

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	19/11/2024 14:31 (SGT)
Reported by	Actual Driver
Date of Accident	18/11/2024 10:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5838A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KE CHING
NRIC No	SXXXX416D
Email Address	jessie_lhoh@yahoo.com.sg
Mobile Phone No	(Phone) +65-90171376
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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	1600
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	5106756286-05

DRIVER

Name of Driver	TAN SWEE PENG
NRIC No	SXXXX687F
Date Of Birth	19/12/1969
Occupation	Outdoor
Driving Pass Date	16/07/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97487250
Alt. Phone Number	-
Email Address	jessie_lhoh@yahoo.com.sg
Address	BLK 625A WOODLANDS DRIVE 52
Address complement	#03-43
Postcode	731625
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)	3
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	OH LEK HON
Gender	Female

PASSENGER 2

Name	ANNELIESE TAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
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

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 SHA9740S
 Vehicle Manufacturer Toyota
 Vehicle Model Prius
 Vehicle Variant -
 Vehicle Colour Yellow
 Vehicle Category Taxi
 Name of Driver MR JASPAUL SINGH
 NRIC No SXXXX779G
 Contact Number (Phone) +65-97487250
 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 OH LEK HON
 Gender Female
 Phone No (Phone) +65-97457402
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained PAIN BACK OF HEAD AND NECK
 Injured person in which vehicle? SKZ5838A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ANNELIESE TAN
 Gender Female
 Phone No (Phone) +65-84405152
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained PAIN BACK OF HEAD AND NECK
 Injured person in which vehicle? SKZ5838A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

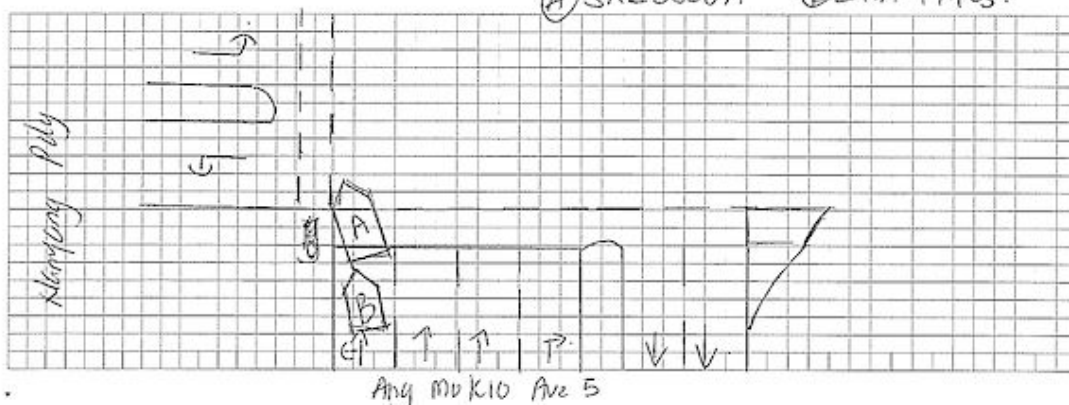
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



REFER TO ENCLOSED POLICE REPORT.

ADDITIONAL REMARKS: TWO PASSENGERS WENT TO SEEK MEDICAL ASSISTANCE DUE TO PAIN AT THE BACK OF THE HEAD AND NECK.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email : JESSIE.LH04@TAHOO.COM.BG

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20241118/2026

1 of 4

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20241118/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 12:15	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: TAN SWEE PENG	Address: APT BLK 625A WOODLANDS DRIVE 52 #03-43 SINGAPORE 731625		
ID Type / ID No.: NRIC NO / S6944687F	Contact No.:	Mobile: 97487250	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: jessie_lhoh@yahoo.com.sg	
Sex: Male	Age: 54	Date of Birth: 19/12/1969	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Lorry driver	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/11/2024 10:50	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHA9470S	Motor car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow		1
SKZ5838A	Motor car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	2



**SINGAPORE
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T/20241118/2026

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Report No. T/20241118/2026

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Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASPAUL SINGH	ID No.	S7905779G
Related Vehicle	SHA9470S (Motor car)	Contact No.	91556762
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
Passenger			
Name	ANNELIESE TAN	ID No.	T0532570B
Related Vehicle	SKZ5838A (Motor car)	Contact No.	84405152
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 SWEE PENG	ID No.	S6944687F
Related Vehicle	SKZ5838A (Motor car)	Contact No.	97487250
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
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T/20241118/2026

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Report No. T/20241118/2026

CONTINUATION OF REPORT

Passenger			
Name	OH LEK HON	ID No.	S7046424A
Related Vehicle	SKZ5838A (Motor car)	Contact No.	97457402
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

Brief Details.

On 18/11/2024 at about 1050hrs, I was driving my car (Reg Plate: SKZ5838A) along Ang Mo Kio Avenue 5 (towards CTE). During which, I was doing so on the extreme left lane of the 3-lane road. At that material time, my wife; Lek Hon, was seated at the front passenger seat while my daughter was seated at the rear passenger seat. The road surface was dry, the weather was clear, and the traffic was moderate.

When I approached the junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Street 53, I intended to perform a left turn into Nanyang Polytechnic. Although the traffic light was 'Green' and in my favor, there was a pedestrian crossing in front of the entrance. As such, I slowed down and stopped. I turned on my signal light.

A few seconds later, I felt an impact coming from the rear of my car. It was then I realized that a taxi (Reg Plate: SHA9470S) had collided onto the rear of my car. So as not to obstruct the traffic, I drove forward and stopped at the Nanyang Polytechnic Entrance and the taxi followed me.

Both the driver and I then alighted from our respective cars where he was observed to have no visible injuries on him. He also did not complain of any pain. My daughter and I am also not injured. However, my wife is complaining of pain at the back of her head. She has yet to seek medical treatment and will do so at a later time.

The driver and I went on to take photos of the damages and exchange contact details before leaving our separate ways. Before doing so, we had decided to settle the matter through insurance claims.

The damage to my car is on the rear where the bumper is dented in and has been slightly dislodged. I have an in-car camera which is only front facing and did not capture any footages of the incident.

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Report No. T/20241118/2026

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SR STAFF SGT MUHAMMAD
FAHMY BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:

Date/Time:
18/11/2024 12:15

Classification Of Case:

NP168