

# 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 18:11 (SGT)  
Date of Accident ..... 27/02/2021 17:45 (SGT)  
Exact Location of Accident ..... Syed Alwi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML3929J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK TZE HAO AARON  
NRIC No ..... SXXXX165A  
Email Address ..... AARON.QTH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90215073  
Alternative Phone No ..... +65-90215073

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 5110059254-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK TZE HAO AARON  
NRIC No ..... SXXXX165A  
Date Of Birth ..... 17/03/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/06/2012
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90215073
Alt. Phone Number .....	+65-90215073
Email Address .....	AARON.QTH@GMAIL.COM
Address .....	BLK 298C COMPASSVALE STREET
Address complement .....	#05-76
Postcode .....	543298
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 .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POICE REPORT:A/20210301/7014

#### 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 .....	XE1593M
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	QUEK TZE HAO AARON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	KNEE,SORENESS RIGHT WRIST & NECK
Injured person in which vehicle? .....	SML3929J
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:

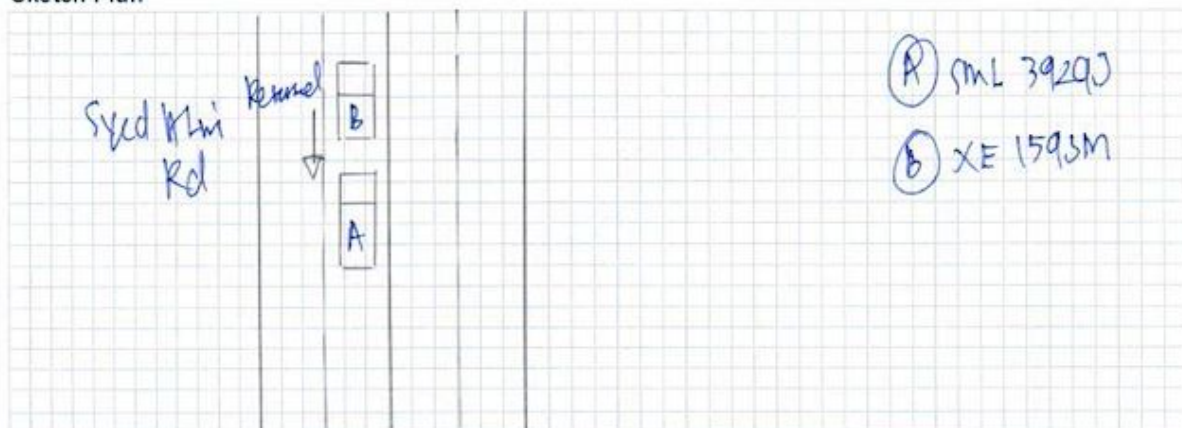
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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

       01/03/21  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Ref to Police Report Number : A/20210301/7014

We declare the foregoing particulars are true in every respect.

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

Page 5 of 18





**SINGAPORE  
POLICE FORCE**



A/20210301/7014

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20210301/7014

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 01/03/2021 12:37	Vide Report No.	Station Diary No.
Name Of Informant AARON QUEK TZE HAO	Address 298C COMPASSVALE STREET #05-76 SINGAPORE 543298	
ID Type / ID No. NRIC NO / S9209165A	Contact No. Home/Office:	Mobile: 90215073
Nationality SINGAPORE CITIZEN	Email Address aaron.qth@gmail.com	
Occupation Self Employed	Sex Male	Age 28
Institution/School Name	Date of Birth 17/03/1992	Race Chinese
Date/Time Of Incident 27/02/2021 17:45	Location Of Incident SYED ALWI ROAD	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SML3929J along Syed Alwi Road towards Jalan Besar direction.

A cement truck XE1593M which was travelling in front of me came to a stop at the cross junction of Syed Alwi Road and Townshend Road as I assumed the driver wanted to turn right.

I was looking at the left side of my car whilst waiting for said cement truck to move off when suddenly,

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2021 12:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20210301/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210301/7014

there was a massive impact from the front of my vehicle.

My vehicle jerked violently and I was totally caught off guard.

My left knee knocked against the dashboard as a result.

Initially, I only felt some pain over my left knee.

However, I started feeling soreness over my right wrist and neck areas as well later that evening.

The pain got increasingly worse and as such, I proceeded to my family doctor at Intemedical Clinic Kovan for treatment.

I was given 3 days MC for my injuries.

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POLICE FORCE**



A/20210301/7014

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Nationality SINGAPORE CITIZEN	Email Address aaron.qth@gmail.com	
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A/20210301/7014

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