

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	30/07/2020 18:36
Date Of Accident	29/07/2020 23:35
Exact Location Of Accident	SEMPAWANG RD TWDS CANBERRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH3611S
Insured/Policyholder	
Name Of Registered Owner	TOK HONG GEE
NRIC No	SXXXX612F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81250984
Alternative Phone No	OFFICE-81250984

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX 1.7 A
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079747340-04
Cover Note Number	

Driver

Name of Driver	TOK CHEE SEONG (ZHUO ZHIXIONG)
NRIC No	SXXXX560B
Date Of Birth	01/11/1977
Occupation	INDOOR
Date Of Driving Pass	28/06/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81250984
Fax Number	
Contact Number	OFFICE-81250984
Email Address	NOEMAIL

Address	BLK 269 YISHUN STREET 22 #04-10
Postcode	760269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200730/2009.

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	FBP6358X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. By the lodging 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.

Tok Hong Gee

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is NOT the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NIC/TIN No.:

Accident Sketch Plan

SKETCH PLAN


VEHICLE A SMH 3611C
VEHICLE B FEP 6358 X


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION
I/We declare the foregoing particulars are true in every respect

Tok Hong Gee
Policyholder's Signature
Date & Time:


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


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200730/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20200730/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 02:09		Vide Report No.: L/20200729/0203		Station Diary No.: 33
Informant's Particulars				
Name of Informant: TOK CHEE SEONG		Address: APT BLK 269 YISHUN STREET 22 #04-10 SINGAPORE 760269		
ID Type / ID No.: NRIC NO / S7730560B		Contact No.: Home/Office: Mobile: 81250984		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 01/11/1977	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ODD JOBS		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2020 23:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 1 SEMBAWANG ROAD Cross Junction of Yishun Avenue 1 X Sembawang Road X Mandai Avenue Lamp Post Number: 76				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6358X	Motorcycle				Slightly Damaged	1
SGH3611S	Car				Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200730/2009

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200730/2009

CONTINUATION OF REPORT

Driver				
Name	TOK CHEE SEONG		ID No.	S7730560B
Related Vehicle	NIL		Contact No.	81250984
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 29/07/2020 at about 2335hrs, I was driving vehicle SGH3611S along Sembawang Road towards Canberra Road on lane 2 of 4 lanes. My vehicle was then stationary at the junction of Sembawang Road X Yishun Avenue 1 X Mandai Ave as the traffic light showed Red at the said junction. When the traffic light turns green, I then move off to go straight towards Canberra Road. Unfortunately, at this point of time, I realized a motorcycle bearing plate number FBP6358X from the opposite direction had made a sudden right turn into Mandai Avenue towards Mandai Road. As such the front right bumper of my vehicle had collided with the head of the motorcycle causing The rider and his pillion to flung out from the motorcycle they were on. Only the front right bumper of my car was damaged.

Traffic Police came shortly after and Ambulance was also activated to assess injuries to both the rider and his pillion. Subsequently, both were conveyed to KTPH however I am unsure of the severity of the injuries. Both rider and pillion were conscious as observed by myself. I was then issued with a case card and advised to lodge a traffic accident report as soon as possible.

I wish to state that I am not injured and does not require any medical attention. I was also unable to retrieve the particulars of the rider due to the severity of the accident. There were no in car camera installed on my vehicle. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200730/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20200730/2009

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:

L /

Sgt 2 MUHAMMAD IRFAN SYAFI BIN MOHD
NOOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2020 02:09

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550020G / 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 : MNA120064550 Vehicle Registration No: SGH3611S
Name(as shown in NRIC) : TOK HONG GEE NRIC/FIN/Passport No : SXXXX612F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81250984
Email Address : _____
Date of Accident : 29/07/2020 Time of Accident : 23:35
Place of Accident : SEMBAWANG RD TWDS CANBERRA RD
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Amend driver name

Policyholder / Driver's Signature
Date:



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