



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2021 16:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH HARN JUN, WINSTON			Address: 105 JURONG EAST STREET 13 #04-228 SINGAPORE 600105		
ID Type / ID No.: NRIC NO / S9048925I			Contact No.: Home/Office: Mobile: 90186891		
Nationality: SINGAPORE CITIZEN			Email: WINSTON10101@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 19/12/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2021 11:00	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
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	Conditio	No of
SKL9244K	Car					0
SMT6341S	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20210408/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT6341S	NTUC Income Insurance Co-Operative Limited	5118407092	28/07/2020	24/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH HARN JUN, WINSTON		ID No. S9048925I
Related Vehicle	SMT6341S (Car)		Contact No. 90186891
Hospital/Clinic	MY FAMILY CLINIC (CLEMENTI)		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	08/04/2021		Date 08/04/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated time and date . I was in my vehicle SMT6341S . As i was trying to make a u-turn at Dunearn road , there was roadworks ahead . Therefore , i stopped and suddenly i felt an impact from the rear . I realized Vehicle SKL9244K had collided on to the rear of my vehicle . We exchange particulars and decided to proceed with insurance claims . I felt aches the next day and i went to visit the doctor and received 3 days MC .



**SINGAPORE
POLICE FORCE**



T/20210408/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210408/7019

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
08/04/2021 16:18

Classification Of Case:

ACCIDENT REPORTING

Accident Date: (7 / 4 / 21) (DD/MM/YYYY)

Time: (11 : 00) (HH:MM)

Location: Dunearn Road

1. Accident Details

- a) Type Of Accident: Head to rear
b) Weather Condition: (Clear / Raining / Others: _____)
c) Road Surface: (Dry / Wet / Others: _____)
d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
f) Were You Been Approached By Unknown Person(s) Soliciting/Offering
Accident Claims Assistance? (Yes / No)
g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SMT 6341 S
b) Vehicle Category: Private
c) Vehicle Manufacturer: BMW Vehicle Model: 316I, 1.6 AT
d) Transmission: Manual / Auto CC: 1598CC
e) No. Of Passengers (Including Driver) 1
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: NTUC (5118407092)
b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
c) Fleet Policy? (Yes / No) (Su Han Jun)
d) Owner Name: Soh Harn Jun, Winston (Female / Male)
e) ID Type: S90489251 (UEN / NRIC / Passport Or Fin / Work Permit)
f) Email: Winston10101@gmail.com Mobile: 9018 6891
f) Alt No. Type: (Home / Office / Not In List) : 9018 6891

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No) (Su Han Jun)
b) Driver Name: Soh Harn Jun, Winston (Female / Male)
c) ID Type: S90489251 (UEN / NRIC / Passport Or Fin / Work Permit)
d) Date Of Birth: 19-12-1990
e) Driving Pass Date: 19-7-2010
f) Email: Winston10101@gmail.com Mobile: 9018 6891
g) Address: Blk 105 Jurong East Street 13, #04-228
h) Postal Code: 600105
i) Occupation: (Indoor / Outdoor)
j) Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SKL 9244 K

Vehicle Category: Mazda Vehicle Model: _____

No.Of Passengers (Including Driver) 1

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

- a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

- a) Are Accident Photos Available For Attachment? (Yes / No)

- b) Was There Any Video Captured? (Yes / No)

- a) Was There Any Audio Captured? (Yes / No)

SKETCH PLAN

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 willful 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. 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

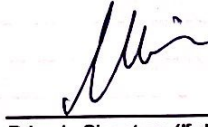
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

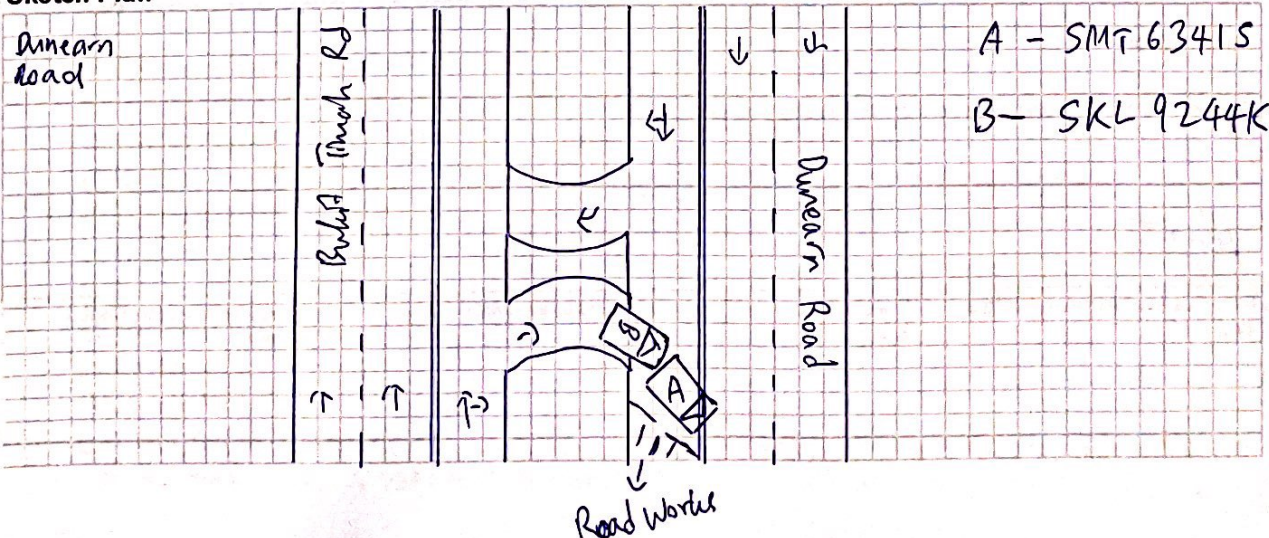
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated time & date, I was in my vehicle, (SMT 6341 S).

As I was trying to make a u-turn at Duneen Road, there was roadworks ahead. Therefore, I stopped and suddenly I felt

an impact from the rear. I then realised vehicle B, (SKL 9244 K) had collided on to the rear of my vehicle. We exchanged particulars and decided to proceed with insurance claims.

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

Witnessed by Reporting Centre Personnel