

# 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 ..... 06/01/2021 10:55 (SGT)  
Date of Accident ..... 03/01/2021 21:30 (SGT)  
Exact Location of Accident ..... Selegie Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGX9710R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROYAL STAR TRANSPORT  
Company Reg No ..... 5XXXX501D  
Email Address ..... majeremyyeo@gmail.com  
Mobile Phone No ..... (Phone) +65-91075928  
Alternative Phone No ..... +65-91075928

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 - Reporting only  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5108686394-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KAU JUN YAN  
NRIC No ..... SXXXX804C  
Date Of Birth ..... 03/11/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	31/01/2013
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91233827
Alt. Phone Number .....	-
Email Address .....	kaujunyan@gmail.com
Address .....	BLK 53 COMMONWEALTH DRIVE
Address complement .....	#17-558
Postcode .....	142053
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Alexandra Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004739999
Alt. Police Station Phone No .....	(Fax) +65-64713569
Police Station Address .....	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210105/2053

#### 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 .....	SMV8740A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOH ZI XIANG
Contact Number .....	(Phone) +65-90993535
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



**Describe Circumstances of the Accident**

*P/s refer to the police report: 7/20210105/2053*

**Declaration**

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



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature] 06/01/21*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210105/2053

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

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Report No. T/20210105/2053

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KAU JUN YAN		ID No. S9240804C
Related Vehicle	SGX9710R (Car)		Contact No. 91233827
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SOH ZI XIANG		ID No. NIL
Related Vehicle	SMV8740A (Car)		Contact No. 90993535
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 the mentioned date & time, I was driving one rented vehicle, registration SGX9710R, with two passengers seated at the rear seat. I was driving along Selegie Road towards Sophia Road when upon reaching Peace Centre one vehicle ( SMV 8740A) which was driving in front of my vehicle suddenly made an emergency brake. I managed to stop on time to prevent from colliding from the said vehicle. I observed that the vehicle drove forward and stopped at the side. As I felt that my vehicle was quite closed, I also decide to stop to make a check. While both vehicles stopped at the side, we checked the vehicles. I spotted a light scratch marks at the rear left side of the said vehicle. The bumper was intact and there was no dent at the other part of the vehicle. I checked the entire vehicle and there was no other damages. The driver claimed that earlier on there was someone who had dashed across the street thus he applied the emergency brake. He informed me that he wanted private settlement however I told him that there was no dent or other major damage thus I will not accept his request. I had offered to erased off the mentioned minor scartches but he refused. We exchange particulars and drove off. Two days later he called me and requested for a private settlement however I refused and felt that it was not right. He claimed that the bumper of his vehicle was raised due to the incident after two days. I have video evidence that the bumper was not damaged and intact. I will inform the rental company after this report.

















**SINGAPORE  
POLICE FORCE**



T/20210105/2053

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Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20210105/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2021 14:32		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: KAU JUN YAN			Address: APT BLK 53 COMMONWEALTH DRIVE #17-558 SINGAPORE 142053		
ID Type / ID No.: NRIC NO / S9240804C			Contact No.: Home/Office:		Mobile: 91233827
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 03/11/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 03/01/2021 21:30	Type of Location: Straight Road
Location:  SELEGIE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SGX9710R	Car	MITSUBISHI	LANCER EX	Blue	Slightly Damaged	2
SMV8740A	Car	HONDA	CIVIC	Blue	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20210105/2053

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Report No. T/20210105/2053

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KAU JUN YAN		ID No. S9240804C
Related Vehicle	SGX9710R (Car)		Contact No. 91233827
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SOH ZI XIANG		ID No. NIL
Related Vehicle	SMV8740A (Car)		Contact No. 90993535
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

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T/20210105/2053

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Report No. T/20210105/2053

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140462  
Tel No: 1800-4739999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

*Lu*

**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 2 MUHAMMAD ZAMIR BIN MAZELAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/01/2021 14:32

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

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

