

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	05/06/2020 14:36
Date Of Accident	05/06/2020 09:30
Exact Location Of Accident	THIRD HOSPITAL AVENUE (SGH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

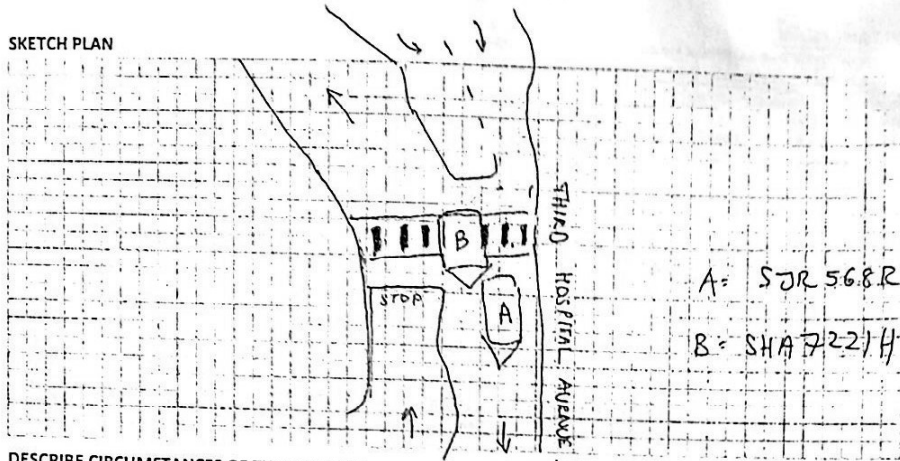
Vehicle Registration Number	SJR568R
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	2XXXXX813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90886483
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5115534467
Cover Note Number	
Driver	
Name of Driver	TAN HENG KUAN
NRIC No	SXXXX189D
Date Of Birth	05/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90886483
Fax Number	
Contact Number	OFFICE-90886483
Email Address	NOEMAIL

Address	APT BLK 703 HOUGANG AVENUE 2
Postcode	#03-191 SINGAPORE
Was driver an employee of the Insured's Company	530703
If No, Relationship of the Driver with the Insured	NO
Vehicle Registration Number of Driver's Own Vehicle	OTHER - HIRER
Insurance Company of Driver's Own Vehicle	-
	-
	-
	-
	-
	-
General Information of the Accident	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
REFER TO ATTACHED	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7221H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT

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.:

Kenneth

From

F



SINGAPORE
POLICE FORCE



T/20200605/2018

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20200605/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2020 12:17		Vide Report No.:		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: TAN HENG KUAN			Address: APT BLK 703 HOUGANG AVENUE 2 #03-191 SINGAPORE 530703		
ID Type / ID No.: NRIC NO / S1575189D			Contact No.: Home/Office: Mobile: 90886483		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 05/04/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 05/06/2020 09:30	Type of Location:
Location: Along Road 1 THIRD HOSPITAL AVENUE In front of Singapore National Eye Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SHA7221H	Car	HYUNDAI	Ioniq	Blue		0
SJR568R	Car	TOYOTA	Noah	Black	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20200605/2018

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20200605/2018

CONTINUATION OF REPORT

Driver:			
Name	TAN HENG KUAN	ID No.	S1575189D
Related Vehicle	SJR568R (Car)	Contact No.	90886483
Hospital/Clinic	STANFORD MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/06/2020	Date Discharge	05/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 05/06/2020 at about 0930hrs, I was driving my vehicle (SJR568R) and had just dropped off a passenger at the Singapore National Eye Centre. After moving off onto Third Hospital Avenue, the traffic along said road was heavy thus my vehicle was moving slowly. While at the zebra crossing located in front of the Eye Centre, a taxi (SHA7221H) which was travelling behind me tried to overtake my vehicle on my right. However, his vehicle then collided onto my vehicle's rear-right bumper.

The impact caused some dents and scratches at the said area. When I make a check with the driver, he just told me to go ahead and make a Police Report without saying much else. I wish to state that due to the collision, I sustained some pain on my back and neck area. I have since sought medical treatment and was given 3 days of MC. There is CCTV inside my vehicle. However, I am unsure if it had capture the accident.