





## 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 Actual 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	30/08/2022 12:01 (SGT)
Reported by	Both
Date of Accident	29/08/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8954J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIMMY SEOW THIAM HUAT
NRIC No	SXXXX325D
Email Address	TIMSEOW08@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97331567
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA450959/1

#### DRIVER

Name of Driver	TIMMY SEOW THIAM HUAT
NRIC No	SXXXX325D
Date Of Birth	11/09/1962
Occupation	Indoor



Date Of Driving Pass .....	19/07/1993
Driving experience .....	29 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97331567
Alt. Phone Number .....	-
Email Address .....	TIMSEOW08@YAHOO.COM.SG
Address .....	NA
Address complement .....	-
Postcode .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	CLOUDY
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	GAN JIA LI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### ATTACHED ACCIDENT STATEMENT & POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	21522MID
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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) .....	-





## SKETCH PLAN

## IMPORTANT NOTICE

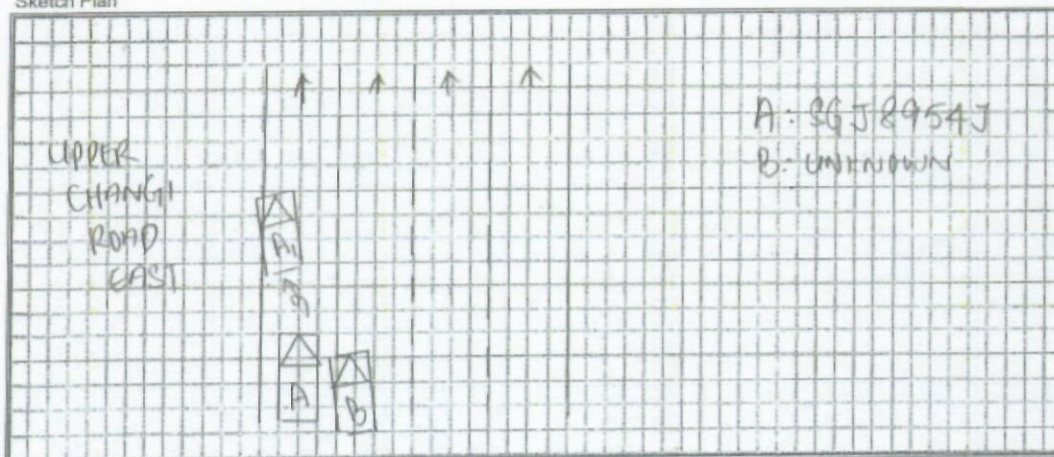
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no. : T/20220829/2167

Declaration

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220829/2167

1 of 3

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20220829/2167

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2022 17:29	Vide Report No.:	Station Diary No.: 71
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**Informant's Particulars**

Name of Informant: TIMMY SEOW THIAM HUAT			Address: APT BLK 407 BEDOK NORTH AVENUE 3 #16-179 SINGAPORE 460407		
ID Type / ID No.: NRIC NO / S1528325D			Contact No.: Home/Office: Mobile: 97331567		
Nationality: SINGAPORE CITIZEN			Email: timseow08@yahoo.com.sg		
Sex: Male	Age: 59	Date of Birth: 11/09/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Air traffic controller			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/08/2022 15:45	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD EAST			
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8954J	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Grey	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGJ8954J	AXA INSURANCE SINGAPORE PTE LTD	GA450959	04/05/2022	03/05/2023



**SINGAPORE  
POLICE FORCE**



T/20220829/2167

2 of 3

Police Station Of Origin:  
Bedok N.P.C.  
30 Bedok North Road SINGAPORE 469576  
Tel No: 1800-2449999

Report No. T/20220829/2167

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TIMMY SEOW THIAM HUAT	ID No.	S1528325D
Related Vehicle	SGJ8954J (Car)	Contact No.	97331567
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	GAN JIA LI	ID No.	NIL
Related Vehicle	SGJ8954J (Car)	Contact No.	93213569
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

**Brief Details.**

On 29/8/2022 at about 1546hrs, I was travelling in my car bearing registration number SGJ8954J with one passenger seated on the front passenger seat. I was travelling along upper changi road east towards bedok and on the most left lane when my vehicle was side swipe on the right side by a military truck. My vehicle swerved to the left and when up the kerb. I wish to state that the military vehicle did not stopped after the collision. Me and my colleague have yet to seen a doctor. The left and right portion of my vehicle is damaged and my vehicle had to be towed away. I wish to state that I have front and rear in-car camera footage of the incident but I do not have the plate number of the military truck. I need to have the plate number of the military truck for my insurance claim as soon as possible.



**SINGAPORE  
POLICE FORCE**

T/20220829/2167

3 of 3

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

Report No. T/20220829/2167

## 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:

G /  
SGT 3 AW JING YING CHLOE

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
29/08/2022 17:29Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6234 0000 Fax (65) 6234 0000  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S463580006 / GST Reg. No.: N430017731

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1R228U0002 Vehicle Registration No: SGJ8954J  
 Name (as shown in NRIC): TIMMY SEOW THIAM HUAJ NRIC/FIN/Passport No: SXXXX 325 D  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: 407 BEDOK NORTH AVENUE 3 #16-179 Singapore 460407  
 Contact (Tel): - Mobile No.: 97331567  
 Email Address: TIMSEOW08@YAHOO.COM.SG  
 Date of Accident: 29/08/2022 Time of Accident: 1545 HRS  
 Place of Accident: UPPER CHANGI ROAD EAST  
 Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend vehicle number.

Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

01APR01 01:00:00 V3