

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	08/03/2021 14:14 (SGT)
Date of Accident	06/03/2021 08:35 (SGT)
Exact Location of Accident	Khiang Guan Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1375Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM WEE TEE PERRY
NRIC No	S8726716D
Email Address	PERRYSIM63@GMAIL.COM
Mobile Phone No	(Phone) +65-93209283
Alternative Phone No	+65-93209283

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla250
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121177058
Cover Note Number	-

DRIVER

Name of Driver	SIM WEE TEE PERRY
NRIC No	S8726716D
Date Of Birth	30/08/1987
Occupation	Outdoor

Date Of Driving Pass	01/07/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93209283
Alt. Phone Number	+65-93209283
Email Address	PERRYSIM63@GMAIL.COM
Address	BLK 523D TAMPINES CENTRAL 7 #09-19
Address complement	-
Postcode	524523
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 - Major/Minor Rd
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

REFER TO POLICE REPORT T20210306/7016

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5048E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	BOO KIANG MENG
NRIC No	-1

Contact Number	(Phone) +65-92331344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	SIM WEE TEE PERRY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMU1375Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

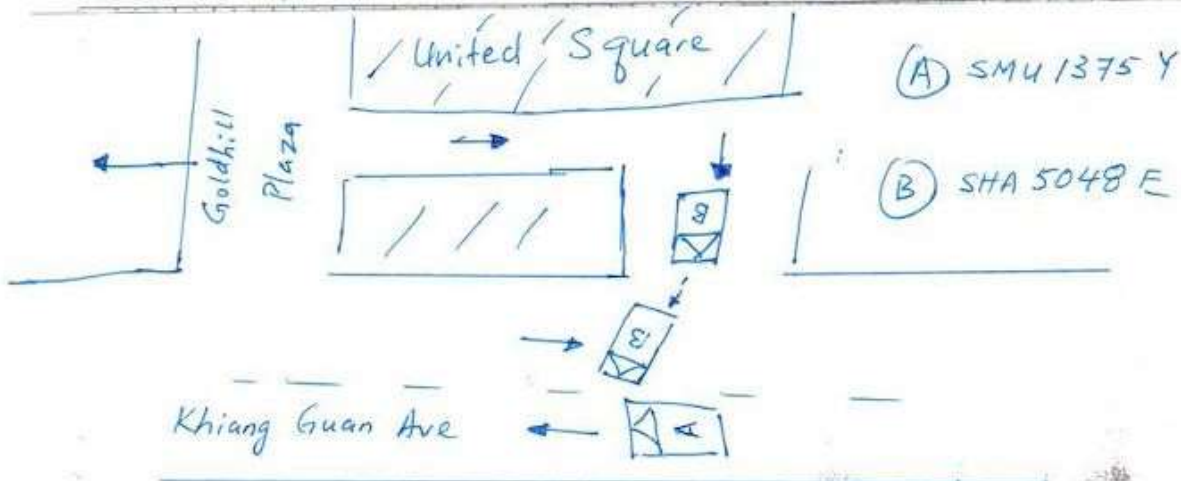
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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' 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



* Refer To Police Report NO: T/20210306/7016

We declare the foregoing particulars are true in every respect.

Pugh

Policyholder's Signature / Date &
Time

Peng's

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

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Witnessed by Reporting Centre
Personnel



































**SINGAPORE
POLICE FORCE**



T/20210306/7016

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

Report No. T/20210306/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2021 17:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM WEE TEE, PERRY			Address: 523D TAMPINES CENTRAL 7 #09-119 SINGAPORE 524523		
ID Type / ID No.: NRIC NO / S8726716D			Contact No.: Home/Office: Mobile: 93209283		
Nationality: SINGAPORE CITIZEN			Email: perrysim63@gmail.com		
Sex: Male	Age: 33	Date of Birth: 30/08/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Coating advisor			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2021 08:35	Type of Location: Straight Road
Location: KHIANG GUAN AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA5048E	Car	HYUNDAI	Ioniq	Blue	Slightly Damaged	0
SMU1375Y	Car	MERCEDES BENZ	CLA250 SPORT (R18 BI)	Red	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210306/7016

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

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Report No. T/20210306/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU1375Y	NTUC Income Insurance Co-Operative Limited	5121177058	26/02/2021	25/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BOO KIANG MENG		ID No.	S7247399Z
Related Vehicle	SHA5048E (Car)		Contact No.	92331344
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	SIM WEE TEE, PERRY		ID No.	S8726716D
Related Vehicle	SMU1375Y (Car)		Contact No.	93209283
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	06/03/2021		Date	06/03/2021
No. of Days granted Medical Leave		05	Degree of	Serious

Brief Details.

On 06/03/2021, 0835hrs, I, Sim Wee Tee Perry, IC No. S8726716D, Vehicle owner and driver of SMU1375Y was traveling along Kiang Guan Avenue heading straight towards Newton Road, A blue taxi, vehicle number SHA5048E, driven by Mr Boo Kiang Meng of IC No. S7247399Z, suddenly dashed out from United square side road after picking up a passenger from the taxi stand, the blue taxi SHA5048E collided with my front right fender, front right door and front right wheel. Mr Boo Kiang Meng immediately admit that it was his mistake and apologise. Mr Boo Kiang Meng asked me to file a claim against his taxi company insurance.

The above accident took place in between the exit for United square taxi stand and exit of Lincoln suites.

I have video evidence of the above stated accident.



**SINGAPORE
POLICE FORCE**



T/20210306/7016

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

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Report No, T/20210306/7016

CONTINUATION OF REPORT

After the accident, I felt unbearable pain on my neck and lower back. I seeked medical treatment at Mount Alvernia Hospital and was certified to be on out patient sick leave for a period 5 days.



**SINGAPORE
POLICE FORCE**



T/20210306/7016

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

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Report No. T/20210306/7016

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 /
BOON YEN KIAN
Contact No.: 65476172

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:
06/03/2021 17:20

Classification Of Case: