

# 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 ..... 26/01/2021 16:36 (SGT)  
Date of Accident ..... 25/01/2021 15:30 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TWDS ECP B4 LOWER DELTA RD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ2804R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... INDO SUMATRA  
Company Reg No ..... 5XXXX329A  
Email Address ..... indo.sumatra.cars@gmail.com  
Mobile Phone No ..... (Phone) +65-97126266  
Alternative Phone No ..... +65-97126266

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Voxy  
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 - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5113825625-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEONG TIAN HOCK  
NRIC No ..... SXXXX680A  
Date Of Birth ..... 16/07/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/11/2005
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98243848
Alt. Phone Number .....	-
Email Address .....	cheongtianhock@gmail.com
Address .....	BLK 253 PASIR RIS ST 21
Address complement .....	#05-219
Postcode .....	510253
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 .....	Raining
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210125/2112

#### 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 .....	SHC6242T
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	CHEONG TIAN HOCK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMQ2804R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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 & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) 2MQ 2804 R.

(B) SHC 6242 T.

AYE towards ECP before Lower Delta Road Exit.

**Describe Circumstances of the Accident**

On 25/01/2021 at @ 1530 hrs, I was travelling in my vehicle (SMQ 2804R) along AYE towards ECP before Lower Delta Road exit on the center lane. There was an accident on the extreme right lane and all cars were moving very slowly. Suddenly, a taxi (SHC 6242T) from behind collided onto the rear portion of my vehicle.

**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/20210125/2112

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210125/2112

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEONG TIAN HOCK	ID No.	S1286680A
Related Vehicle	SMQ2804R (Car)	Contact No.	98243848
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/01/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 25/01/2021 at about 1530hrs, I was driving my vehicle SMQ2804R along AYE towards ECP before Lower Delta Rd exit on the centre lane with 3 passengers. There was an accident on the extreme right lane and all cars was moving very slowly. While driving at the said location, one vehicle bearing SHC6242T collided into the rear of my vehicle. I manage to exchange particulars with the other drivers and took photos of the damages.

I make a check with the 3 passenger and they did not require any medical assistance at that point of time.

I went to the clinic and received 5 days of MC from 25/01/2021 to 29/01/2021.

That is all.


















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T/20210125/2112

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210125/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/01/2021 19:55	Vide Report No.:	Station Diary No.: 78
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**Informant's Particulars**

Name of Informant: CHEONG TIAN HOCK			Address: APT BLK 253 PASIR RIS STREET 21 #05-219 SINGAPORE 510253	
ID Type / ID No.: NRIC NO / S1286680A			Contact No.: Home/Office: Mobile: 98243848	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 16/07/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2021 15:30	Type of Location:
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SHC6242T	Car					0
SMQ2804R	Car				Seriously Damaged	3

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE



T/20210125/2112

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210125/2112

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEONG TIAN HOCK	ID No.	S1286680A
Related Vehicle	SMQ2804R (Car)	Contact No.	98243848
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/01/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 25/01/2021 at about 1530hrs, I was driving my vehicle SMQ2804R along AYE towards ECP before Lower Delta Rd exit on the centre lane with 3 passengers. There was an accident on the extreme right lane and all cars was moving very slowly. While driving at the said location, one vehicle bearing SHC6242T collided into the rear of my vehicle. I manage to exchange particulars with the other drivers and took photos of the damages.

I make a check with the 3 passenger and they did not require any medical assistance at that point of time.

I went to the clinic and received 5 days of MC from 25/01/2021 to 29/01/2021.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20210125/2112

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210125/2112

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 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/01/2021 19:55

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Classification Of Case:

Authentication Stamp  
NP168

