

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	06/03/2020 13:37
Date Of Accident	05/03/2020 14:55
Exact Location Of Accident	LORONG 06 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7459U
Insured/Policyholder	
Name Of Registered Owner	PEH2RENT PTE. LTD,
Co Reg No	201838025W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62712252

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
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	YES
Policy Number	5109551694-01
Cover Note Number	

Driver

Name of Driver	POH AI LIN
NRIC No	S1642473J
Date Of Birth	07/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97764367
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 20 BALAM ROAD #07-174
Postcode	370020
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	HEAVY RAIN
Road Surface	WET

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: : GOJEK PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUANG 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

AS PER POLICE REPORT No.T/20200306/2043;

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	SLG3323U
Vehicle Make/Model/Colour	NISSAN / X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH EU JIN
NRIC/Passport Number	S8223323G
Contact Number	91829284
Address	

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

DETAILS OF INJURED PERSON 1

Name	POH AI LIN
Approximate Age	55
Injuries Sustain	-5DAYS MC-
Injured person in which vehicle?	SJX7459U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 20 BALAM ROAD #07-174
Postcode	370020

Accident Sketch Plan

SKETCH PLAN



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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:

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's Signature
Name:
NRIC/FIN No.:

06 MAR 2020

Accident Sketch Plan

SKETCH PLAN

Refer attached
(SIX 74594)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To Police Report

PEHRENT PTE LTD

DECLARATION

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



Policyholder's Signature
Date & Time:

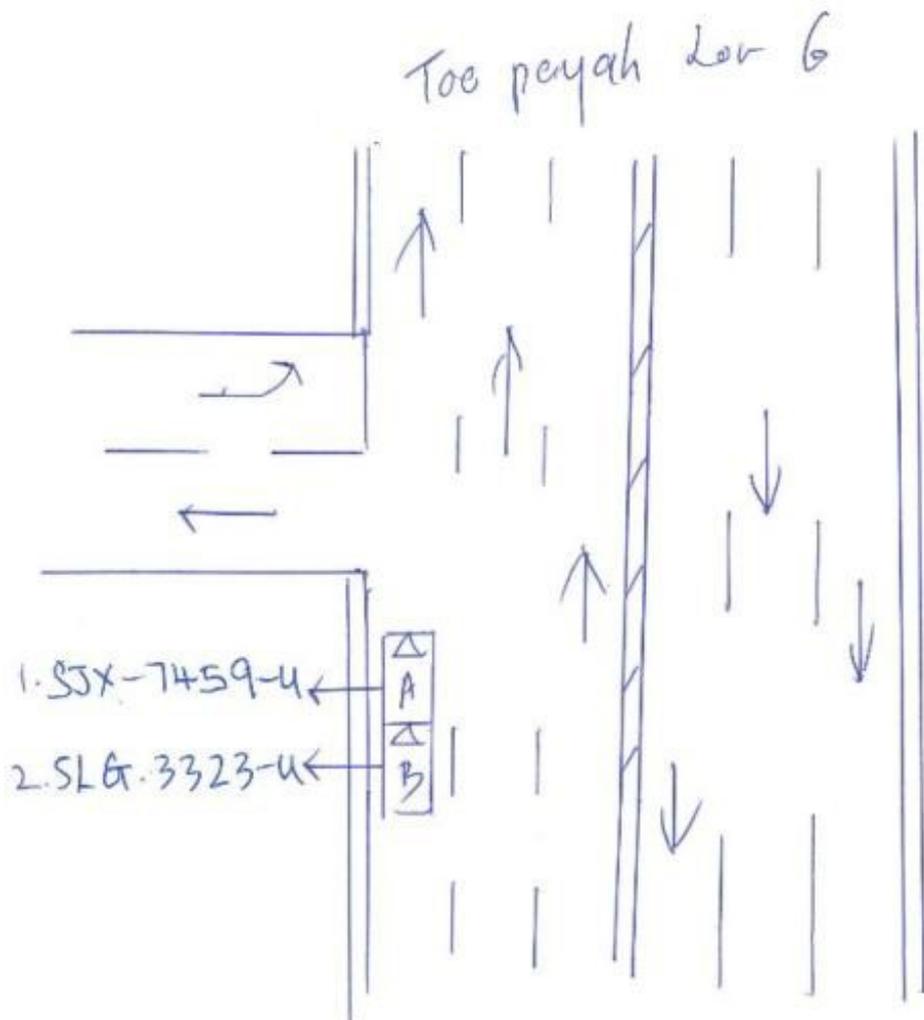
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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's Signature
Name:
NRIC/FIN No.:

06 MAR 2023

Accident Sketch Plan



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200306/2043

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

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Report No. T/20200306/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 11:24		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: POH AI LIN			Address: APT BLK 20 BALAM ROAD #07-174 SINGAPORE 370020		
ID Type / ID No.: NRIC NO / S1642473J			Contact No.: Home/Office: Mobile: 97764367		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 07/09/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2020 14:55	Type of Location: Straight Road
Location: Along Road 1 LORONG 6 TOA PAYOH LORONG 6 TOA PAYOH TURNING TO HDB HUB				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJX7459U	Car				Slightly Damaged	1
SLG3323U	Car					0

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200306/2043

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

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Report No. T/20200306/2043

CONTINUATION OF REPORT

Driver			
Name	POH AI LIN	ID No.	S1642473J
Related Vehicle	SJX7459U (Car)	Contact No.	97764367
Hospital/Clinic	CARE MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KOH EU JIN	ID No.	S8223323G
Related Vehicle	SLG3323U (Car)	Contact No.	91829284
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 05/03/2020 at about 1455hrs, I was driving along Lorong 6 Toa Payoh and wanted to turn left into HDB Hub to alight one passenger. At that point of time, the traffic flow was quite congestive turning left into HDB Hub. As my vehicle was moving at a very slow speed, I felt an impact on the rear of my vehicle. Upon further check, one vehicle, SLG3323U had hit onto the rear of my vehicle.

At that point of time, there was one passenger on board of my vehicle. The passenger did not complain of any injury until the accident was over. As a result of the collision, the rear of my vehicle was damage and dented.

There was no police or ambulance at scene. After the incident, I felt discomfort on my neck and lower back area, and numbness on my limbs as such I went to seek treatment and was given 5 days of MC.

Accident Sketch Plan



SINGAPORE POLICE FORCE



T/20200306/2043

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

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Report No. T/20200306/2043

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: F / Sgt 3 PHUA JIA JUN, MARK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2020 11:24
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 	Classification Of Case:
Authentication Stamp NP168 	

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 : MVA320029115 Vehicle Registration No: SJX7459U
Name(as shown in NRIC) : POH AI LIN NRIC/FIN/Passport No : S1642473J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 20 BALAM ROAD #07-174 Singapore(370020)
Contact (Tel) : Mobile No. : 83161845
Email Address :
Date of Accident : 05.03.2020 Time of Accident : 14:55
Place of Accident : LORONG 06 TOA PAYOH
Insurance Company: NTUC

(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:

UPDATE WEATHER: HEAVY RAIN

FILE BY SITI

Policyholder / Driver's Signature
Date: 05.03.2020

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature
Name: SITI
NRIC/FIN No.:
Date: 05.03.2020