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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document. There is no handwriting or printed text on the page.

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

Driver's Signature [Signature]
(If driver is not the policyholder)
Date & Time 11/12/19
6:07pm

Reporting Centre Personnel's Signature
Name
NRIC/Pass No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20191211/7021

1 of 2

POLICE REPORT (NP299)

Report No. D/20191211/7021

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 11/12/2019 17:17	Vide Report No.	Station Diary No.
Name Of Informant TAN GUOJUN	Address APT BLK 489B CHOA CHU KANG AVE 5 #08-211 SINGAPORE 682489	
ID Type / ID No. NRIC NO / S8107739H	Contact No. Home/Office	Mobile: 84683093
Nationality SINGAPORE CITIZEN	Email Address plptan@gmail.com	
Occupation Private Hire Driver	Sex Male	Age 38
Institution/School Name	Date of Birth 24/03/1981	Race Chinese
Date/Time Of Incident 11/12/2019 14:15 - 11/12/2019 14:20	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

6 Chain Car Collision involved. 1st car in front Sudden Braking which involved in chain car collision. 1st Vehicle was SLP 816L (Toyota Alphard, Black colour)
My Vehicle no. SMP 8907 T (Make: Honda Freed, Forest Green colour), was the 4th car involved. In front of my car was Vehicle no. SJZ 9439D (Audi A4 1.6T, Black colour).

Behind of my vehicle was a MALAYSIAN Vehicle, "WPE 888" Honda CRV, White Colour).

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter. Not applicable	Date/Time 11/12/2019 17:17
Officer In-Charge Of Case	Classification Of Case

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20191211/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191211/7021

Resulted in damages in front of my vehicle & back of my vehicle.

Subjects Involved			
Victim			
Person Name	TAN GUOJUN		
ID Type	NRIC NO	ID No	S8107739H
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Private Hire Driver	Address Type	
Address	APT BLK 489B CHOA CHU KANG AVE 5 #08-211 SINGAPORE 682489		Mobile No 84683093
Is Informant A Victim?	Yes		
Person Name	TAN GUOJUN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2019 17:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



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 Report	12/12/2019 10:31
Date Of Accident	11/12/2019 14:10
Exact Location Of Accident	ALONG AYE TWD CITY BEFORE NORTH BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4851A
Insured/Policyholder	
Name Of Registered Owner	GOH CHUAN ANN FABIAN
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT102237
Cover Note Number	
Driver	
Name of Driver	GOH CHUAN ANN FABIAN
NRIC No	S8217438I
Address	BLK 173B BISHAN ST 24 #12-110

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING

Other Information

Was any foreign vehicle involved in this accident?	YES
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	0

Circumstances of Accident

PLEASE REFER POLICE REPORT :

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	WPE888
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Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMP8907T
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJZ9439D
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKA9789M
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

SKETCH PLAN

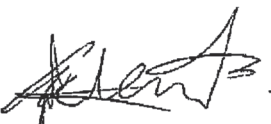
IMPORTANT NOTICE

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 lodgment 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.

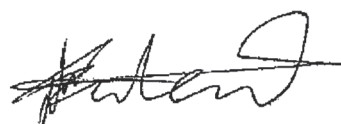
8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

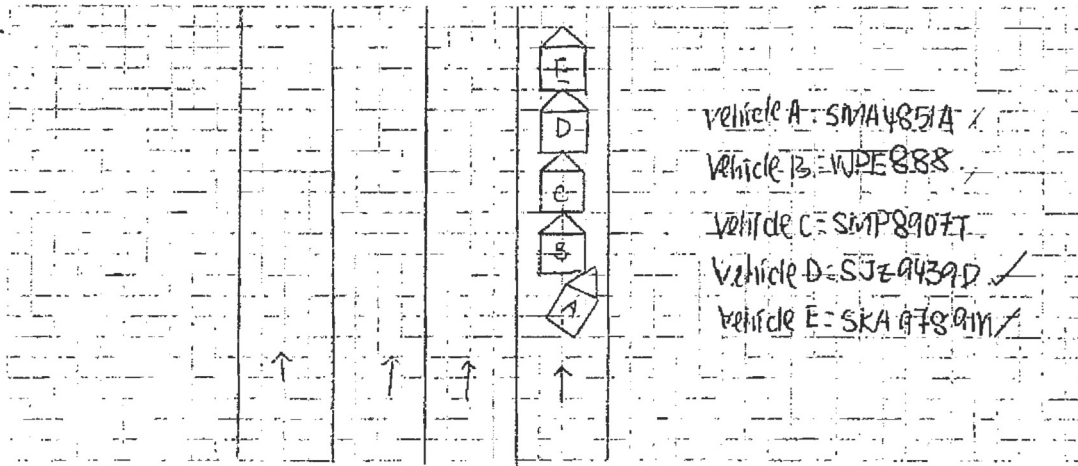


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN



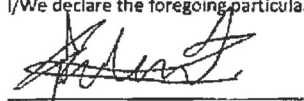
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

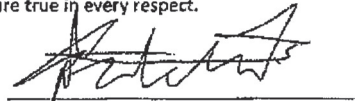
Please refer to police report.

Police report No: E/2019/12/11/7023.

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:

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



E/20191211/7023

1 of 2

POLICE REPORT (NP299)

Report No. E/20191211/7023

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 11/12/2019 17:47	Vide Report No.	Station Diary No.
Name Of Informant GOH CHUAN ANN, FABIAN	Address APT BLK 273B BISHAN STREET 24 #12-110 SINGAPORE 572273	
ID Type / ID No. NRIC NO / S8217438I	Contact No. Home/Office: Mobile: 96777960	
Nationality SINGAPORE CITIZEN	Email Address fabiangoh@yahoo.com.sg	
Occupation ARMY REGULAR	Sex Male	Age 37
Institution/School Name	Date of Birth 16/06/1982	Race Chinese
Date/Time Of Incident 11/12/2019 14:10 - 11/12/2019 14:30	Location Of Incident APT BLK 273B BISHAN STREET 24 #12-110 SINGAPORE 572273	

Brief details.

On 11/12/2019 at about 2:10pm. I was travelling in my vehicle A (SMA 4851 A) along AYE towards city, before North Buona Vista exit, the vehicle B (WPE 888) in front of me emergency brake. I manage to braked in time and swerved to the right. Due to the road surface was wet and slippery, the front left side of my vehicle hit the back right bumper of the vehicle B (WPE 888). Total there were 5 vehicles involve in this accident. Vehicle A: SMA 4851 A, Vehicle B: WPE 888. Vehicle C: SMP 8907 T, Vehicle D: SJZ 9439 D, Vehicle E: SKA 9789 M.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2019 17:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp