

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 ability.
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 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	17/03/2015 16:16
Date Of Accident	16/03/2015 15:30
Exact Location Of Accident	LORONG 6 TOA PAYOH JUNCTION OF TOA PAYOH EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7559P
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRANSPORT PTE LTD
Co Reg No	200205272G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64837260
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 2.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5043610854-04
Cover Note Number	
Driver	
Name of Driver	ABU BAKAR BIN SIDEK
NRIC No	S1772262Z
Date Of Birth	31/03/1966
Occupation	Outdoor
Date Of Driving Pass	04/06/1988
Driving Experience	26 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-96334379
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 699C HOUGANG STREET 52 #06-43
Postcode	533699
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Traffic Light Junction
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Address	ROAD: 93 Toa Payoh Central Toa Payoh Community Building , POSTCODE: 319194 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4315A
Vehicle Make/Model/Colour	
Details Of Properties	LEFT SIDE PORTION
Name of Driver	BOO BOON HENG
NRIC/Passport Number	
Contact Number	98257076
Address	NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	ABU BAKAR BIN SIDEK
Approximate Age	48

Injuries Sustain	NECK
Injured person in which vehicle?	PA7559P
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	No
Address	BLK 699C HOUGANG STREET 52 #06-43
Postcode	533699

DETAILS OF INJURED PERSON 2

Name	NA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD4315A
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	NA
Postcode	


DETAILS OF INJURED PERSON 3

Name	NA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD4315A
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	NA
Postcode	

SKETCH PLAN

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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.



 Policyholder's Signature / Date & Time _____ Driver's Signature (if driver is not the policyholder) / Date & Time _____ Witnessed by Reporting Centre Personnel _____

Sketch Plan



A) PA 7588 P
 B) SHD 4315A

Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT
7/20150316/2134


Declaration

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

F. 
Policyholder's Signature / Date &
Time




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


Witnessed by Reporting Centre
Personnel

Common Statement Pg.1

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20150316/2134

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Report No. T/20150316/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2015 18:19		Vide Report No.: E/20150316/0093		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: ABU BAKAR BIN SIDEK			Address: APT BLK 699C HOUGANG STREET 52 #06-43 SINGAPORE 533699		
ID Type / ID No.: NRIC NO / S1772262Z			Contact No.: Home/Office: Mobile: 96334379		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 31/03/1966	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2015 15:30	Type of Location: Cross Junction
Location: Along Road 1 LORONG 6 TOA PAYOH				
Along Toa Payoh Lor 6 at the junction of Toa Payoh east near to Block 23 Toa payoh East.				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PA7559P	Van	TOYOTA	Hiace	Silver	Slightly Damaged	0
SHD4315A	Taxi	HYUNDAI	Sonata	Blue	Slightly Damaged	2

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

Common Statement Pg.1

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



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Report No. T/20150316/2134

CONTINUATION OF REPORT

Driver			
Name	ABU BAKAR BIN SIDEK		ID No. S1772262Z
Related Vehicle	PA7559P (Van)		Contact No. 96334379
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	Boo Boon Heng		ID No. S0037423G
Related Vehicle	SHD4315A (Taxi)		Contact No. 98257076
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 16/3/2015 at about 1530hrs, I was travelling in my van bearing registration no. PA7559P, at Lor 6 Toa Payoh. I was approaching the junction at Lor 6 Toa payoh and Toa Payoh East near to Blk 23 Toa Payoh East. I slowed down when I approached the junction and I saw one taxi on the opposite junction going to turn right to Toa Payoh East. The traffic light was green as such I proceed to move forward. I noticed the taxi was inching out and as such I sounded the horn to warn the taxi driver that I was approaching. The taxi then suddenly proceeded to turn right and I immediately applied the brakes. My vehicle did not managed to stop in time and collided with the rear left passenger door of the taxi. Two passenger of the taxi was conveyed to hospital in conscious condition. My vehicle suffered dents on my front bumper and my left headlight smashed. The taxi left rear door was damaged and the left rear tyre was misaligned. I did not managed to get the particulars of both the passengers.

Common Statement Pg.1

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



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Report No. T/20150316/2134

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: E/ TOK JIA SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2015 18:19
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	



Signature:

Singapore Police Force