

## 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	23/10/2019 16:32
Date Of Accident	22/10/2019 20:35
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ172D
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### Insured/Policyholder

Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96492720

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

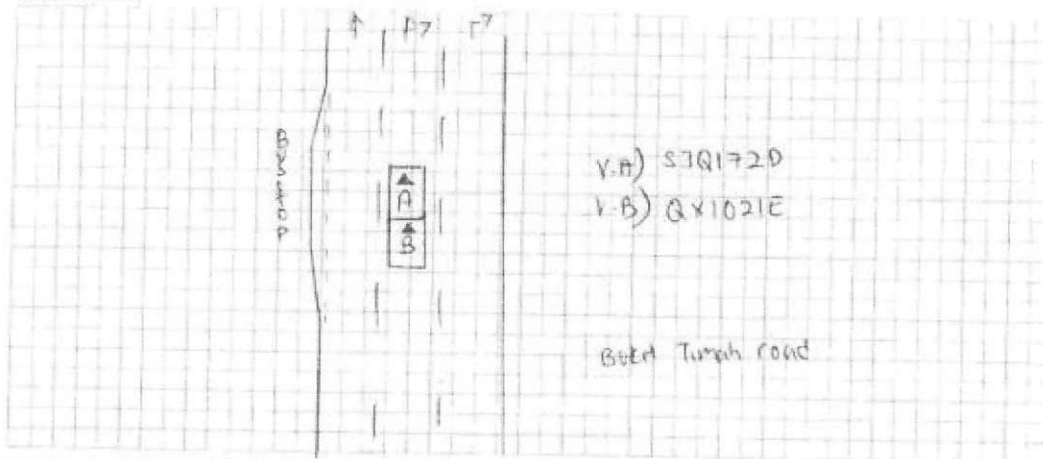
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111369624
Cover Note Number	

### Driver

Name of Driver	YOO SAY KEONG
NRIC No	S6930438I
Date Of Birth	27/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96492720
Fax Number	
Contact Number	
EMail Address	NOEMAIL

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' S3Q1720 was travelling on  
the stated venue. I was travelling straight in my lane, the front  
vehicle slowed down and stop, as such I applied my brakes and  
slowed down too then eventually came to a complete stop. A few  
seconds later, I felt an impact on my vehicle rear, shortly I got  
out of my vehicle and realised vehicle 'B' QX1021E had collided  
onto my stationary vehicle rear portion.

## 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:

*[Handwritten signature]*

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

23 OCT 2013

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191023/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191023/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 11:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YOU SAY KEONG			Address: APT BLK 259 BUKIT BATOK EAST AVENUE 4 #05-375 SINGAPORE 650259		
ID Type / ID No.: NRIC NO / S69304381			Contact No.: Home/Office: Mobile: 96492720		
Nationality: SINGAPORE CITIZEN			Email: 58yourayy@gmail.com		
Sex: Male	Age: 50	Date of Birth: 27/08/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/10/2019 20:35	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1021E	Car					0
SJQ172D	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191023/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191023/7013

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	BRENDA TING	ID No.	NIL
Related Vehicle	QX1021E (Car)	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
<b>Driver</b>			
Name	YOU SAY KEONG	ID No.	S69304381
Related Vehicle	SJQ172D (Car)	Contact No.	96492720
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

### Brief Details.

ON THE 22/10/2019 AT ABOUT 2035HRS, I WAS TRAVELLING ALONG BUKIT TIMAH ROAD. I WAS TRAVELLING STRAIGHT IN MY LANE, THE FRONT VEHICLE SLOWED DOWN AND STOP, AS SUCH I APPLIED MY BRAKES AND SLOWED DOWN TOO, EVENTUALLY MY VEHICLE CAME TO A COMPLETE STOP. A FEW SECONDS LATER, I FELT AN IMPACT ON MY VEHICLE REAR, SHORTLY I GOT OUT OF MY VEHICLE AND REALISED VEHICLE QX1021E HAD COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION.

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191023/7013

3 of 3

Report No. T/20191023/7013

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/10/2019 11:45

Classification Of Case: