

# 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 ..... 02/01/2021 14:08 (SGT)  
Date of Accident ..... 01/01/2021 15:00 (SGT)  
Exact Location of Accident ..... Kovan Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD6245H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH JUN HWEE  
NRIC No ..... SXXXX791H  
Email Address ..... francistoh91@gmail.com  
Mobile Phone No ..... (Phone) +65-83393766  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120071306  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOH JUN HWEE  
NRIC No ..... SXXXX791H  
Date Of Birth ..... 16/10/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	31/10/2014
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83393766
Alt. Phone Number .....	+--
Email Address .....	francistoh91@gmail.com
Address .....	BLK 188B RIVERVALE DRIVE
Address complement .....	#17-1066
Postcode .....	542188
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	LEK YI LING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210101/2064.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP196E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	EZ59K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
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 .....	TOH JUN HWEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLD6245H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	LEK YI LING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLD6245H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

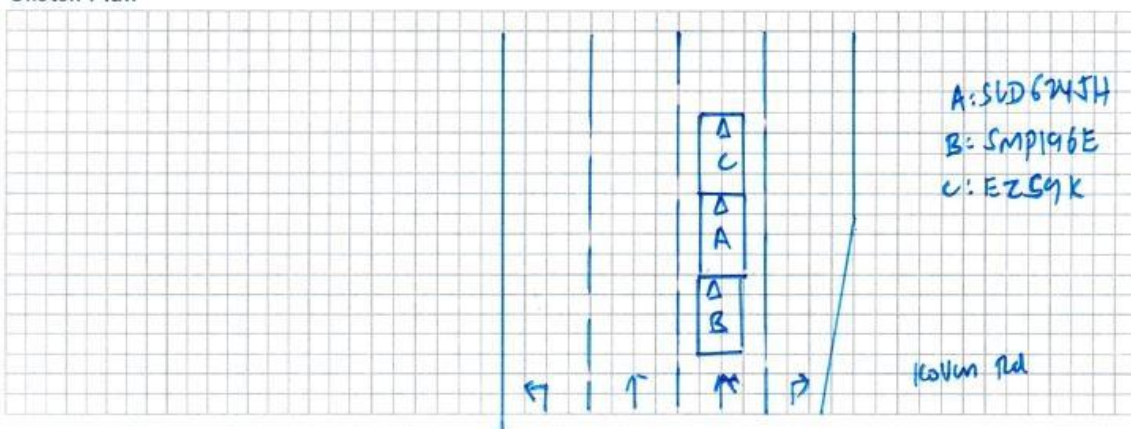
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgement of this 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**





### Declaration

Policyholder's Signature / Date &  
Time

Witnessed by Reporting Centre  
Personnel





































# SINGAPORE POLICE FORCE



T/20210101/2064

1 of 4

Report No. T/20210101/2064

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 19:54	Vide Report No.:	Station Diary No.: 86
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### Informant's Particulars

Name of Informant: FRANCIS TOH JUN HWEE			Address: APT BLK 188B RIVERVALE DRIVE #17-1066 SINGAPORE 542188		
ID Type / ID No.: NRIC NO / S9137791H			Contact No.: Home/Office: Mobile: 83393766		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 16/10/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: NAVY OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2021 15:00	Type of Location: Traffic Light
Location:  KOVAN ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
EZ59K	Car			Black	Slightly Damaged	1
SLD6245H	Car	HONDA	VEZEL 1.5X A	Black	Slightly Damaged	1
SMP196E	Car			Blue	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210101/2064

2 of 4

Police Station Of Origin:  
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545025  
Tel No: 1800-343 8999

Report No. T/20210101/2064

**CONTINUATION OF REPORT****Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD6245H	NTUC Income Insurance Co-Operative Limited	5120071306	01/12/2020	22/12/2021

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	MR TAN	ID No.	NIL
Related Vehicle	EZ59K (Car)	Contact No.	92768655
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

**Driver**

Name	FRANCIS TOH JUN HWEE	ID No.	S9137791H
Related Vehicle	SLD6245H (Car)	Contact No.	83393766
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2021	Date Discharge	01/01/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Passenger**

Name	LEK YI LING	ID No.	S9400899I
Related Vehicle	SLD6245H (Car)	Contact No.	90914410
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/01/2021	Date Discharge	01/01/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20210101/2064

3 of 4

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210101/2064

**CONTINUATION OF REPORT**

Driver			
Name	MR KOH	ID No.	NIL
Related Vehicle	SMP196E (Car)	Contact No.	87976748
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 01/01/2021 at about 1500hrs, I was driving my vehicle (bearing registration plate number: SLD6245H) along Kovan Road towards Hougang Avenue 2. At that point of time, the traffic light was red, all the vehicles were stationary. When the traffic light turned green, immediately I felt an impact on the back of my vehicle which caused my vehicle to lean forward and knocked into the rear of the vehicle in front of me. It caused a chain collision (my vehicle was in the middle).

We alighted from the vehicle and made a check, no one was injured. We exchanged particulars and left the vicinity. No one was conveyed to hospital, no traffic police attended to our incident. My vehicle sustained damages on the front and rear. There were dents on both sides and the front of my vehicle plate number was slightly detached.

Subsequently, myself and my passenger went to see a doctor at Sengkang General Hospital and we were given 4 days of medical leave each.

I sustained pain on my back and the back of my neck while my passenger sustained a bruise on her lower lip and her back.

I am also lodging this report for vehicle and medical insurance claim purposes.



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545025  
Tel No: 1800-343 8999

4 of 4

Report No. T/20210101/2064

## 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 2 LEE LI TING, JOLYNE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2021 19:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE  
SINGAPORE

SN159

SIGNATURE