

## 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	04/02/2020 10:33
Date Of Accident	01/02/2020 19:30
Exact Location Of Accident	PUNGGOL EAST TWDS PUNGGOL FIELD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7060Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MIKE'S TRANSPORT
Co Reg No	5XXXX782W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96196800

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5097594730-01
Cover Note Number	

### Driver

Name of Driver	CHRISTOPHER SEE TOH PAK CHOY
NRIC No	SXXXX865F
Date Of Birth	15/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83283373
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	8 JLN MUTIARA #02-03
Postcode	249188
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200202/2055

#### 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	SLX32P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH KOK HONG
NRIC/Passport Number	
Contact Number	96919378
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHRISTOPHER SEE TOH PAK CHOY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ7060Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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.



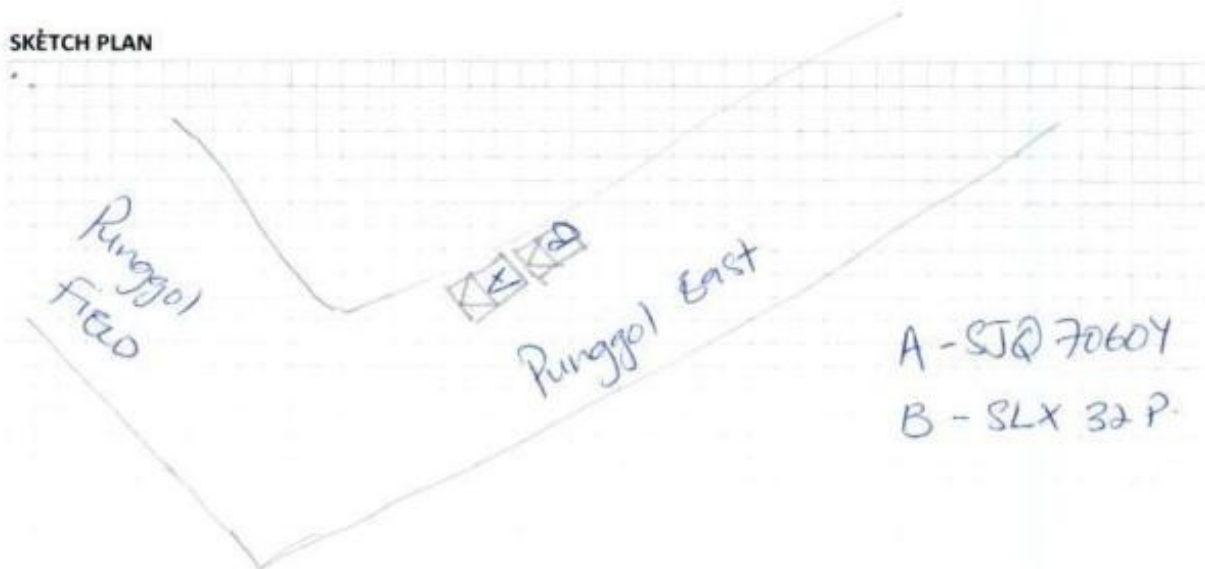
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report T/20200202/2055

## 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/20200202/2055

1 of 4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20200202/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2020 16:53	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: CHRISTOPHER SEE TOH PAK CHOY		Address: 8 JALAN MUTIARA #02-03 SINGAPORE 249188	
ID Type / ID No.: NRIC NO / S7212865F		Contact No.: Home/Office: Mobile: 83283373	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 15/04/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 19:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PUNGGOL EAST PUNGGOL FIELD Punggol East Rd junction of Punggol Field				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
SJQ7060Y	Car	TOYOTA	Altis	Blue	Seriously Damaged	1
SLX32P	Car	BMW		Black	Slightly Damaged	2

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

# POLICE REPORT



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POLICE FORCE**



T/20200202/2055

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20200202/2055

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHRISTOPHER SEE TOH PAK CHOY	ID No.	S7212865F
Related Vehicle	SJQ7060Y (Car)	Contact No.	83283373
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/02/2020	Date Discharge	02/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	LOH KOK HENG	ID No.	S7722060G
Related Vehicle	SLX32P (Car)	Contact No.	96919378
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 abovementioned date,time and place, while I was driving my vehicle (SJQ7060Y/ Toyota Altis / Blue in colour) ) for Grab duties, Upon being the 2nd vehicle at the traffic light preparing to turn right into Punggol Field, I encountered with an accident. with another vehicle ( SLX 32P/ BMW/ Black in colour). There was a van right in front of me at that time. Out of a sudden, the said black BMW ( SLX 32P) rear-ended me from the back. I had a female Malay passenger at that time. I am not sure if she is injured but the impact sent her flying in my car at the rear passenger seat. She is known as Aisha ( c/no:-81135484)

As a result of the accident, I then stopped my vehicle and then exchanged particulars with the driver.

The damages to the vehicles involved are as follows:-

- 1) SJQ 7060Y
  - Boot unable to open
  - Boot caved in.
  - Side bumper almost dropped.
  - A hole on the right side of the car bumper

- 2) SLX 32P
  - scratches on the front bumper of the car.

I then went to SGH to seek medical treatment today morning as I am feeling unwell due to the impact of the accident. I am lodging this report to claim insurance against the said driver.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200202/2055

3 of 4

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

Report No. T/20200202/2055

**CONTINUATION OF REPORT**



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200202/2055

Police Station Of Origin:  
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Tel No: 1800-2789999

4 of 4

Report No. T/20200202/2055

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 / Staff Sgt NORMAN BIN JALAL
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 02/02/2020 16:53
Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

