

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 03/03/2021 11:03 (SGT)
Date of Accident 02/03/2021 11:50 (SGT)
Exact Location of Accident Geylang Road, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5851Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE NEW CHARIS MISSION
Company Reg No TXXXXX166B
Email Address OFFICE@TNCM.ORG.SG
Mobile Phone No (Phone) +65-64833707
Alternative Phone No +65-64833707

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Bus

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116585477
Cover Note Number -

DRIVER

Name of Driver ANG SWEE KOK
NRIC No SXXXX639C
Date Of Birth 06/11/1971
Occupation Indoor

Date Of Driving Pass	19/04/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90087106
Alt. Phone Number	-
Email Address	OFFICE@TNCM.ORG.SG
Address	BLK 671A EDGEFIELD PLAINS #12-507
Address complement	-
Postcode	821671
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 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	3
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	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210302/2052

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	FBE1975E
Vehicle Manufacturer	-
Vehicle Model	-
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	SKR7404Y
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)	-

SKETCH PLAN

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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) anything with applicable law in administering, processing, handling and/or dealing with my claims.

THE NEW CHARIS MISSION

Mailbox Collectively the Purposes:

Thomson Road, Singapore 110605, Singapore 915711
P.O. Box 665, Singapore 915711

Location: 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.

11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub
Singapore 409074

Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
E-mail: office@tncm.org.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Geylang Rd

A = PC 5851Y
B = FBE 1975E
C = SKR 7404Y

Refer to Police Report T/20210302 / 2052

Mailing Address
Thomson Road Post Office
P.O. Box 305, Singapore 915711

Location We declare the foregoing particulars are true in every respect.

11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub
Singapore 409074
Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
Email: office@tncm.org.sg

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20210302/2052

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20210302/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 14:46	Vide Report No.: G/20210302/0081	Station Diary No.: 15
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Informant's Particulars

Name of Informant: ANG SWEE KOK			Address: APT BLK 671A EDGEFIELD PLAINS #12-507 SINGAPORE 821671	
ID Type / ID No.: NRIC NO / S7140639C			Contact No.: Home/Office:	Mobile: 90087106
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 06/11/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Social worker (general)			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2021 11:50	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: UNSURE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1975E	Motorcycle					1
PC5851Y	Van				Slightly Damaged	1
SKR7404Y	Car				Slightly Damaged	1



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T/20210302/2052

Police Station Of Origin:
Kampong Ubi NPP
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400009
Tel No: 1800-7479999

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Report No. T/20210302/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD TAUFIQ BIN MOHAMAD YUSOF	ID No.	S9137962G
Related Vehicle	FBE1975E (Motorcycle)	Contact No.	NIL
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
Driver			
Name	ANG SWEE KOK	ID No.	S7140639C
Related Vehicle	PC5851Y (Van)	Contact No.	90087106
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	TOMMY FOO HEE SAI	ID No.	S1472255F
Related Vehicle	PC5851Y (Van)	Contact No.	97223026
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



**SINGAPORE
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T/20210302/2052

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20210302/2052

CONTINUATION OF REPORT

Driver			
Name	SENA UPALI	ID No.	S0475577D
Related Vehicle	SKR7404Y (Car)	Contact No.	NIL
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 the 02/03/2021 at about 12:00pm, I was driving my company's van (PC5851Y) on the second lane from the left along Geylang Road, just after the junction of Onan Road.

While driving, I suddenly heard a loud bang coming from the rear of my vehicle. As such, I then come to a complete stop. I then noticed from my rear view mirror that a motorcycle with two person had fallen onto the road behind me. I proceeded to stop on the left side of the road to render assistance.

The motorcycle (FBE1975E) rider with his pillion were both conscious and responsive however had visible injuries on their hand area. Shortly after the ambulance and Police arrived to attend to our accident. I wish to state that I am unsure how the accident and collision took place as it happened on my vehicle's rear side.

My company vehicle had its rear right tail lights and bumper damaged due to the accident. I am unsure of the damage of the motorcycle. There was also a car (SKR7404Y) involved in the accident as I saw its front left side damage and that it had stop on together with me and the motorcyclist at the side of the road. I do not have any in-vehicle camera available.



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T/20210302/2052

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400009
Tel No: 1800-7479999

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Report No. T/20210302/2052

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 MUHAMMAD KASYIDI BIN KADIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2021 14:46
Officer In Charge Of Case: TP / GIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE