

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	19/05/2020 14:39
Date Of Accident	18/05/2020 22:15
Exact Location Of Accident	ALONG CHOA CHU KANG AVENUE 03
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6009T
Insured/Policyholder	
Name Of Registered Owner	SMOKEVOXY
Co Reg No	53405826D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97410856

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V AT ABS D/AIRBAG 2WD
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	NO
Policy Number	5114412079
Cover Note Number	

Driver

Name of Driver	TAN LEE GEAT
NRIC No	S8138116Z
Date Of Birth	15/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2006
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97410856
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 804A #13-08 KEAT HONG CLOSE KEAT HONG PRIDE
Postcode	681804
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPIETOR
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?	NO
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	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200519/2000;

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	PC5467Z
Vehicle Make/Model/Colour	TOYOTA / HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**

(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

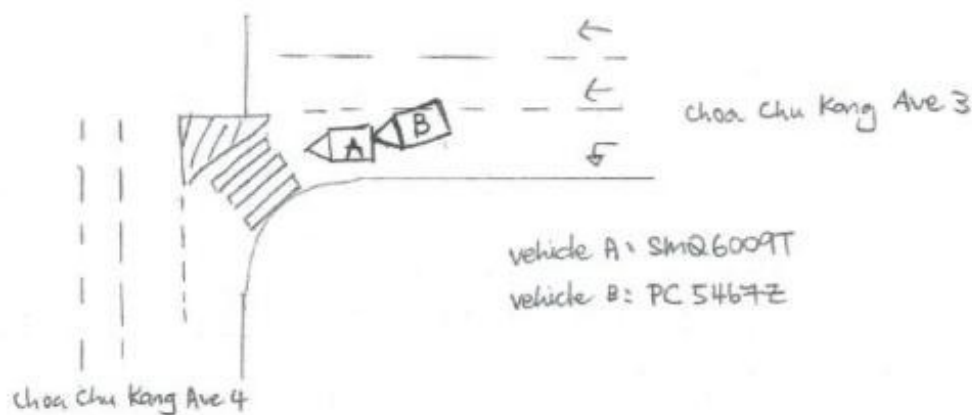
(ii) for complying with requirements under any regulations, laws or court orders.

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

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Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police report attached.

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Reporting Centre Personnel Signature

Name: _____

NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200519/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200519/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: - 19/05/2020 00:27		Vide Report No.:		Station Diary No.: 5	
Informant's Particulars					
Name of Informant: TAN LEE GEAT			Address: APT BLK 804A KEAT HONG CLOSE #13-08 SINGAPORE 681804		
ID Type / ID No.: NRIC NO / S8138116Z			Contact No.: Home/Office: Mobile: 97410856		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 15/11/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/05/2020 22:15	Type of Location: Filter Lane
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG AVENUE 3 CHOA CHU KANG AVENUE 4 Filter lane from Choa Chu Kang Avenue 3 towards Choa Chu Kang Avenue 4				
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
PC5467Z	Bus/Coach/Minibus (School Children)	TOYOTA	High Roof Ace	White	Slightly Damaged	1
SMQ6009T	Car	TOYOTA	Voxy	Black	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200519/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200519/2000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6009T	NTUC Income Insurance Co-Operative Limited	5114412079	29/11/2019	28/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LEE GEAT		ID No. S8138116Z
Related Vehicle	SMQ6009T (Car)		Contact No. 97410856
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	NIL		Degree of Injury NIL

Brief Details.

On 19/05/2020 at about 2216hrs, I was driving my car (SMQ6009T) along Choa Chu Kang Avenue 3 towards Choa Chu Kang Avenue 4 going home. While proceeding, I slowed down my car (SMQ6009T) as I was approaching the pedestrian crossing and I came to a stop at the pedestrian crossing. Suddenly, I felt an impact from the rear of my car (SMQ6009T). I came out of my car (SMQ6009T) and discovered this car (PC5467Z) front hit on to my car (SMQ6009T) rear. Both parties took photo of the scene and the other driver told me to settle through our insurance. The other parties refused to exchange particulars with me. Nobody was injured during the accident, no government property damage, no police nor ambulance were at scene. I am lodging this report for record and insurance claims purposes.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200519/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200519/2000

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:

J/

Sgt 2 CHAN JUN WEI, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2020 00:27

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

