

# 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	24/12/2020 13:50 (SGT)
Date of Accident	24/12/2020 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EDGEDALE PLAINS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7266Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KTCM UBER
Company Reg No	5XXXX383E
Email Address	ks_tong@yahoo.com
Mobile Phone No	(Phone) +65-96826070
Alternative Phone No	+65-96826070

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5094122376-03 (CLASSIC)
Cover Note Number	-

### DRIVER

Name of Driver	TONG KAH SOON
NRIC No	SXXXX305C
Date Of Birth	22/01/1969
Occupation	Outdoor

Date Of Driving Pass	03/04/1990
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96826070
Alt. Phone Number	-
Email Address	ks_tong@yahoo.com
Address	BLK 222A #14-215 SUMANG LANE MATILDA EDGE
Address complement	-
Postcode	821222
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER STATEMENT

REMARK:  
DIFFICULT TO OPEN OR CLOSE THE REAR BOOT.

(ATTENDED BY: JAMES NG)

#### 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	SJC4020G
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-



Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TAN KIAN GUAN
NRIC No	SXXXX784B
Contact Number	(Phone) +65-90697275
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	TONG KAH SOON
Address	BLK 222A #14-215 SUMANG LANE MATILDA EDGE
Address Complement	-
Post Code	821222
Approximate Age Years Old	51
Injuries Sustained	DISCOMFORT IN LOWER BACK WITH MUSCLE STRAIN
Injured person in which vehicle?	SKE7266Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN


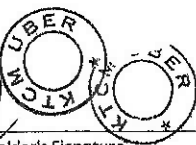
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## 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:

24.12.2020

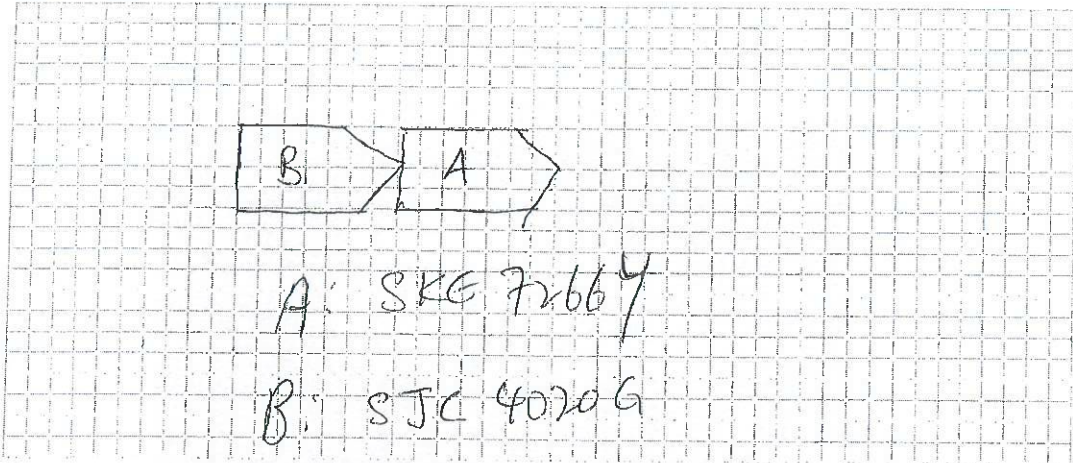
  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

24.12.2020

  
 Reporting Centre Personnel's Signature  
 Name:

NRIC/FIN No.:  
**NG WING KIN JAMES**  
 admin.vac@vicom.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BIK682A

After exiting a carpark barrier, stop at the white line waiting to go main road.

Suddenly a behind car SJC 4020G bang into me. Feel a strong impact

DECLARATION

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

Policyholder's Signature  
Date & Time: 24.12.2020



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24.12.2020

Reporting Centre Personnel's Signature  
Name: NG WING KIN JAMES  
NRIC/EIN No.:  
admin.vac@vicom.com.sg



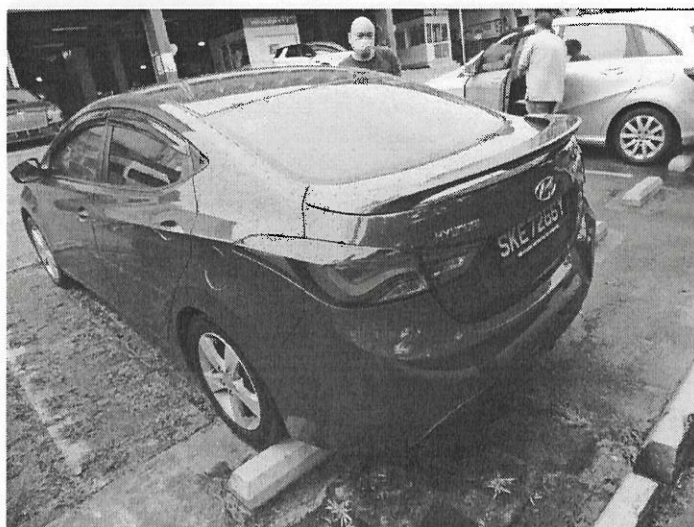
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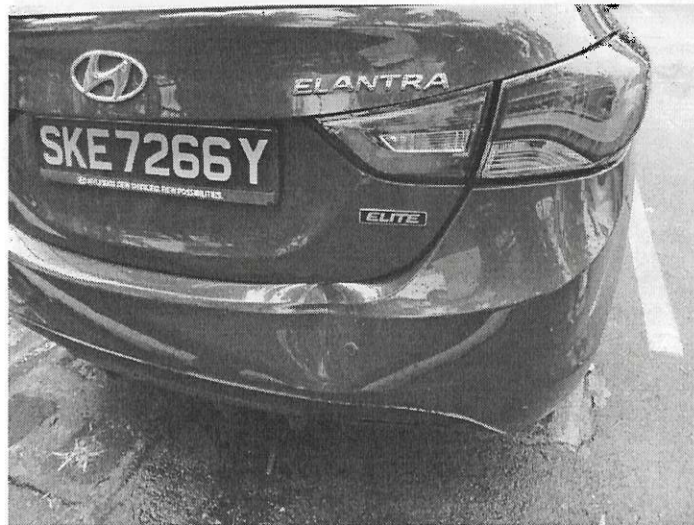
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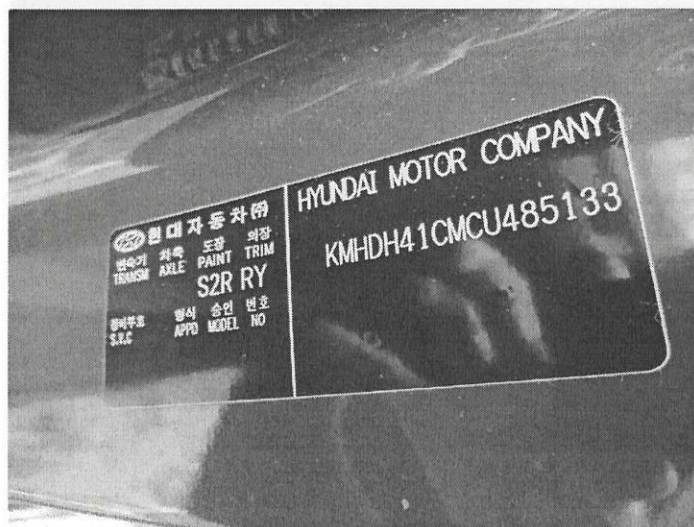




IMAGES #5









**SINGAPORE  
POLICE FORCE**



T/20201225/2052

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20201225/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/12/2020 16:16		Vide Report No.:		Station Diary No.: 45
<b>Informant's Particulars</b>				
Name of Informant: TONG KAH SOON		Address: APT BLK 222A SUMANG LANE #14-215 SINGAPORE 821222		
ID Type / ID No.: NRIC NO / S6902305C		Contact No.: Home/Office: Mobile: 96826070		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 22/01/1969	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2020 11:25	Type of Location: Bend
Location:  EDGEDALE PLAINS				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJC4020G	Car					0
SKE7266Y	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20201225/2052

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20201225/2052

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TONG KAH SOON		ID No. S6902305C
Related Vehicle	SKE7266Y (Car)		Contact No. 96826070
Hospital/Clinic	CENTRAL 24HRS CLINIC (HOUGANG)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	25/12/2020	Date Discharge	25/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN KIAN GUAN (CHEN JIANYUAN)		ID No. S7638784B
Related Vehicle	NIL		Contact No. 90697275
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.**

I am a Grab Driver of SKE7266Y. On 24/12/2020 at about 1125hrs, while I was driving out to the main road of Blk 648A Edgedale Plains, right in front of Blk 682A, one motorcar bearing registration number SJC4020G banged on to the rear of my vehicle. There was no one onboard my vehicle.

We then alighted and exchange particulars. Due to the impact, my vehicle sustain dents and the rear car boot was unable to open. On 25/12/2020, I felt discomfort on the lower back and decided to proceed down to the clinic for a check. I then told by my doctor that I am having muscle strains and suggested me to rest at home.

Subsequently, I was given with 3 days of Medical Leave. That is all.





**SINGAPORE  
POLICE FORCE**



T/20201225/2052

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20201225/2052

## 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 /  
Staff Sgt FARHAN BIN ABU

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/12/2020 16:16

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

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

PRIVATE HIRE





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: S66SS0020G / 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 : \_\_\_\_\_ Vehicle Registration No: 5KE 7266Y  
Name (as shown in NRIC) : Tong Kah Soon NRIC/FIN/Passport No : 3502  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96826070  
Email Address : \_\_\_\_\_  
Date of Accident : 24/12 Time of Accident : 1125  
Place of Accident : Edgedale plains  
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:

Include Police Report & Injury Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature

Date: 26 DEC 2020

26 DEC 2020



Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES

Date: \_\_\_\_\_  
admin.vac@vicom.com.sg

