

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	01/03/2021 17:45 (SGT)
Date of Accident	27/02/2021 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TWRDS CITY BESIDE ALEXANDRA RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU153M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SEE CHENG TECK
NRIC No	SXXXX839H
Email Address	water_shاون@yahoo.com.sg
Mobile Phone No	(Phone) +65-96182744
Alternative Phone No	+65-96182744

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / WISH 2.0 AUTO
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	ThirdParty
Fleet Policy	No
Policy Number	5094992805-03
Cover Note Number	-

DRIVER

Name of Driver	SEE CHENG TECK
NRIC No	SXXXX839H
Date Of Birth	17/10/1962
Occupation	Indoor

Date Of Driving Pass	29/03/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96182744
Alt. Phone Number	+65-96182744
Email Address	water_shaun@yahoo.com.sg
Address	BLK 512 #04-77 WOODLANDS DRIVE 14
Address complement	-
Postcode	730512
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	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
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

AS PER POLICE REPORT No.T/2021030/7006;

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	FBP1449A
Vehicle Manufacturer	Yamaha
Vehicle Model	YAMAHA / MX KING T150 MANUAL
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	SMK780U
Vehicle Manufacturer	Seat
Vehicle Model	SEAT / ARONA FR 1.0 TSI 116 7AT
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLX1584G
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / ELANTRA AD 1.6 GLS AT (AMS)
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMK4648T
Vehicle Manufacturer	Mitsubishi
Vehicle Model	MITSUBISHI / ATTRAGE 1.2 CVT
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

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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.

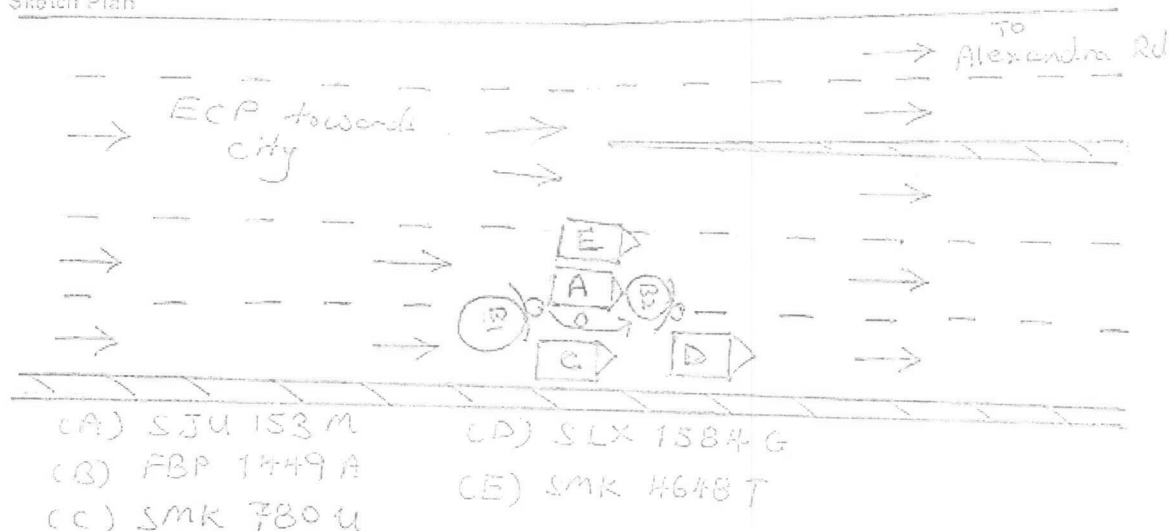
[Signature]
Policyholder's Signature / Date & Time

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report :-

Report No :-

T/20210301/7006

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

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

Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20210301/7006

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

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Report No. T/20210301/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 11:19		Vide Report No.: D/20210227/0072		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEE CHENG TECK			Address: 512 WOODLANDS DRIVE 14 #04-77 SINGAPORE 730512		
ID Type / ID No.: NRIC NO / S1521839H			Contact No.: Home/Office: Mobile: 96182744		
Nationality: SINGAPORE CITIZEN			Email: WATERMAN_SHAUN@YAHOO.COM.SG		
Sex: Male	Age: 58	Date of Birth: 17/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2021 12:40	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

	Vehicle No.	Type	Make	Model	Color	Conditio	No of
(B)	FBP1449A	Motorcycle					0
(A)	SJU153M	Car	TOYOTA	WISH 2.0 AUTO	White		0
(D)	SLX1584G	Car					0
(E)	SMK4348T	Car					0



SINGAPORE
POLICE FORCE



T/20210301/7006

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

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Report No. T/20210301/7006

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMK780U	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU153M	NTUC Income Insurance Co-Operative Limited	5094992805-03	12/11/2020	11/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBP1449A (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	SEE CHENG TECK	ID No.	S1521839H
Related Vehicle	SJU153M (Car)	Contact No.	98182744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 27/02/2021 AT ABOUT 1240HRS AT ALONG AYE TOWARDS CITY BESIDE ALEXANDRA EXIT, I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN MY FRONT VEHICLE SUDDENLY STOPPED HENCE I TRY TO FOLLOW SUIT BUT WAS TOO CLOSE AS SUCH I TRY TO AVOID THE COLLISION, I VEERED OUT TO THE LEFT. WHILE DOING SO, A VEHICLE (B) AT MY REAR ALSO COULDN'T STOP IN TIME AND COLLIDED ONTO MY REAR RIGHT PORTION OF MY VEHICLE (A) AND SQUEEZE THROUGH BETWEEN MY VEHICLE (A) AND VEHICLE(C) AND COLLIDED ONTO THE REAR PORTION OF VEHICLE (D). WHILE MY VEHICLE (A) VEERED OUT TO THE LEFT TO AVOID THE COLLISION WITH VEHICLE (C), A VEHICLE (E) ON MY LEFT CAME AND HIT ONTO MY LEFT SIDE MIRROR AND ALSO MY



SINGAPORE
POLICE FORCE

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



T/20210301/7006

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Report No. T/20210301/7006

CONTINUATION OF REPORT

FRONT LEFT PORTION OF MY VEHICLE (A). TOTAL 5 VEHICLES INVOLVED IN THIS ACCIDENT. I
HAVE ONE PASSENGER INSIDE MY VEHICLE.

- (A) SJU153M
- (B) FBP449A
- (C) SMK780U
- (D) SLX1584G
- (E) SMK4648T



SINGAPORE
POLICE FORCE

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



T/20210301/7006

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Report No. T/20210301/7006

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 / TPB /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

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:
01/03/2021 11:19

Classification Of Case: