

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 07/01/2021 13:33 (SGT)
Date of Accident 06/01/2021 20:25 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information twds sle
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY9539D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOK SOON PENG
Passport No/FIN GXXXX038R
Email Address koksoonpeng@gmail.com
Mobile Phone No (Phone) +65-89491258
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 5119706941
Cover Note Number -

DRIVER

Name of Driver KOK SOON PENG
Passport No/FIN GXXXX038R
Date Of Birth 02/12/1990
Occupation Outdoor

Date Of Driving Pass	27/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89491258
Alt. Phone Number	+--
Email Address	koksoonpeng@gmail.com
Address	BLK 53 COMMONWEALTH DRIVE
Address complement	#29-558
Postcode	142053
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	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210106/7081.

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	YP7200M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 KOK SOON PENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK
Injured person in which vehicle? SJY9539D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

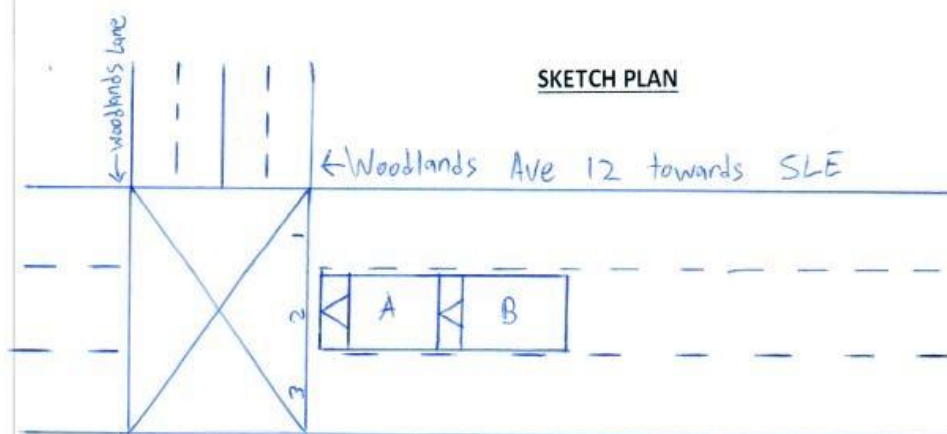
SKETCH PLAN**IMPORTANT NOTICE**

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:



Veh A: SJY9539D
Veh B: YP7200M

Refer to police report T/20210106/7081.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

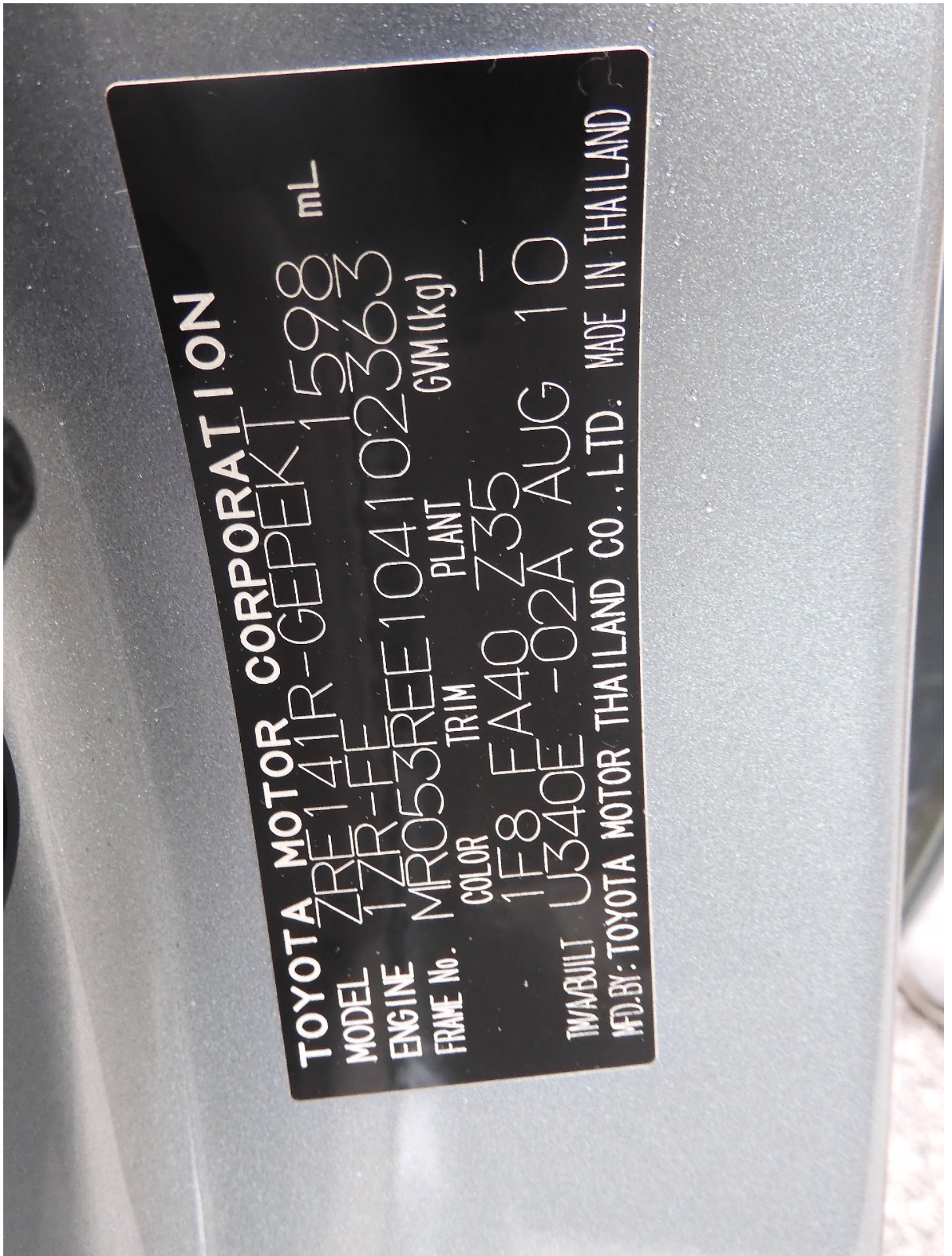
NRIC/ FIN No:















**SINGAPORE
POLICE FORCE**



T/20210106/7081

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

1 of 3

Report No. T/20210106/7081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 23:35			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: KOK SOON PENG			Address:		
ID Type / ID No.: FIN NO / G4000038R			Contact No.: Home/Office: Mobile: 89491258		
Nationality: MALAYSIAN			Email: KOKSOONPENG@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 02/12/1990	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales Executive			Driving Licence Information: Class: 3		Date of Expiry: 26/10/2025

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2021 20:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJY9539D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0
YP7200M	Lorry	ISUZU	NNR85UH4 A			0

Details of Vehicle Insurance

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



T/20210106/7081

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

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Report No. T/20210106/7081

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY9539D	NTUC Income Insurance Co-Operative Limited	5119706941	06/11/2020	05/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK SOON PENG		ID No. G4000038R
Related Vehicle	SJY9539D (Car)		Contact No. 89491258
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: 26/10/2025
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I was driving my vehicle (SJY9539D) home from work. I was driving on lane 2 along woodlands ave 12 towards SLE. As i approached the traffic junction, I started slowing down as the traffic lights were red. While i came to a stop at the second lane of the traffic junction, I felt a huge impact from my rear. I alighted my vehicle and realised that YP7200M had rear ended my vehicle. We moved our vehicle to the left most side of the road to avoid congestion. We exchanged particulars and left the scene shortly. After which i went to Unihealth Toa Payoh as I was feeling pain at my neck and received 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210106/7081

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

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Report No. T/20210106/7081

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 /
BOON YEN KIAN
Contact No.: 65476172

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:
06/01/2021 23:35

Classification Of Case: