

# 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 ..... 11/01/2021 16:20 (SGT)  
Date of Accident ..... 08/01/2021 16:00 (SGT)  
Exact Location of Accident ..... Ubi Cres, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB2880D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEMPERATURE SENSORS SERVICES PTE LTD  
Company Reg No ..... 1XXXXX164E  
Email Address ..... gabriel@tsspl.com  
Mobile Phone No ..... (Phone) +65-67432000  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5110305644-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KONG KOK LEONG (GONG GUOLIANG)  
NRIC No ..... SXXXX415Z  
Date Of Birth ..... 21/10/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	01/12/1999
Driving experience .....	21 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91096295
Alt. Phone Number .....	-
Email Address .....	gabriel@tsspl.com
Address .....	27 JALAN SENANG
Address complement .....	-
Postcode .....	418315
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
Weather Conditions .....	Clear
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210108/2164.

#### 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 .....	SHA2386Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	SLQ1163A
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

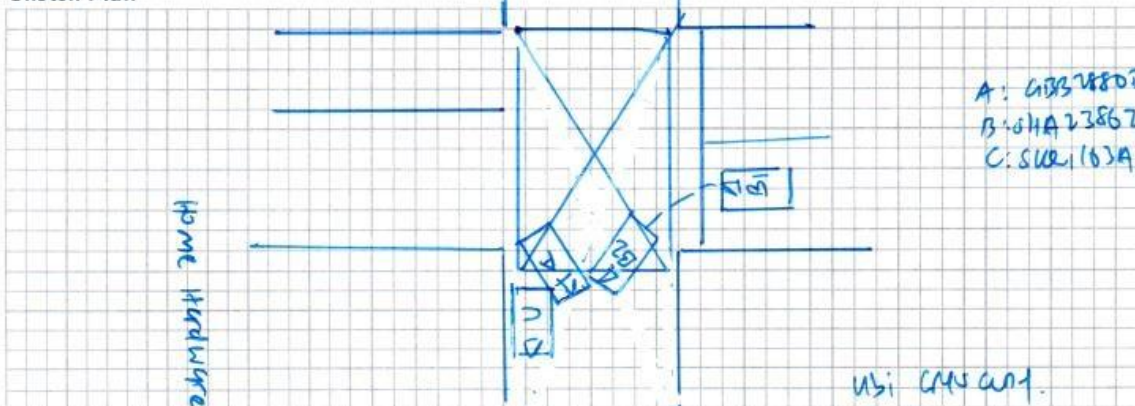
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. The 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.
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 &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

Refer to police report - 7/22/0108/2164.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel































# SINGAPORE POLICE FORCE



T/20210108/2164

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20210108/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 23:38		Vide Report No.: G/20210108/0152		Station Diary No.: 45	
<b>Informant's Particulars</b>					
Name of Informant: KONG KOK LEONG			Address: 27 JALAN SENANG SINGAPORE 418315		
ID Type / ID No.: NRIC NO / S7831415Z			Contact No.: Home/Office: Mobile: 91096295		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 21/10/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2021 17:00	Type of Location: yellow box
Location:  UBI CRESCENT				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Side to Head area				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2880D	Van				Slightly Damaged	0
SHA2386Z	Car				Slightly Damaged	2
SLQ1163A	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210108/2164

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20210108/2164

**CONTINUATION OF REPORT**

**Brief Details.**

On 08/01/2021 at about 1700hrs, I was driving my van (GBB 2880D) out of the building (Horme Hardware) and checked that all was cleared before I turned right and got into the yellow box. However, a taxi (SHA 2386Z) came and collided to my vehicle. The taxi right rear passenger door area collided on the front portion of my vehicle. Due to the impact of the collision, my vehicle surged to the right and collided to another vehicle, A BMW (SLQ 1163A) rear.

The driver side window of my van was shattered and the left front area of my van was dented. The taxi driver was conveyed while his two passengers left his vehicle not injured. I was not injured.

Traffic police was also at scene. My front camera SD card was given to the Traffic police officer.

**SINGAPORE  
POLICE FORCE**

T/20210108/2164

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20210108/2164

**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:  
G /  
Sgt 3 MEGGY TOR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt QHAIRIL BIN ZULKEFLEE  
Contact No.: 65476187

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
08/01/2021 23:38

Classification Of Case:



**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 : SN09211B0009 Vehicle Registration No: 4BB2880D  
 Name(as shown in NRIC) : Temperature Sensors Services Pte Ltd NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : 67432000 Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 8/1/11 Time of Accident : 16:00  
 Place of Accident : Ubi Crescent  
 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:

Amend to own damage claim.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature  
 Date:

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

GIARMC addendumform\_V3