Female SMD373Z - No daughter Female
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	Female SMD373Z - No daughter Female -
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 4 Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	Female SMD373Z - No daughter Female

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	Driyer's Signature (I	if driver is not t	he policyholder)	/ Date	Witnessed by Reporti	ng Centre
ime Sketch Plan	& Time	5/10/21		andarija (19	Personnel	
INGRALIE	transfer fatte med king generalisen gemeinte gespelse de gespelse ( ) en de propiet en med 1908 mener het en 18 Tope transferen in hermanne sen men selpen i saatung septima.	gige i speciment met specific managen fra strong di Breat de gard George annigg grammignen fra specific platet de figliote i met de si	en e	en arrivere pres		
A-5403732		angen te september 19 meneral peneral seminant peneral peneral peneral peneral peneral peneral peneral peneral Bengan peneral peneral Bengan peneral p	and the control of th			
D-SWQ932PC			e la a		<u>L</u>	
C-Smr7624	ter et de la companya	Er van Springeren van kries gêren i 1900 Gestage van Kries kries geskerende v				
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Refer attached julie report.		
Fortnoter: Vehicle with Froffic police danged wheto taken	ond.	4-0
danged wheth daken		
		<del></del>
	19.0	

# Declaration

I/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  $S | 1 a | \chi 1$ 

Witnessed by Reporting Centre

Personnel





Report No. 1720211001/2070

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No. 1800-2507999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Repor	t Made:	Vide Report I	Vo.		lation Diary No
01/10/2021 14:45		E/20210930/	0114	2	1
informant's Par	ticulars				

Sex.         Age.         Date of Birth.           Male.         33         15/04/1988           Race.	Type of Informant: Driver Language:	Institution / School Name	
Nationality SINGAPORE CITIZEN	Email.		
ID Type / ID No. NRIC NO / \$8816389C	Contact No. Home/Office:	Mobile: 91149871	
Name of Informant: SEAH JIN JI, KENNETH	Address APT BLK 117A JALAN TENTERAM #20-505 SINGAPORE 321117		

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:		Road Surface:		Road Speed Limit
vveaulei Drizzling		Wet		
Traffic Flow		Traffic Control		Traffic Volume:
One Way		Not Controlled		Heavy Committee
Type of Collision Chain Collision				Anyone conveyed by ambulance:
(NAPA IP NAPA NAKA) (NAPA NAKA) (NAPA NAKA) (NAPA NAKA)				

Details of V	ebicie Involved			10 40 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Vehicle No	Type	Make	Model	Color -	Condition	No of Passenger
SG5797P	Bus/Coach/Mi nibus	MAN	A95	Multi-Colored	Slightly Damaged	
6JR6732T	Car	TOYOTA	COROLLA ALTIS	White 1	Slightly Damaged	
SMD373Z	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Siver	Seriously Damaged	
SMQ9328C	Car	TOYOTA	HARRIER M GRADE	Silver	Seriously Damaged	





1 4 3

Report No. 7/20211001/2079

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

### CONTINUATION OF REPORT

	and the second s				
Details of Vehicle II	wolved				A CONTRACTOR OF THE PARTY OF TH
Vehicle No.   Type	Мяке	Model	Color	Condition No	of Passenger
				and the second second second second	
SMR7684G   Car	ATOYOTA	VELLFIRE	Black	Seriously 1	
11				Damaged	

AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1		The state of the s		T 1	
Details of Vehice	cie Insurance 💎 🕒				
Mahada Na II	surance Company		Insurance No	Effective	Expiry Date -
production and the second			Control of the Contro	as camers	30/07/2022
⊹SMD373Z ⊢A	KA INSURANCE SIN	GAPORE PIE	P2172486	31/07/2021	JUNUMUEL
1 117	rrv				

Details of Perso Any Pedestrian Ir No. of Pedestrian	ivolved: No	Use of Pedestrian Cro	assing: NA
Driver Name	SEAH JIN JI, KENNETH	ID No.	S8816389C
Related Vehicle	SMD373Z (Car)	Contact N	io. 91149871
Hospital/Clinic	THE TENTERAM CLINIC	Class of Driving Licence &	
Date Treatment No. of Days gran	30/09/2021 ted Medical Leave. 03	Expiry Da Date Discharge 30 Degree of Injury Sla	/09/2021

#### **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 infront 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 its 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 screness 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.





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

Report No. 7220211001-2870

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	Signature Of Informant.
Sgt 2 LAWREN JUN	W. W
Signature Of Interpreter: Not applicable	Date/Time; 61/10/2021 14:45
Officer In Charge Of Case TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN BULLE FORCE Contact No.: 65476171	Classification Of Case.
Authentication Stamp NP168 SIGNAL	TURE TO THE TOTAL PROPERTY OF THE TOTAL PROP