

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	07/09/2020 13:42
Date Of Accident	04/09/2020 17:30
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMS552U
Insured/Policyholder	
Name Of Registered Owner	TRANS LEASING PTE LTD
Co Reg No	2XXXXX575K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	M0015914
Cover Note Number	
Driver	
Name of Driver	KAN TUCK LOONG
NRIC No	SXXXX295G
Date Of Birth	06/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82929520
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 546 PASIR RIS STREET 51 #09-17
Postcode	510546
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200904/7026

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ5864K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD RIDWAN BIN MOHAMAD MOKHTAR
NRIC/Passport Number	SXXXX865I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ2197Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH BENG KIN
NRIC/Passport Number	SXXXX999F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL9340D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM JUN SHENG
NRIC/Passport Number	SXXXX509F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KAN TUCK LOONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMS552U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


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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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls see attach 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.:



**SINGAPORE
POLICE FORCE**



T/20200904/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20200904/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 20:27			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: KAN TUCK LOONG			Address: 546 PASIR RIS STREET 51 #09-17 SINGAPORE 510546		
ID Type / ID No.: NRIC NO / S8173295G			Contact No.: Home/Office: Mobile: 82929520		
Nationality: MALAYSIAN			Email: KANTL1981@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 06/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2020 17:30	Type of Location: T-Junction
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ2197Y	Car	VOLKSWAGO N		Blue	Slightly Damaged	0
SJZ5864K	Car	HYUNDAI	Avante	Grey	Totally Damaged	0
SLL9340D	Car	MITSUBISHI	Lancer	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200904/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20200904/7026

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMS552U	Car	TOYOTA	Prius	Silver	Seriously Damaged	4

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LOH BENG KIN			ID No.	S1789999F
Related Vehicle	SJZ2197Y (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL
Driver					
Name	MOHAMAD RIDWAN BIN MOHAMAD MOKHTAR			ID No.	S7711865I
Related Vehicle	SJZ5864K (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL
Driver					
Name	SIM JUN SHENG			ID No.	S9746509F
Related Vehicle	SLL9340D (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL



**SINGAPORE
POLICE FORCE**



T/20200904/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200904/7026

CONTINUATION OF REPORT

Driver			
Name	KAN TUCK LOONG		ID No. S8173295G
Related Vehicle	SMS552U (Car)		Contact No. 82929520
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was travelling along last lane of TPE PIE before upper Changi when a car collided into me and caused my car to surge forward and hit another two cars in front. I have a video footage to substantiate my allegations. The order is as follows:

1st Car : SJZ2197Y

2nd Car: SLL9340D

3rd Car: SMS552U

4th Car: SJZ5864K



**SINGAPORE
POLICE FORCE**



T/20200904/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200904/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/09/2020 20:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20200905/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200905/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2020 16:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAN TUCK LOONG			Address: 546 PASIR RIS STREET 51 #09-17 SINGAPORE 510546		
ID Type / ID No.: NRIC NO / S8173295G			Contact No.: Home/Office: Mobile: 82929520		
Nationality: MALAYSIAN			Email: KANTL1981@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 06/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2020 17:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ2197Y	Car					0
SJZ5864K	Car					0
SLL9340D	Car					0
SMS552U	Car					4



**SINGAPORE
POLICE FORCE**



T/20200905/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200905/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAN TUCK LOONG	ID No.	S8173295G
Related Vehicle	SMS552U (Car)	Contact No.	82929520
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2020	Date	04/09/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I am making an amendment to the previous report that I've filed-
Report No. T/20200904/7026.

In the report stated -

1st Car : SJZ2197Y

2nd Car: SLL9340D

3rd Car: SMS552U

4th Car: SJZ5864K

It should be

1st Car: SLL9340D

2nd Car: SJZ2197Y

3rd Car: SMS552U

4th Car: SJZ5864K.

Under type of location:

T - Junction.

It should be straight road. That is all.



**SINGAPORE
POLICE FORCE**



T/20200905/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200905/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/09/2020 16:04

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



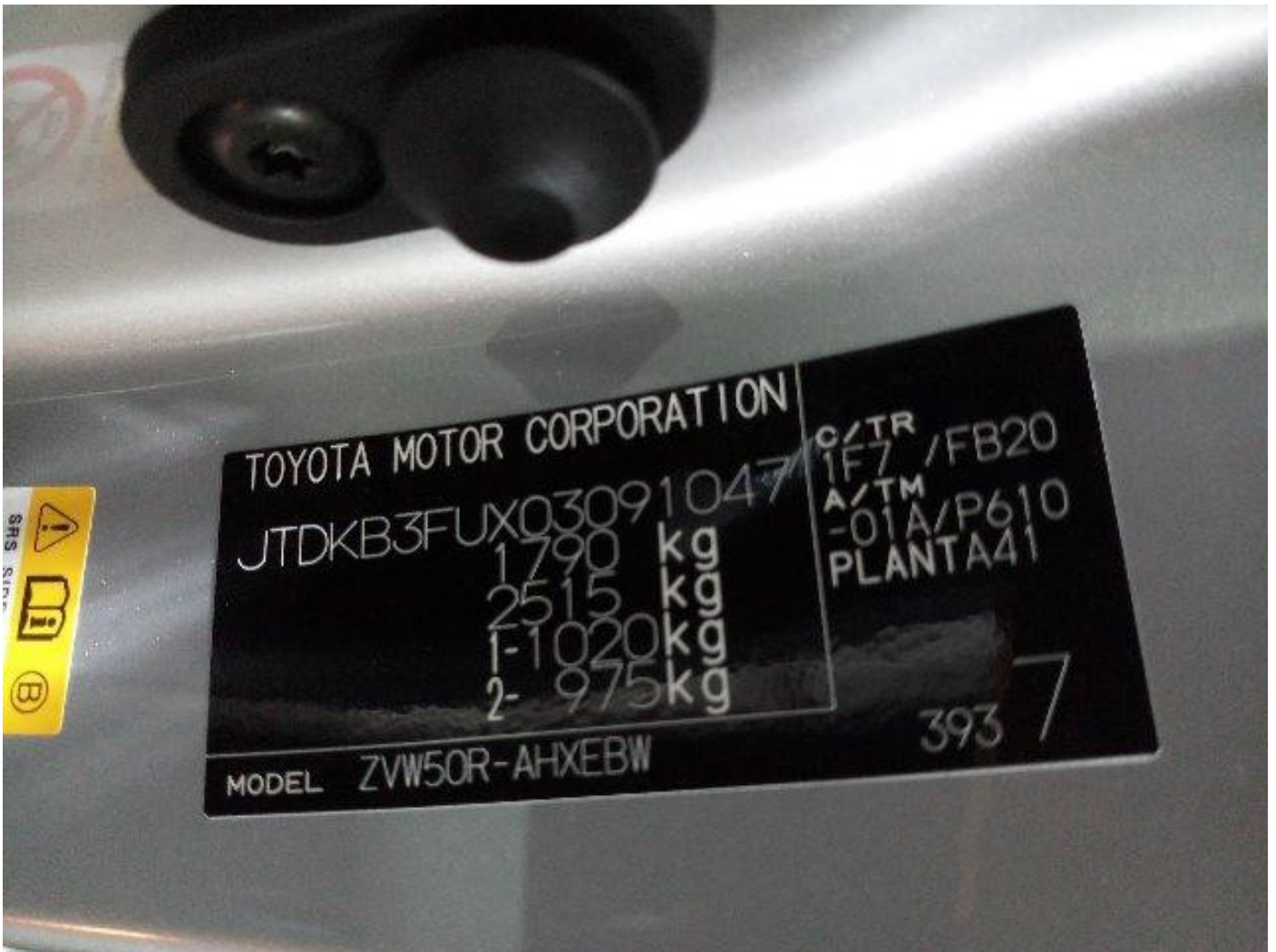
Accident Photo



Accident Photo



Accident Photo



Accident Photo

