

# 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 12:39 (SGT)  
Date of Accident ..... 25/01/2021 16:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CENTRAL EXCHANGE GREEN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG2479D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SOYGOOD ENTERPRISE  
Company Reg No ..... 5XXXX943E  
Email Address ..... soygoodjackie1188@gmail.com  
Mobile Phone No ..... (Phone) +65-90211811  
Alternative Phone No ..... +65-90211811

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... TOYOTA / HIACE 3.0 DX AUTO  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5092305877-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIM ANG POW  
NRIC No ..... SXXXX703A  
Date Of Birth ..... 11/05/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/02/1977
Driving experience .....	43 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90211811
Alt. Phone Number .....	-
Email Address .....	soygoodjackie1188@gmail.com
Address .....	26 TELOK BLANGAH CRESCENT #05-85
Address complement .....	-
Postcode .....	090026
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 - Head on collision
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

AS PER POLICE REPORT No.T/20210125/7045;

#### 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 .....	SKN4874P
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	MERCEDES BENZ / B180 (R16 BI)
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 .....	SIM ANG PHOW
Address .....	26 TELOK BLANGAH CRESCENT #05-85
Address Complement .....	-
Post Code .....	090026
Approximate Age Years Old .....	61
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBG2479D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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.



IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

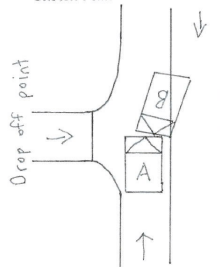
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

26 JAN 2021

Sketch Plan



A = G6G 2479D  
B = 3KN4874P



























**SINGAPORE  
POLICE FORCE**



T/20210125/7045

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

1 of 3  
Report No. T/20210125/7045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/01/2021 21:19	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SIM ANG PHOW			Address: 26 TELOK BLANGAH CRESCENT #05-85 SINGAPORE 090026	
ID Type / ID No.: NRIC NO / S1372703A			Contact No.: Home/Office:	Mobile: 90211811
Nationality: SINGAPORE CITIZEN			Email: soygoodjackie1188@gmail.com	
Sex: Male	Age: 61	Date of Birth: 11/05/1959	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2021 16:45	Type of Location: Straight Road
Location:  CENTRAL EXCHANGE GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG2479D	Van					0
SKN4874P	Car					0

**Details of Person Involved**

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



**SINGAPORE  
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T/20210125/7045

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

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Report No. T/20210125/7045

**CONTINUATION OF REPORT**

Driver			
Name	SIM ANG PHOW	ID No.	S1372703A
Related Vehicle	GBG2479D (Van)	Contact No.	90211811
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/01/2021	Date	25/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date & time, I vehicle A (GBG2479D) was travelling straight on the stated venue, it was a one lane only road. Suddenly, vehicle B (SKN4874P) from the opposite lane swerve into my lane and collided onto my vehicle front portion causing damages. I felt uncomfortable and thus seek medical consultation.



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Traffic Police  
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Tel No: 65470000



T/20210125/7045

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Report No. T/20210125/7045

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 / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

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:  
25/01/2021 21:19

Classification Of Case: