

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	11/05/2019 17:28
Date Of Accident	10/05/2019 08:15
Exact Location Of Accident	BLK 303A PUNGGOL CENTRE EXIT TO MAIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6770X
Insured/Policyholder	
Name Of Registered Owner	TK MOTOR WORKSHOP
Co Reg No	53049097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105192859
Cover Note Number	-

Driver

Name of Driver	SOH SONG HUANG
NRIC No	S7024077G
Date Of Birth	17/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86471171
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 510B YISHUN ST 51 #12-599
Postcode	762510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5681X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JUNAIBI BIN ISMAIL
NRIC/Passport Number	S7529875G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SOH SONG HUANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD6770X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

2

SKETCH PLAN

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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 firms/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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TK MOTOR WORKSHOP

Policyholder's Signature / Date & Time

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

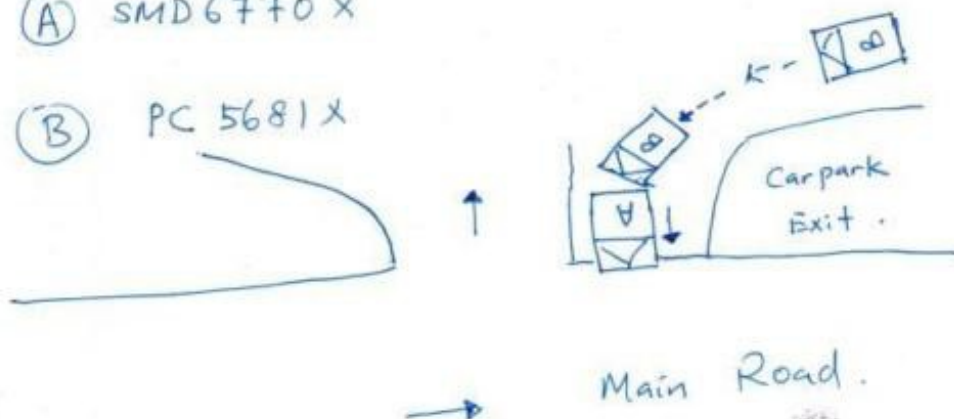
Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 303 A Punggol Centre.

(A) SMD 6770 X

(B) PC 5681 X



Accident Sketch Plan

Describe Circumstances of the Accident

Refer To Police Report No: T/20190510/2192

Declaration

We declare the foregoing particulars are true in every respect.

TK MOTOR WORKSHOP



Policyholder's Signature / Date &

Time



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



Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190510/2192

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190510/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2019 20:20	Video Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: SOH SONG HUANG			Address: APT BLK 510B YISHUN STREET 51 #12-599 SINGAPORE 762510	
ID Type / ID No.: NRIC NO / S7024077G			Contact No.: Home/Office: Mobile: 86471171	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 17/07/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: WINDOW FRAME INSTALLER			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: 10/05/2019 08:15	Type of Location: Bend
Location: Along Road 1 PUNGGOL CENTRAL				
Along Punggol Central exit to main road				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5681X	Van			White		0
SMD6770X	Car	MITSUBISHI		Red		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190510/2192

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190510/2192

CONTINUATION OF REPORT

Driver			
Name	JUNAIDI BIN ISMAIL	ID No.	S7529875G
Related Vehicle	PC5681X (Van)	Contact No.	NIL
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	NIL	Degree of Injury	NIL
Driver			
Name	SOH SONG HUANG	ID No.	S7024077G
Related Vehicle	SMD6770X (Car)	Contact No.	86471171
Hospital/Clinic	MOUNT ALVENIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/05/2019	Date Discharge	10/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 10/05/2019 at about 0817hrs, I was driving my vehicle registration no. SMD 6770X Mitsubishi, red colour along Punggol Centre and I was waiting to exit to the main road. Suddenly I felt a strong impact from the rear of my vehicle. I came down to make a check and discovered a van registration no. PC 5681X had hit onto my vehicle's rear portion.

The driver of the said van have admitted that it was his fault and ask me to make a third party claim under his vehicle's insurance policy.

I felt some pain on my back and had went to Mount Alvernia hospital for medical check up and I was given 5 days of medical leave by the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190510/2192

3 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190510/2192

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

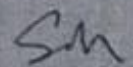
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Staff Sgt ROZITA BINTE JANTAN 

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

10/05/2019 20:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



