

# 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 ..... 12/10/2022 20:00 (SGT)  
Reported by ..... Both  
Date of Accident ..... 12/10/2022 02:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER THOMSON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB5456J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FOONG SIEW CHONG  
NRIC No ..... S1615268D  
Email Address ..... ATLANTIC212@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96390302  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... GA586711

### DRIVER

Name of Driver ..... CLEMENT TSENG AN WEN  
NRIC No ..... S9739309E  
Date Of Birth ..... 08/11/1997  
Occupation ..... Indoor

Date Of Driving Pass .....	27/03/2018
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98761524
Alt. Phone Number .....	-
Email Address .....	CLEMENT1997TSENG@GMAIL.COM
Address .....	54 JALAN ISNIN
Address complement .....	-
Postcode .....	577987
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER DAUGHTER'S BOYFRIEND
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Raining
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	CARRIE FOONG CHER LIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### 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 .....	SJJ6279C
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Getz
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOY HWEE KIAT WENDY LOY
NRIC No .....	S0054517A
Contact Number .....	(Phone) +65-97233348
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	0

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CARRIE FOONG CHER LIN
Gender .....	-
Phone No .....	(Phone) +65-94232277
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNB5456J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**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")

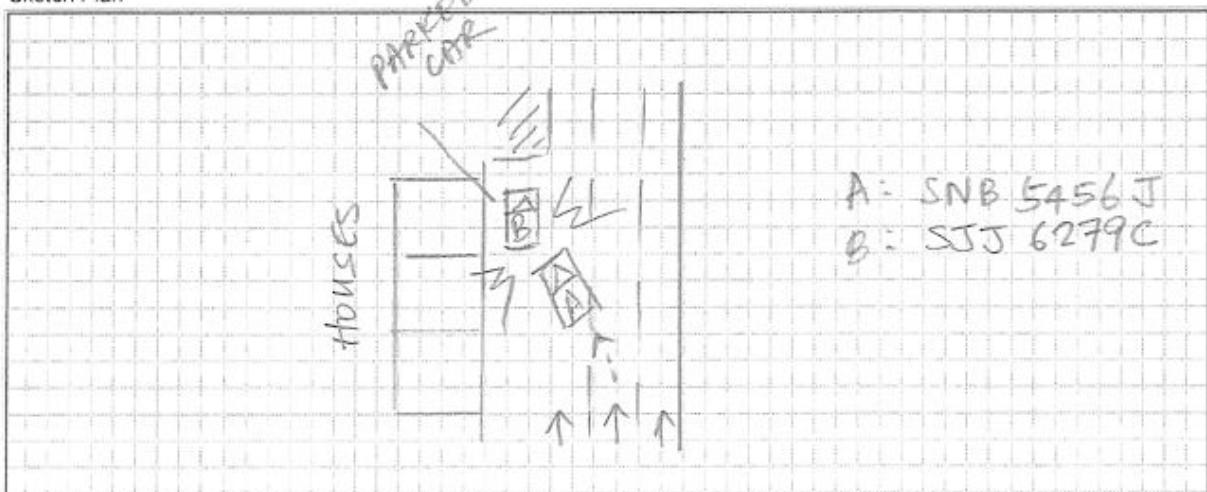
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

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

**Sketch Plan**

vJun2022

Describe Circumstance of the Accident

REFER POLICE REPORT.

Declaration

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

Policyholder's Signature / Date & Time

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

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





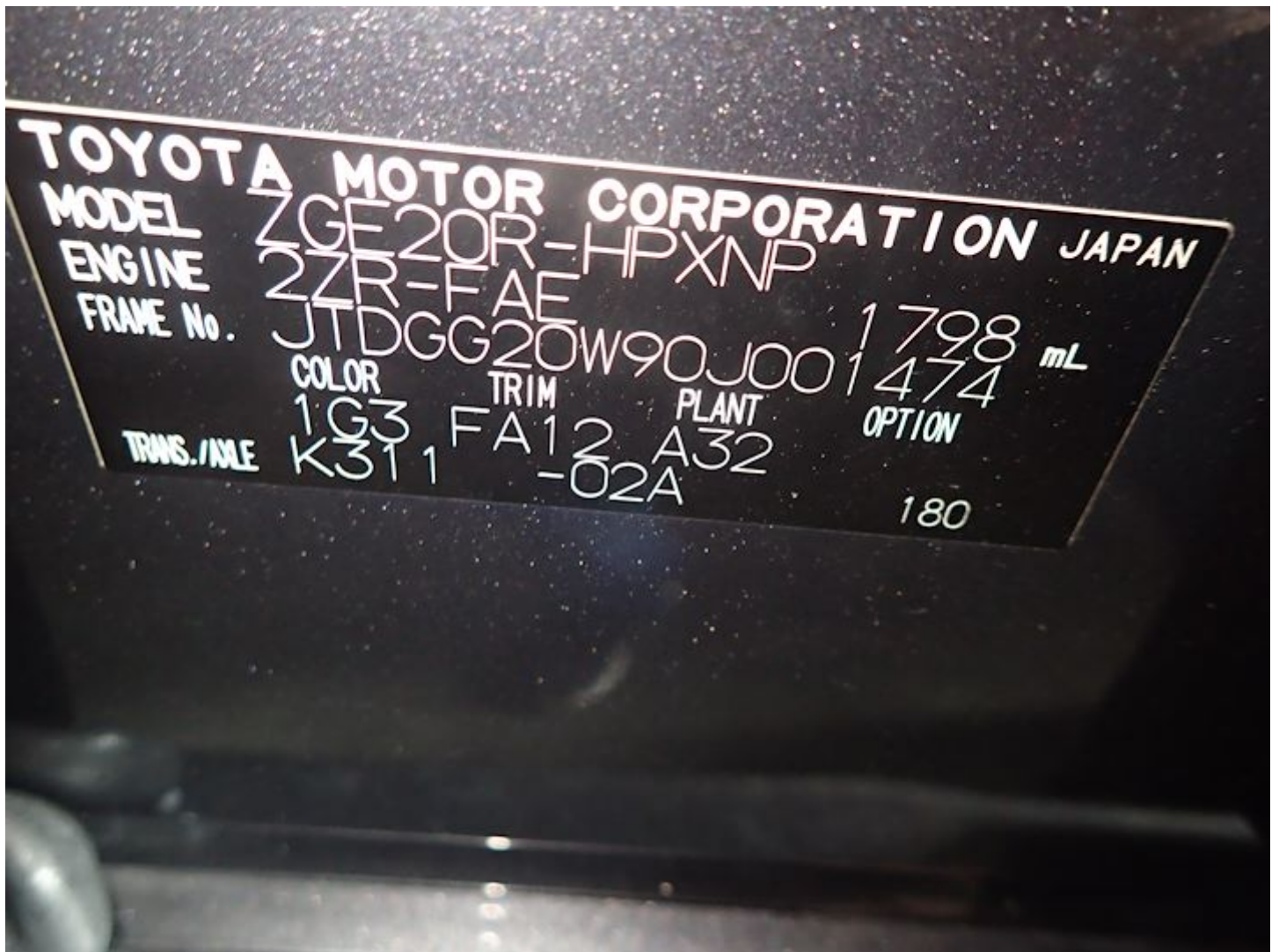












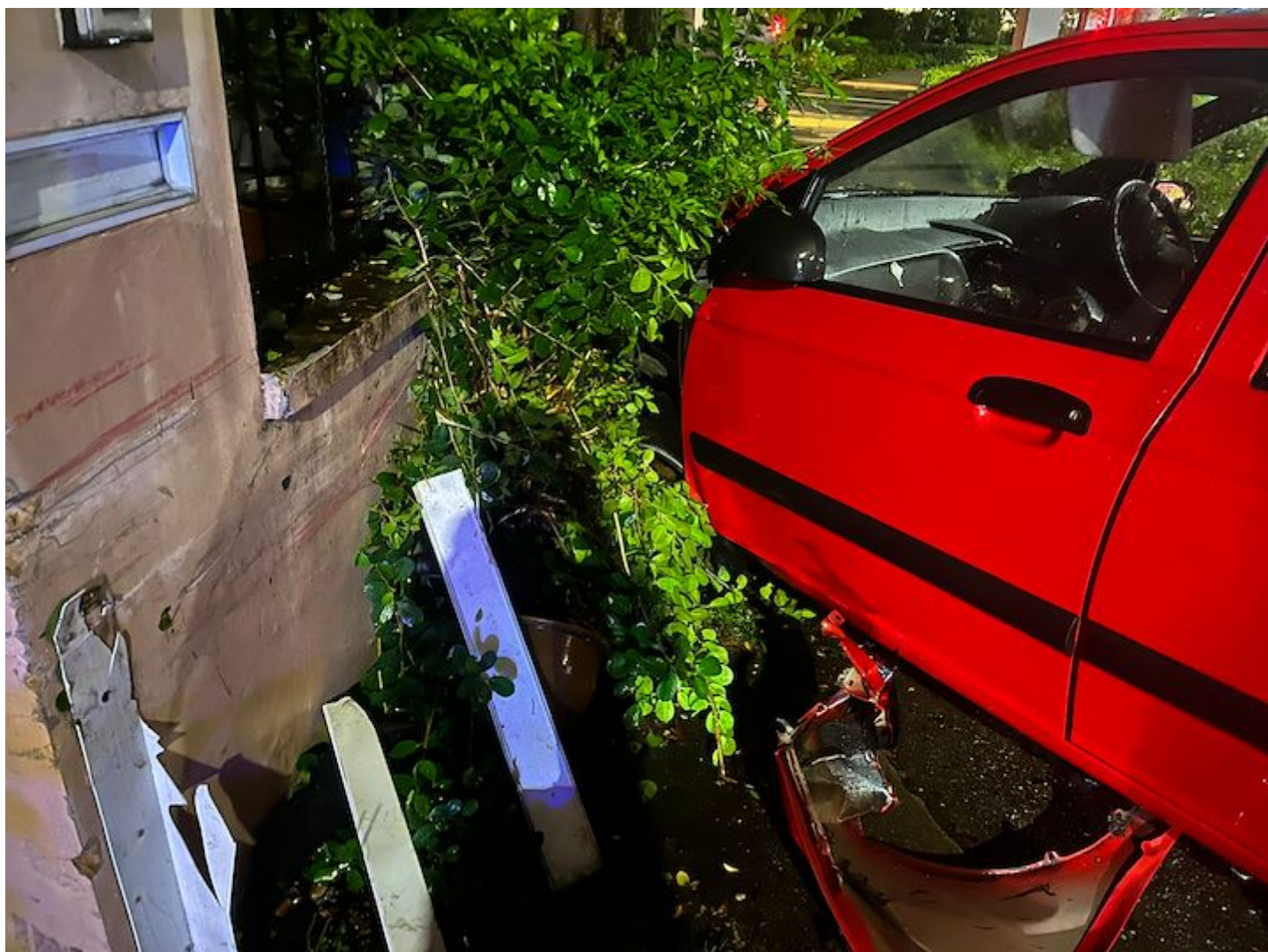


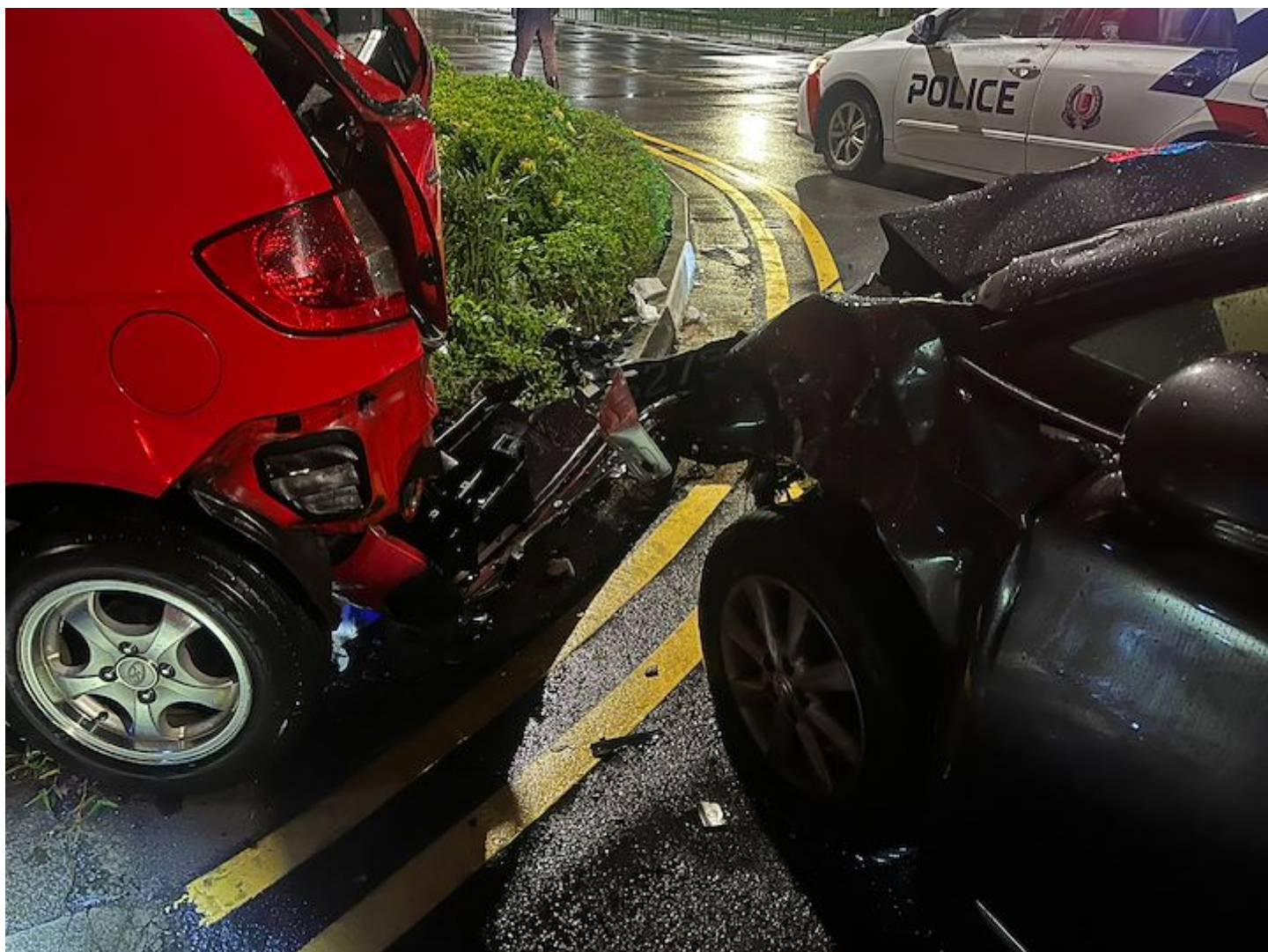




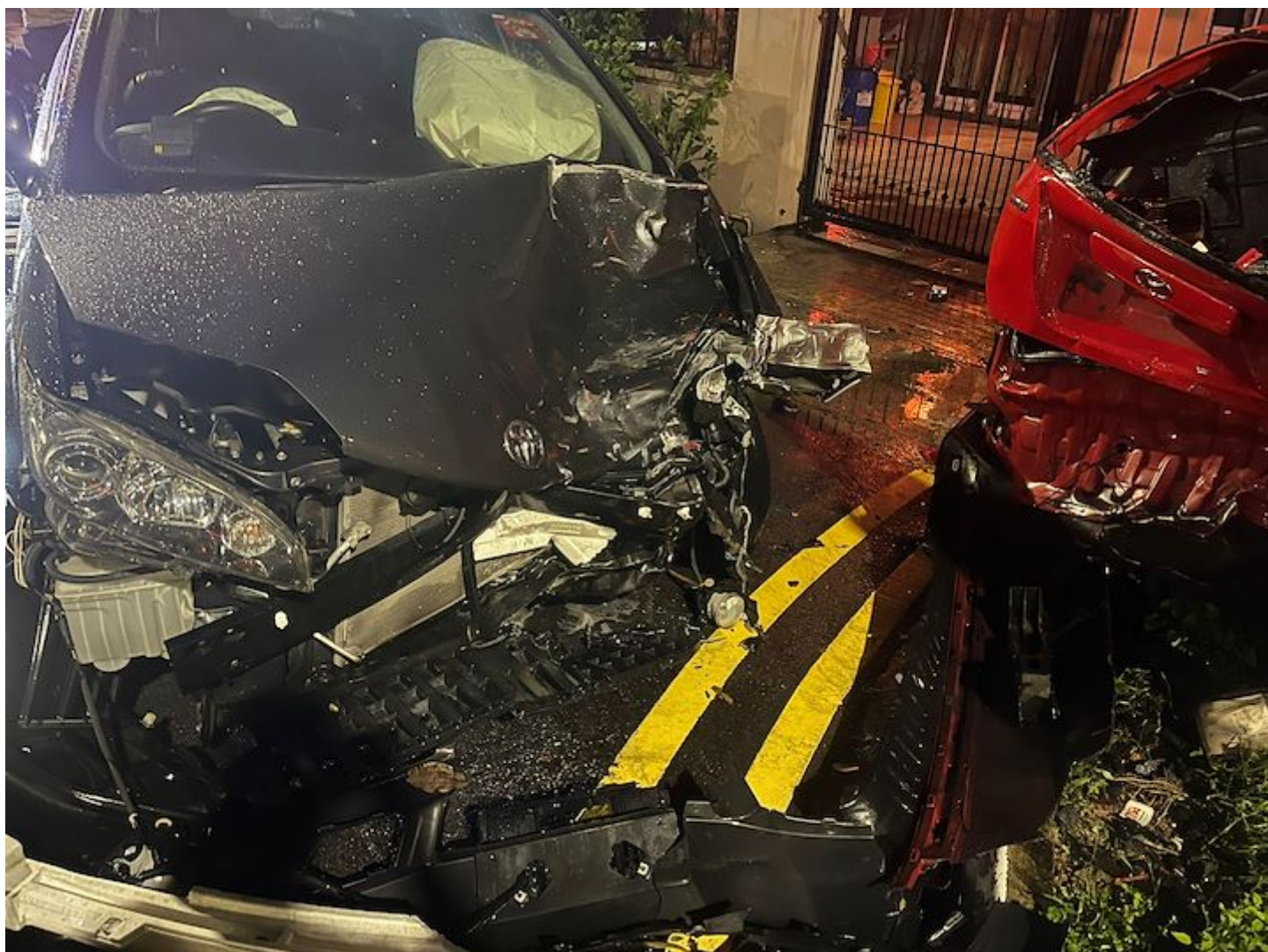






























**SINGAPORE  
POLICE FORCE**



T/20221012/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20221012/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2022 11:46		Vide Report No.: E/20221012/0015		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CLEMENT TSENG AN WEN			Address: 54 JALAN ISNIN SINGAPORE 577987		
ID Type / ID No.: NRIC NO / S9739309E			Contact No.: Home/Office: Mobile: 98761524		
Nationality: SINGAPORE CITIZEN			Email: CLEMENT1997TSENG@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 08/11/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marketing Analyst			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2022 02:00	Type of Location: Straight Road
Location:  JALAN KELI				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJJ6279C	Car	HYUNDAI	Getz	Red	Seriously Damaged	0
SNB5456J	Car	TOYOTA	WISH	Grey	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20221012/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221012/7015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ6279C	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00693552/03	22/09/2022	21/09/2023
SNB5456J	AXA INSURANCE SINGAPORE PTE LTD	GA586711/1	15/10/2021	14/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CARRIE FOONG CHER LIN		ID No.	S9822157C
Related Vehicle	SNB5456J (Car)		Contact No.	94232277
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/10/2022		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	CLEMENT TSENG AN WEN		ID No.	S9739309E
Related Vehicle	SNB5456J (Car)		Contact No.	98761524
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

## Brief Details.

I was driving home around 2am in the morning and was not feeling too well when I was reaching back home, I fell asleep briefly for about 2 seconds before crashing into the stationary vehicle on the left side of the road. I was travelling on Upper Thomson Road driving towards Thomson Rd L/P 71F. The accident site is just before Church of the Holy Spirit and the accident took place in front of the landed houses I have videos and photos of the car accident and they exceed 2MB. I am unsure about the damage assessment of both cars whether they are seriously damaged or totally damaged.



**SINGAPORE  
POLICE FORCE**



T/20221012/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20221012/7015

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHD SYARIFUDDIN MUHD AJMAIN  
Contact No.: 65476367

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
12/10/2022 11:46

Classification Of Case: