

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 Submission 14/12/2020 19:25 (SGT)
Date of Accident 13/12/2020 12:12 (SGT)
Exact Location of Accident Tampines Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG2592R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SINCERE RENTAL
Company Reg No 5XXXX089E
Email Address rogerktm525@yahoo.com.sg
Mobile Phone No (Phone) +65-96833999
Alternative Phone No +65-96833999

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115335124
Cover Note Number -

DRIVER

Name of Driver LIN HOCK LEONG
NRIC No SXXXX605A
Date Of Birth 16/09/1950
Occupation Outdoor

Date Of Driving Pass	17/06/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96833999
Alt. Phone Number	-
Email Address	rogerktm525@yahoo.com.sg
Address	BLK 639 ROWELL ROAD
Address complement	#24-94
Postcode	200639
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN INDIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201214/2094

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	SLV8632R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAUZIAH BINTE ABU
NRIC No	SXXXX987D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN HOCK LEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG2592R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) SL6 2592R Tampines Ave 9
B) SLV 8632R

Describe Circumstances of the Accident

REFRUL TO POLICE REPORT 7/202012/4/2094

Declaration

We declare the foregoing particulars are true in every respect.



14/12/2020

























**SINGAPORE
POLICE FORCE**



T/20201214/2094

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20201214/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2020 16:57		Vide Report No.:	Station Diary No.: 47
Informant's Particulars			
Name of Informant: LIN HOCK LEONG		Address: APT BLK 639 ROWELL ROAD #24-04 SINGAPORE 200639	
ID Type / ID No.: NRIC NO / S0092605A		Contact No.: Home/Office: Mobile: 96833999	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 16/09/1950	Type of Informant: Driver
Race: Chinese		Language:	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: 13/12/2020 12:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SLG2592R	Car				Seriously Damaged	1
SLV8632R	Car				Slightly Damaged	1

**SINGAPORE
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T/20201214/2094

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3
Report No. T/20201214/2094

CONTINUATION OF REPORT

Brief Details.

On 13/12/20 at about 1212hrs, I was in my rented grab vehicle SLG2592R together with one passenger travelling along Tampines Avenue 9. I then slow down my vehicle speed as I was approaching to the school zone area. As there was a big hump on the road where I was heading to, I then further step on my brake. Suddenly, my vehicle was knocked by a vehicle SLV8632R from my rear. I then stopped my vehicle and went out to check on my vehicle. I then realized that my vehicle rear bonnet suffered from huge dent and also crack on the bonnet and bumper. I also spotted there was slight dent on the front bonnet of the vehicle SLV8632R due to the collision. I then exchange particulars with the vehicle owner namely Fauziah Binte Abu, S1315987D before we left.

I wished to state that I was suffering from neck and backache and my head knocked onto the door due to the collision. On 14/12/2020, I then went to A life clinic Pte Ltd at Novena Medical centre located at 10 Sinaran Dr #09-21 and I was given 7 days MC from 14/12/2020 to 20/12/2020 due to the injury. I wished to state that my vehicle has only front in car camera but however I do not know if the other party has any in car camera in her vehicle. I want to lodge a police report as my company require me to do so.



SINGAPORE
POLICE FORCE

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20201214/2094

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Report No. T/20201214/2094

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:
D /
Sgt 3 LIU FENGZHAN, GERRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUJ
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/12/2020 16:57

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-01 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
URN: 968950205 / GST Reg. No.: N460051735

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 : SN0820CE000D Vehicle Registration No: SLG 2592R
Name (as shown in NRIC) : Lin Hock Uong NRIC/FIN/Passport No : Sxxxxx6057A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96833999
Email Address : _____
Date of Accident : 13/12/2020 Time of Accident : 12:12
Place of Accident : Tampines Avenue 9
Insurance Company : ANIC

(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:

DRIVER LIABLE TO LIN HOCK UONG

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Refer to 1st page