

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 First Submission	11/11/2024 17:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/11/2024 14:55 (SGT)
Exact Location of Accident	Upper Pickering St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9930M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIAN SOON
NRIC No	SXXXX849C
Email Address	ANDREW.TAN1301@GMAIL.COM
Mobile Phone No	(Phone) +65-97614994
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 hire
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124754575-02

DRIVER

Name of Driver	TAN KIAN SOON
NRIC No	SXXXX849C
Date Of Birth	31/10/1970
Occupation	Outdoor
Driving Pass Date	19/01/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97614994
Alt. Phone Number	-
Email Address	ANDREW.TAN1301@GMAIL.COM
Address	BLK 101 PASIR RIS ST 12
Address complement	#10-11
Postcode	510101
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	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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ8850M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAN KIAN SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SMQ9930M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.

SKETCH PLAN

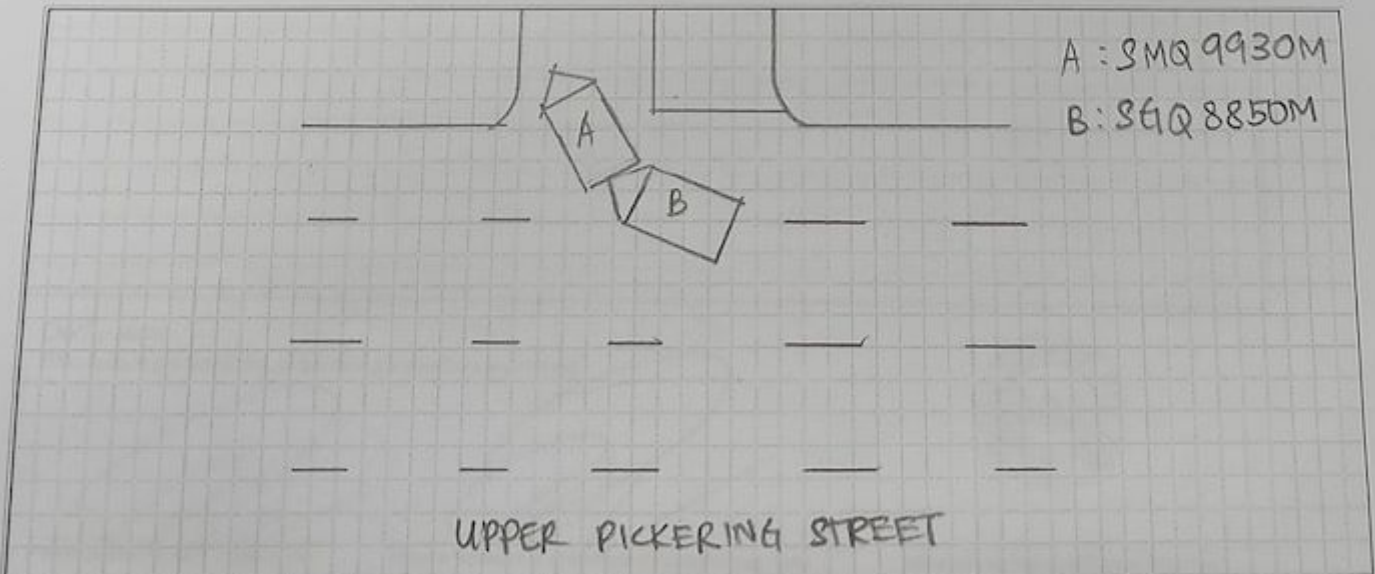
Policyholder's Signature / Date & Time

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

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



Sketch Plan



Describe Circumstance of the Accident

Please refer to police report attached.

T/20241109/2081

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



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


**SINGAPORE
POLICE FORCE**


T/20241109/2081

1 of 3

Report No. T/20241109/2081

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/11/2024 18:34

Vide Report No.:

Station Diary No.:
112

Informant's Particulars

Name of Informant: TAN KIAN SOON		Address: 101 PASIR RIS STREET 12 #10-11 SINGAPORE 510101	
ID Type / ID No.: NRIC NO / S7037849C		Contact No.: Home/Office: Mobile: 97614994	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 31/10/1970	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2024 14:55	Type of Location:
Location: UPPER PICKERING STREET				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SGQ8850M	Motor car					0
SMQ9930M					Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20241109/2081

Report No: T/20241109/2081

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CONTINUATION OF REPORT

Driver			
Name	Zhou Junwei	ID No.	S9943601H
Related Vehicle	SGQ8850M (Motor car)	Contact No.	96364624
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAN KIAN SOON	ID No.	S7037849C
Related Vehicle	SMQ9930M	Contact No.	97614994
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	09/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 09/11/2024 at about 1457hrs, I was driving, car plate SMQ9930M, along Upper Pickering Street towards south bridge road turning to Park Royal Hotel. I was on the right most lane.

I slowed down to turn into Park Royal. While turning in, a car hit me from the rear. His car plate was SGQ8850M. We stopped our vehicles, and we exchanged particulars. His name is Zhou Junwei, S9943601H, 96364624.

The damage to my car is rear bumper is dented, and bonnet door is unable to close. There's not much damage to the vehicle that hit me.

I went to the doctor at Mount Alveria and was informed that I suffer lower back pain. I was provided with 5 days of MC. I did not have a passenger with me. I have a dash cam, and it recorded the incident.

Report No. T/2024/109/2081
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POLICE FORCE**

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/2024/109/2081

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Report No. T/2024/109/2081

CONTINUATION OF REPORT

Signature of Officer Recording The
F/
SGT 1 NURUL AMELINA BINTE
ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
09/11/2024 18:34

Classification Of Case:

NP168