

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	09/12/2019 12:32
Date Of Accident	07/12/2019 13:30
Exact Location Of Accident	JUNCTION OF XILIN AVE AND UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6671T
Insured/Policyholder	
Name Of Registered Owner	GARY TAN TRANSPORT SERVICE
Co Reg No	52859216E
Email Address	ANNAGARY97@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98188008
Alternative Phone No	OFFICE-98559987

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087461199-02
Cover Note Number	

Driver

Name of Driver	TAN TIONG HOCK
NRIC No	S1663604E
Date Of Birth	09/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559987
Fax Number	
Contact Number	OFFICE-98188008
EEmail Address	ANNAGARY97@YAHOO.COM.SG

Address	BLK 86 TELOK BLANGAH HEIGHTS #29-373
Postcode	100086
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : HU YANPING GENDER: : FEMALE
Passenger 2	NAME: : TAN LI WEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2011209/2039

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA1380J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE AIK SOING

NRIC/Passport Number	S1719312J
Contact Number	96463102
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN TIONG HOCK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6671T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HU YANPING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6671T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TAN LI WEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6671T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *09/12/2019*
NRIC/FIN No.: *9024 100000*

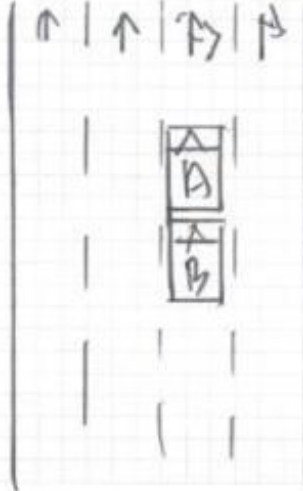
Accident Sketch Plan

SKETCH PLAN

JUNCTION OF XILIN AVENUE & UPI CHANGI RD EAST

A) PC 6671T

B) SLA 1280Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
7/20/9/2019/2039

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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191209/2039

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191209/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 11:53		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: TAN TIONG HOCK			Address: APT BLK 86 TELOK BLANGAH HEIGHTS #29-373 SINGAPORE 100086		
ID Type / ID No.: NRIC NO / S1663604E			Contact No.:		Mobile: 98559987
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 09/07/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2019 13:30	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 XILIN AVENUE UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Condition	No of Passenger
PC6671T	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE	White	Slightly Damaged	2
SLA1380Z	Car	TOYOTA	ALTIS	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191209/2039

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20191209/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC6671T	NTUC Income Insurance Co-Operative Limited	5087461199-02	17/01/2019	16/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN LI WEN		ID No.	T0635136G
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))		Contact No.	81059977
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2019		Date Discharge	07/12/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	TAN TIONG HOCK		ID No.	S1663604E
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))		Contact No.	98559987
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	07/12/2019		Date Discharge	07/12/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	HU YANPING		ID No.	S2682551B
Related Vehicle	PC6671T (Bus/Coach/Minibus (School Children))		Contact No.	98188008
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2019		Date Discharge	07/12/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
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T/20191209/2039

Police Station Of Origin:
Queenstown N.P.C
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Tel No: 1800-4719999

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Report No. T/20191209/2039

CONTINUATION OF REPORT

Driver			
Name	LEE AIK SONG	ID No.	S1919312J
Related Vehicle	SLA1380Z (Car)	Contact No.	96463102
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 07/12/2019 at about 1330hrs, I was driving my minibus (PC6671T) at the junction of Xinlin Avenue and Upper Changi Road East. I was travelling on the second lane from the right of a four lane road which has a directional sign on the road to turn right and go straight arrow on the road. When the traffic light turn green, the vehicles in front of me starts to move forward including myself. There was at least 3 or 4 vehicles in front of me. Suddenly, the vehicle in front of me brake and I also braked. I am not sure why the vehicle in front of me braked. Suddenly, I felt a bump from the rear. I alighted from my vehicle (PC6671T) and saw one vehicle (SLA1380Z) behind me and the driver alighted from his vehicle.

We exchanged particulars and I drove off. I wish to state that there is no rear in vehicle camera in my minibus (PC6671T) and there is only front in vehicle camera in my minibus. I wish to state that I was talking to my wife who is one of my passenger when I started to drive off at the traffic light and I remembered that there was no vehicle behind my minibus when the traffic light was red light.

The damaged to my minibus is (PC6671T) is dented to the rear of the minibus and the bumper which happens to be the minibus rear door. Due to the accident, the rear door is unable to be open. The damage to the other vehicle SLA1380Z is the front bonnet and bumper is dented. Subsequently, my wife and daughter who were my passengers and myself felt pain at our neck and back. Hence, we went to seek treatment was given 4 days of MC for my wife and I respectively while my daughter was given 3 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191209/2039

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

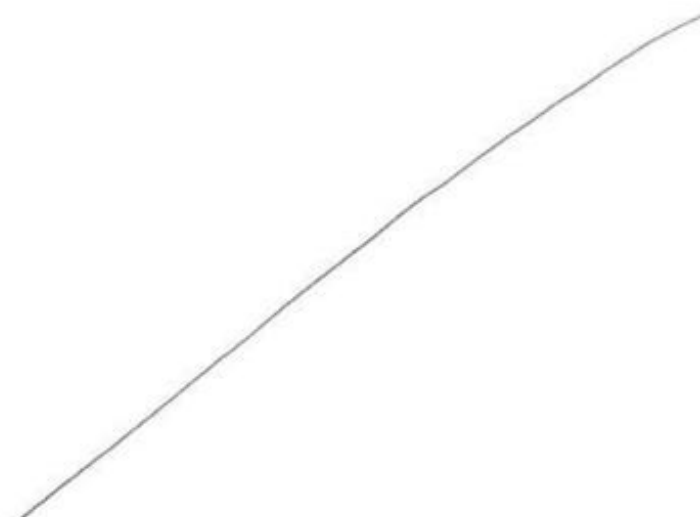
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Report No. T/20191209/2039

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:
D /
Sr Staff Sgt NUR ZAFIRAH BINTE MOHD NOOR

Signature Of Interpreter:
Not applicable

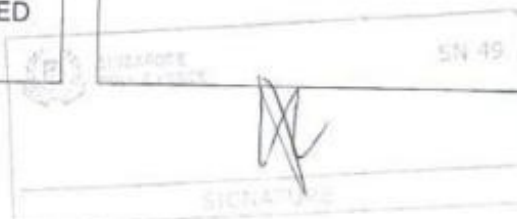
Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/12/2019 11:53

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY1916728 Vehicle Registration No: PC 6671T
Name (as shown in NRIC) : Tan Louis Hock NRIC/FIN/Passport No : S1663604E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 9859487
Email Address : _____
Date of Accident : 07/12/2019 Time of Accident : 13:30
Place of Accident : Junction of Xilin Ave & URP Avenue
Insurance Company: M7AC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Insurance Number is SLA13802

Policyholder / Driver's Signature
Date:

07/12/2019
Reporting Centre Personnel's Signature
Name: Koh Lian Hock
NRIC/FIN No.:
Date: