

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 18/01/2021 17:43 (SGT)
Date of Accident 16/01/2021 11:15 (SGT)
Exact Location of Accident Tampines Street 92, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG3972U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 168 AUTO SERVICES PTE LTD
Company Reg No 2XXXXX944C
Email Address thiamhenghuat@gmail.com
Mobile Phone No (Phone) +65-82636295
Alternative Phone No +65-82636295

VEHICLE PARTICULARS

Manufacturer Nissan
Model Latio
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 ThirdParty
Fleet Policy No
Policy Number 5115331868-01
Cover Note Number -

DRIVER

Name of Driver POH KIAN PAK
NRIC No SXXXX502B
Date Of Birth 27/11/1967
Occupation Outdoor

Date Of Driving Pass	11/08/1997
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-882099921
Alt. Phone Number	-
Email Address	thiamhenghuat@gmail.com
Address	BLK 707 BEDOK NORTH ROAD #09-3400
Address complement	-
Postcode	470707
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOJEK PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP.

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	SBF9797U
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	POH KIAN PAK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJG3972U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 sforesaid.
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.



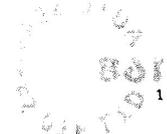
[Handwritten Signature]



Policyholder's Signature
Date & Time:

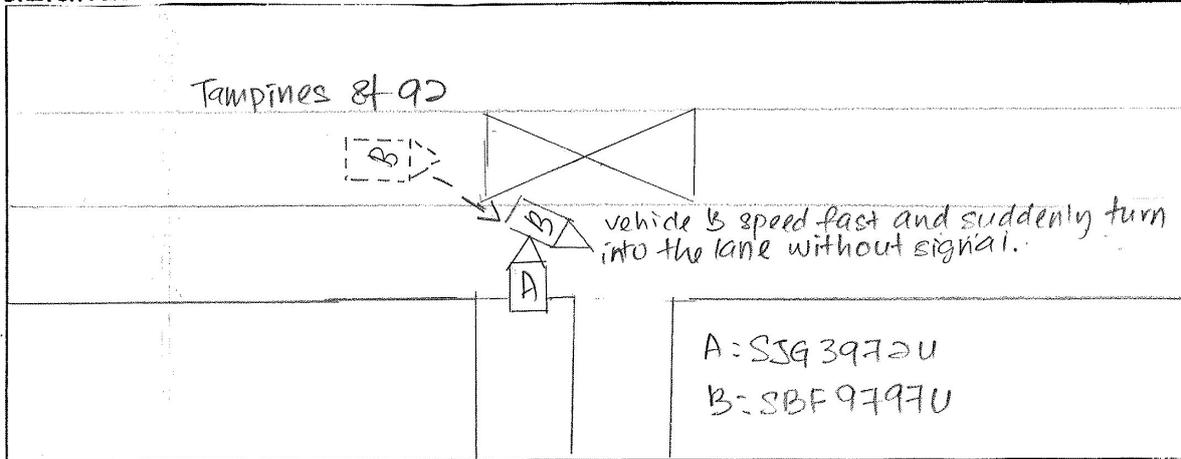
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Date of accident: 16.1.2021 Time: 11.15am Location: Tampines 81 92
 Veh A: SJG 3972U Veh B: SBF 9797U No of pax: 2 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

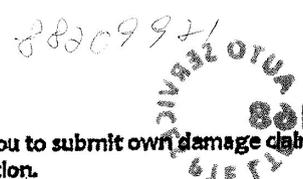
On 16.1.2021 at about 11.15am, I was driving my car SJG 3972U and a male passenger onboard with me at the time. When I came to a T-junction, I slowly turn right to the main road after checking that is not on coming car. Suddenly a mercedes with bearing carplate number SBF 9797U just turn into the lane with speeding fast, and hit my front car. we alighted to check without on the signal

The damaged

- Claim OD/TP at Falcon-Air Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address : kdellie@25500@gmail.com
 & myself :
 Email address :

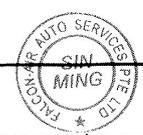


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

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 Policyholder's Signature: _____ Date & Time: _____
 Driver's Signature (if driver is not the policyholder): _____ Date & Time: _____
 Reporting Centre Personnel's Signature: _____ Name: _____ NRIC/FIN No.: _____














**SINGAPORE
POLICE FORCE**


T/20210118/2078

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210118/2078

CONTINUATION OF REPORT

Driver			
Name	POH KIAN PAK	ID No.	S1825502B
Related Vehicle	SJG3972U (Car)	Contact No.	88209921
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/01/2021	Date Discharge	18/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 16/01/2021 at about 1115hrs, I was driving my vehicle(SJG3972U) along Tampines St 92. I had a passenger seated on the rear left side of my vehicle. As I approached a T-Junction, I stepped on my brakes and vehicle slowly came to a stop. I signalled to turn right then waited for the road to be clear before making a turn. As the road cleared up, I slowly inched forward to turn right. All of a sudden a vehicle(SBF9797U) on the main road appeared very fast and turned right without signalling. The vehicle made a turn into my lane. As such, the front portion of my vehicle collided onto the front right portion of the vehicle.

After the collision, I made a check on my passenger and he informed me that he was alright. I then alighted from my vehicle and made a check on my vehicle. I then took some photos of the incident and damages. I then informed the other driver that we should move our car to the side of the road so as not to cause any obstruction. We then moved our vehicle to the side and discussed further about the incident. After which, we went on our separate ways. My passenger then took another vehicle to get to his destination. I have in car camera and I have the footage of the incident. Due to the incident, I felt pain on the back of my neck, shoulder and back. As such, I went to seek medical assistance on 18/01/2021 and was given 5 days of MC. I am lodging this report for Insurance claims purposes and for follow up actions by Traffic Police. The damages to my vehicle are front bumper and plate number dented.



**SINGAPORE
POLICE FORCE**



T/20210118/2078

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210118/2078

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: E / Sgt 2 QAMARUL FITRI BIN JEFFREY
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: 
Date/Time: 18/01/2021 14:03
Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

