

## 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 ..... 10/04/2021 11:17 (SGT)  
Date of Accident ..... 09/04/2021 09:45 (SGT)  
Exact Location of Accident ..... Punggol, Singapore  
Additional Location Information ..... TOWARDS PUNGGOL DRIVE/ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK3564H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ASIA EXPRESS CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX882D  
Email Address ..... peijie@expresscar.com.sg  
Mobile Phone No ..... (Phone) +65-91998131  
Alternative Phone No ..... +65-96253682

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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  
Transmission ..... Auto  
CC ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... 5121569529  
Cover Note Number ..... 5121569529-000277

#### DRIVER

Name of Driver ..... KHOO YAN HAO (QUI YANHAO)  
NRIC No ..... SXXXX535A

Date Of Birth .....	18/03/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	10/06/2011
Driving experience .....	9 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87805538
Alt. Phone Number .....	-
Email Address .....	peijie@expresscar.com.sg
Address .....	3 LORONG 6 GEYLANG #03-02
Address complement .....	-
Postcode .....	399165
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
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

#### REFER TO SKETCH PLAN

#### 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 .....	SLB4697K
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Sienta
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97838024
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 .....	KHOO YAN HAO (QIU YANHAO)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMK3564H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

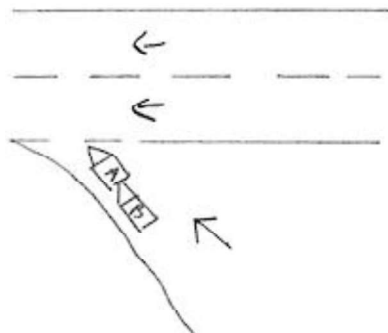
**SKETCH PLAN****IMPORTANT NOTICE**

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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) 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 9/14/2021

**Sketch Plan**



*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date  
& Time 9/14/2021



Witnessed by Reporting Centre  
Personnel

A SMK3564H

B SLB4697K

**Describe Circumstances of the Accident**

*Refer to Police Report*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time 9/4/2021

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date  
& Time 9/4/2021

*[Signature]*



Witnessed by Reporting Centre  
Personnel





















**SINGAPORE  
POLICE FORCE**



T/20210409/7019

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

1 of 3  
Report No. T/20210409/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/04/2021 15:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KHOO YAN HAO		Address: 25 TOA PAYOH EAST #07-134 SINGAPORE 310025	
ID Type / ID No.: NRIC NO / S9109535A		Contact No.: Home/Office: Mobile: 87805538	
Nationality: SINGAPORE CITIZEN		Email: KHOORYANHAO@GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 18/03/1991	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3,4	Date of Expiry:



**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/04/2021 07:30	Type of Location: T-Junction
Location:  SENTUL CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLB4697K	Car	TOYOTA	Sienta	Black	Slightly Damaged	0
SMK3564H	Car	HONDA	Freed hybrid	White	Seriously Damaged	2



 <b>SINGAPORE POLICE FORCE</b>		 T/20210409/7019
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20210409/7019
CONTINUATION OF REPORT		
<u>Sketch Plan</u> Informant is not able to provide sketch		
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: 09/04/2021 15:18
Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185		Classification Of Case:
Authentication Stamp NP168		


**SINGAPORE  
POLICE FORCE**

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



T/20210409/7019

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Report No. T/20210409/7019

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KIN SUM	ID No.	S83378681
Related Vehicle	SLB4697K (Car)	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	NIL
Driver			
Name	KHOO YAN HAO	ID No.	S9109535A
Related Vehicle	SMK3564H (Car)	Contact No.	87805538
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	09/04/2021	Date	09/04/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

I was on setul crescent turning left into Punggol drive. I met a accident at the filter left lane into Punggol drive. I saw a bus coming along the main road so I stop my vehicle , suddenly a car plated SLB4697k bang onto my rear . We came out of the vehicle and exchanged particular after that. A few hours later , I felt pain on my back and neck and decided to consult doctor and had since given 3days mc.

