

# 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 ..... 01/02/2021 19:01 (SGT)  
Date of Accident ..... 30/01/2021 17:45 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TWDS TUAS B4 JLN EUNOS EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM8274B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TIAW WEI TECK (ZHANG WEIDE)  
NRIC No ..... SXXXX665F  
Email Address ..... victortiaw@hotmail.com  
Mobile Phone No ..... (Phone) +65-98369171  
Alternative Phone No ..... +65-98369171

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 5110921013-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TIAW WEI TECK (ZHANG WEIDE)  
NRIC No ..... SXXXX665F  
Date Of Birth ..... 06/03/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/02/1999
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98369171
Alt. Phone Number .....	+65-98369171
Email Address .....	victortiaw@hotmail.com
Address .....	BLK 350A CANBERRA ROAD
Address complement .....	#04-325
Postcode .....	751350
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHRYSTLE KUEK YING CHING
Gender .....	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SKD9398S
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 .....	TIAW WEI TECK (ZHANG WEIDE)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMM8274B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHRYSTLE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BAK & NECK
Injured person in which vehicle? .....	SMM8274B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

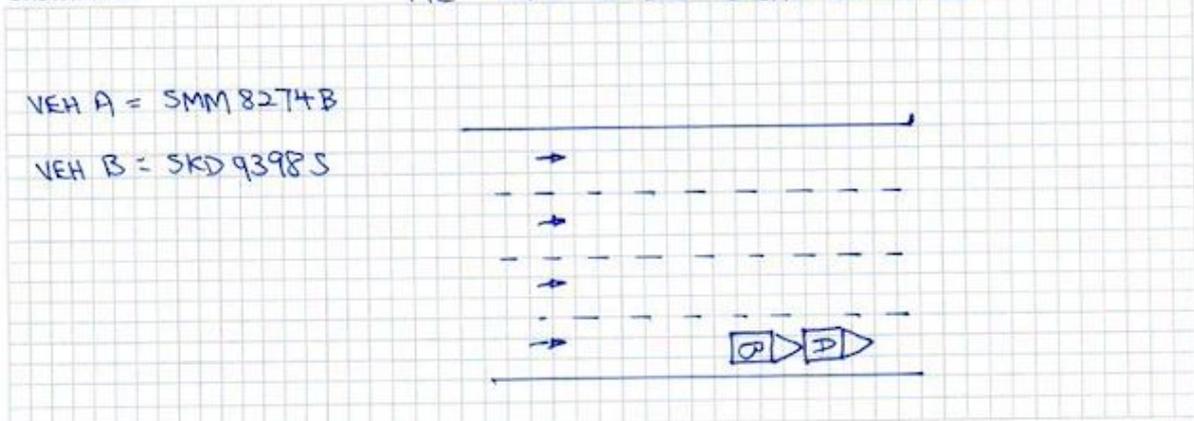
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Handwritten Signature]* 01/02/21

Witnessed by Reporting Centre Personnel

**Sketch Plan**

PIE - TUPS BEFORE JALAN EUNOS EXIT.



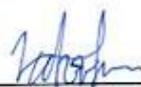
**Describe Circumstances of the Accident**

On the stated date and time, I was driving vehicle A along the stated venue. As the front vehicles stopped, I follow suit. Suddenly, I felt an impact and vehicle B has collided onto my rear.

**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

 01/02/21  
Witnessed by Reporting Centre Personnel









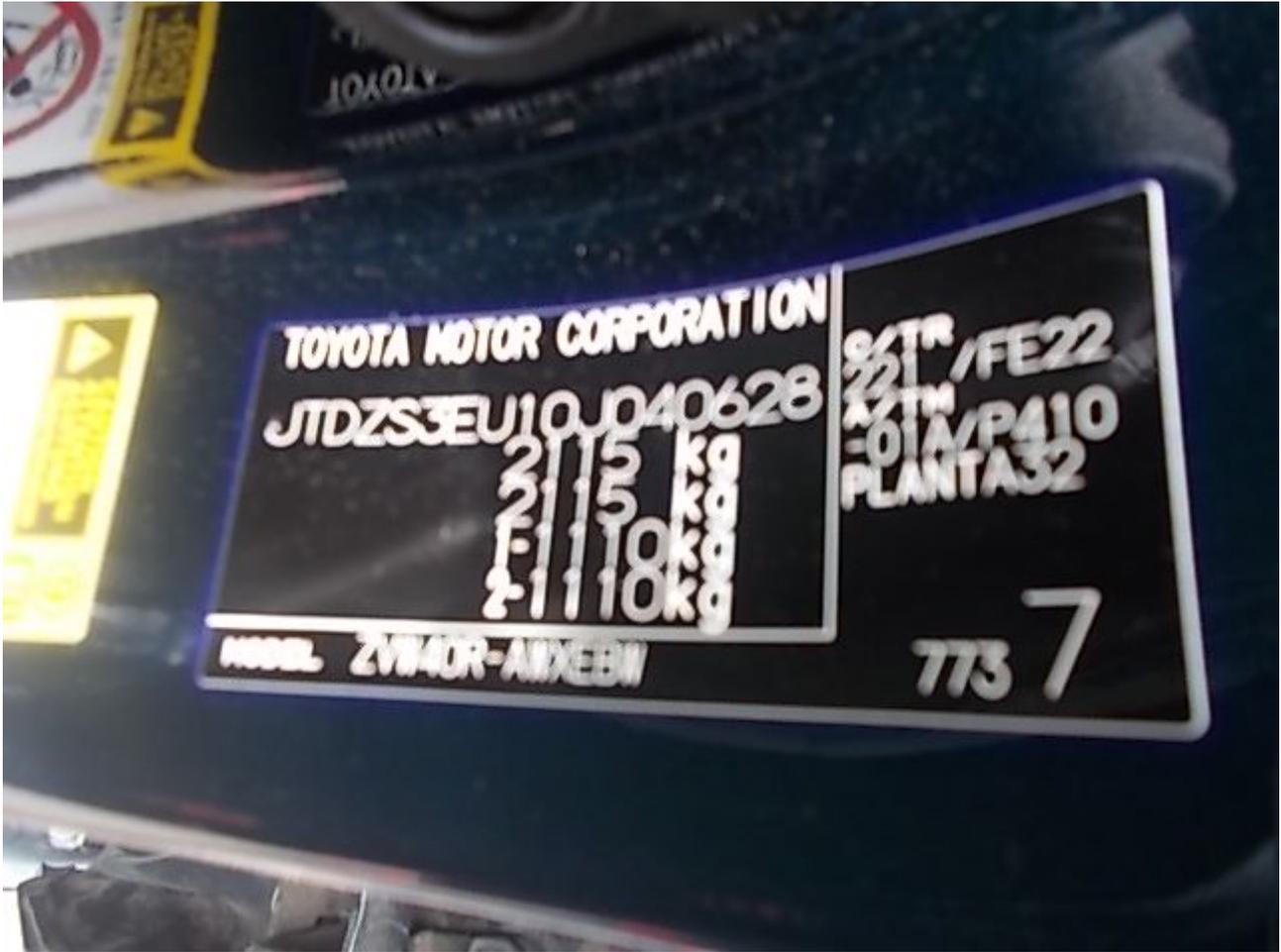
















**SINGAPORE  
POLICE FORCE**



T/20210131/2021

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

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Report No. T/20210131/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 10:06	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TIAW WEI TECK		Address: APT BLK 350A CANBERRA ROAD #04-325 SINGAPORE 751350	
ID Type / ID No.: NRIC NO / S7906665F		Contact No.: Home/Office:                      Mobile: 98369171	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 06/03/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
SKD9398S	Car				Seriously Damaged	0
SMM8274B	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210131/2021

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

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Report No. T/20210131/2021

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8274B	NTUC Income Insurance Co-Operative Limited	5110921013-01	16/07/2020	15/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIAW WEI TECK	ID No.	S7906665F
Related Vehicle	SMM8274B (Car)	Contact No.	98369171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHRYSTLE	ID No.	NIL
Related Vehicle	SMM8274B (Car)	Contact No.	91811132
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 30/1/2021 @1745HRS, ALONG PIE TOWARDS CITY, BEFORE EUNOS EXIT, AT THE 1ST LANE OF 3 LANES. WHEN I SEE THE FRONT CAR SLOW DOWN, I SLOWED DOWN AS WELL FOR SAFETY DISTANT. SUDDENLY I HEAR A BANG SOUND FROM BEHIND ME. I WENT OUT TO CHECK TO SEE THAT MY REAR WAS PRETTY DAMAGED BY THE VEHICLE THAT HAD HIT ME. I ENSURED MY PASSENGER AND THE DRIVER OF THE OTHER VEHICLE WAS NOT INJURED. FROM THERE THE DRIVER TOLD ME HE IS IN A RUSH TO GO TO THE HOSPITAL TO SEE HIS WIFE. WE EXCHANGED PHONE NUMBER, HIS PHONE NUMBER: 87275580, THEN HE DROVE OFF. I TOOK A FEW PICTURES OF THE ACCIDENT. THERE WAS A 3RD PARTY THAT HAD OFFERED TO DROP OFF MY PASSENGER TO THE NEARBY MRT. I ACTIVATED MY OWN PRIVATE TOWING AND FOLLOWED THE TOWING. I AM A GRAB DRIVER. THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20210131/2021

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

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Report No. T/20210131/2021

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20210131/2021

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

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Report No. T/20210131/2021

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:  
TP /  
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/01/2021 10:06

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145



SINGAPORE  
POLICE FORCE

Classification Of Case:

Signature:

Authentication Stamp  
NP168





**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: S665500206 / GST Reg. No.: M600017735

**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 : SN0921210011-01 Vehicle Registration No: SMM 8274B  
 Name (as shown in NRIC) : TIAW WEI TECK (ZHANG WEIDE) NRIC/FIN/Passport No : S7906665F  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 350A CANBERRA ROAD #04-325 Singapore (751350)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9836 9171  
 Email Address : VICTORTIAW@HOTMAIL.COM  
 Date of Accident : 30.01.2021 Time of Accident : 17:45hrs  
 Place of Accident : PIE TWDS TUAS BEFORE JALAN EUNOS EXIT  
 Insurance Company: NTUC INCOME INSURANCE C-OP LIMITED

**(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:

ATTACHED POLICE REPORT NUMBER: T/20210131/2021

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

×   
 Policyholder / Driver's Signature  
 Date: 02.02.2021

08/02/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: