

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	16/05/2022 16:17 (SGT)
Date of Accident	12/05/2022 16:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE BRADDELL ROAD EXIT 10 (SLIGHTLY BEFORE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9900S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOONG KUM MENG TERENCE
NRIC No	S1619253H
Email Address	TERENCE@ANTE.SG
Mobile Phone No	(Phone) +65-96249900
Alternative Phone No	+65-96249900

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Skyline
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA356689
Cover Note Number	-

DRIVER

Name of Driver	FOONG JOSCHIN
NRIC No	S9506265B

Date Of Birth	05/02/1995
Occupation	Indoor
Date Of Driving Pass	20/10/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91775177
Alt. Phone Number	-
Email Address	FOONG_JOSCHIN@YAHOO.COM.SG
Address	45 JALAN CHEGAR
Address complement	-
Postcode	578503
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHAN JOON EN JOEL CASIMR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN.

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	SKT9012X
Vehicle Manufacturer	Volkswagen

Vehicle Model	Jetta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STELLA ANN TAN WEN XI
NRIC No	S9731383J
Contact Number	(Phone) +65-97376393
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	FOONG JOSCHIN
Gender	Male
Phone No	(Phone) +65-91775177
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC.
Injured person in which vehicle?	SKD9900S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHAN JOON EN JOEL CASIMR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC.
Injured person in which vehicle?	SKD9900S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.

Umu

Policyholder's Signature / Date & Time

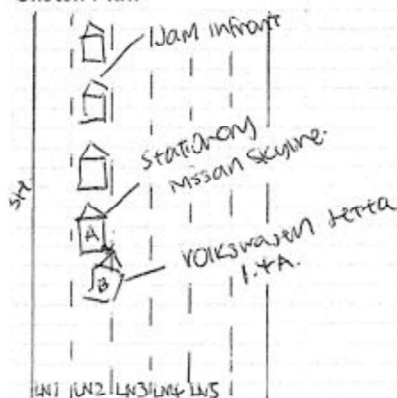
Jose

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

14/5 @ 12pm

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Nissan skyline was stationary for at least 7 seconds as there was a jam queuing up to exit brackley road exit 10. Volkswagen Jetta (SKT9012X) rear ended and hit the rear right bumper, damaging it and crimped a major part of it.
Rear right bumper was badly damaged, dented, scratched beyond repair.

TP Claim (repair other workshop).

Declaration

I/We declare the foregoing particulars are true in every respect.

Uuno

Policyholder's Signature / Date &
Time

John

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



Witnessed by Reporting Centre
Personnel

















**SINGAPORE
POLICE FORCE**



T/20220513/2090

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220513/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2022 17:24	Vide Report No.:	Station Diary No.: 22
--	------------------	--------------------------

Informant's Particulars

Name of Informant: FOONG JOSCHIN			Address: 45 JALAN CHEGAR SINGAPORE 578503		
ID Type / ID No.: NRIC NO / S9506265B			Contact No.: Home/Office: Mobile: 91775177		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 05/02/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR DEALER			Driving Licence Information: Class: 2B,3		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2022 16:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD9900S	Car	NISSAN	SKYLINE 2.0A	White	Slightly Damaged	1
SKT9012X	Car	VOLKSWAGO N	JETTA 1.4 TSI A/T ABS D/AIRBAG 2WD	Brown	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220513/2090

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 4

Report No. T/20220513/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD9900S	AXA INSURANCE SINGAPORE PTE LTD	GA356689		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	JOEL CASIMIR CHAN JOON EN		ID No.	S9431343J
Related Vehicle	SKD9900S (Car)		Contact No.	81233884
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	FOONG JOSCHIN		ID No.	S9506265B
Related Vehicle	SKD9900S (Car)		Contact No.	91775177
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	STELLA ANN TAN WEN XI		ID No.	S9731383J
Related Vehicle	SKT9012X (Car)		Contact No.	97376393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20220513/2090

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 4

Report No. T/20220513/2090

CONTINUATION OF REPORT

Brief Details.

On 12/05/2022 at about 1606hrs, I was driving along CTE near Braddell exit on lane 2. As at the point of time, there was a jam as such I was stationary when suddenly I felt an impact from the rear and realized that the car behind me had knocked on to me. We then managed to exchange particulars and left after the accident. I wish to state that at the point of time, I had a passenger with me. After the accident, I felt pain at my back, right hand and headaches as such proceeded to see a doctor at Chong's Clinic and was issued with 5 days MC.



SINGAPORE POLICE FORCE



T/20220513/2090

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

4 of 4

Report No. T/20220513/2090

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 1 KOH YONG MENG,
ALVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/05/2022 17:24

Officer In Charge Of Case:
TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168