

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	14/04/2021 11:44 (SGT)
Date of Accident	11/04/2021 12:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNCTION BETWEEN YISHUN AVE 2 AND LENTOR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4067S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIDA FOOD TRADING PTE LTD
Company Reg No	2XXXXXX80G
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-90239282
Alternative Phone No	+65-90239282

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCV0000520_02
Cover Note Number	-

DRIVER

Name of Driver	LOY TECK SOON
NRIC No	SXXXX197I

Date Of Birth	08/03/1965
Occupation	Outdoor
Date Of Driving Pass	23/08/1990
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90239282
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 643 YISHUN STREET 61
Address complement	#13-290
Postcode	760643
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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?	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHMENT.

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	SMA6235R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1633G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	LOY TECK SOON
Address	BLK 643 YISHUN STREET 61
Address Complement	#13-290
Post Code	760643
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC4067S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Please refer to the police report (T/20210412/2058)

I/We declare the foregoing particulars are true in every respect.



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

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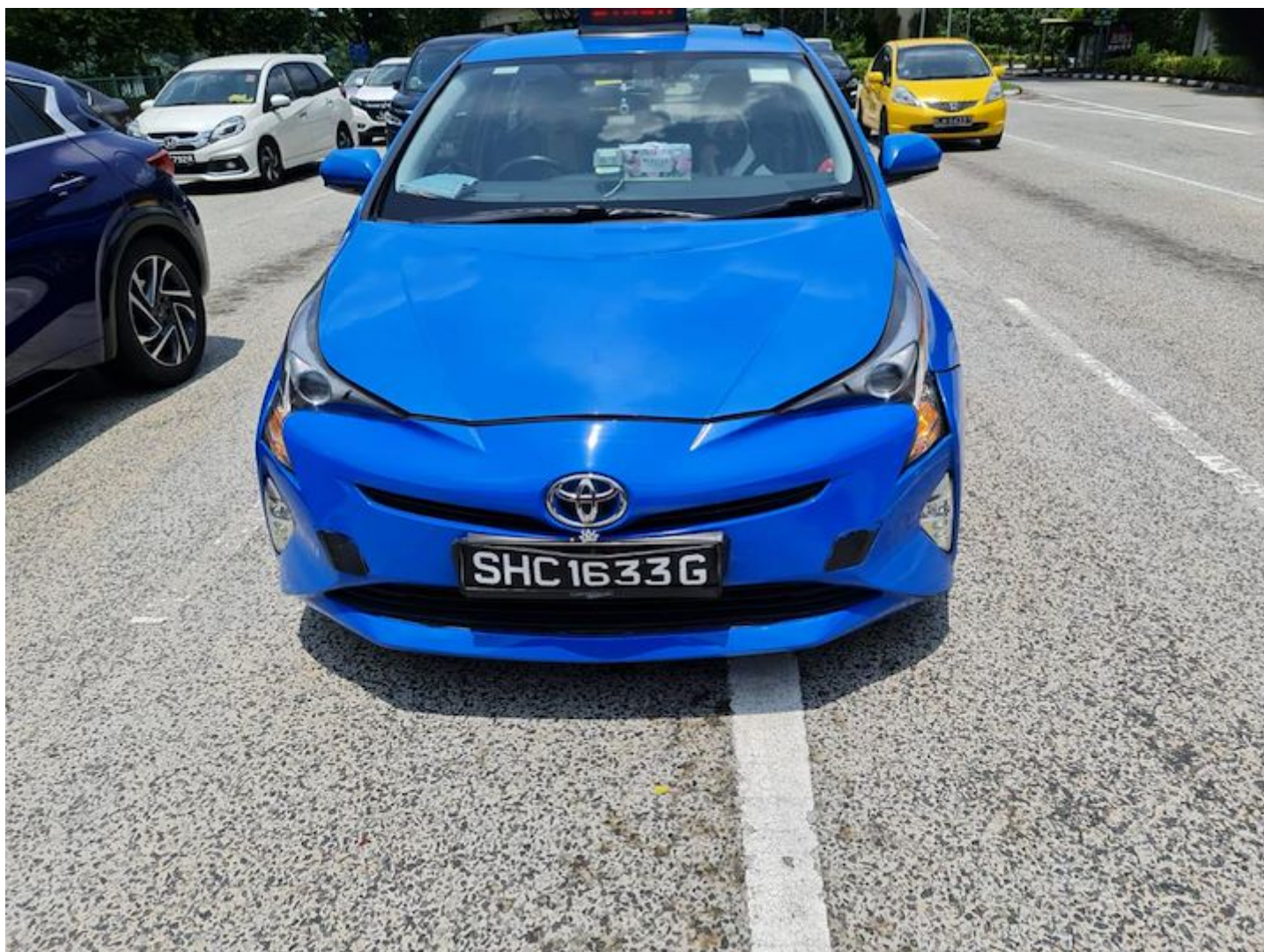












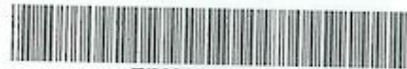








**SINGAPORE
POLICE FORCE**



T/20210412/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210412/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2021 14:29		Vide Report No.:		Station Diary No.: 75
Informant's Particulars				
Name of Informant: LOY TECK SOON		Address: APT BLK 643 YISHUN STREET 61 #13-290 SINGAPORE 760643		
ID Type / ID No.: NRIC NO / S16861971		Contact No.: Home/Office: Mobile: 90239282		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 08/03/1965	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: DELIVERY		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: 11/04/2021 12:00	Type of Location: X-Junction
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GBC4067S	Van	NISSAN	NV200	Grey	Slightly Damaged	0
SHC1633G	TAXI (COMFORT)	TOYOTA	PRIUS	Blue	Slightly Damaged	1
SMA6235R	Car	HYUNDAI		Red	Slightly Damaged	1



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Report No. T/20210412/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOY TECK SOON	ID No.	S1686197I
Related Vehicle	GBC4067S (Van)	Contact No.	90239282
Hospital/Clinic	DR CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/04/2021	Date Discharge	12/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	SOH BEAN HIAN	ID No.	S1257742G
Related Vehicle	SHC1633G (TAXI (COMFORT))	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 11/04/2021 at around 1233hrs, I was at the X-Junction between Yishun Avenue 2 and Lentor Avenue. The traffic light was red and I was the first vehicle on the 3rd lane from the right on Lentor Avenue going towards Yishun Ave 2. About 3 seconds later, suddenly the red Hyundai behind me collided against the rear of my van. I got off my vehicle and noticed that the rear of my van had a dent. I also noticed that another taxi had hit against the rear of the Hyundai, which resulted into the collision against my van. No one was injured at that point of time so we exchanged particulars, took photos and left. I only managed to take photo of the taxi driver particulars.

After the accident, we all went on back to our journey. However, the next day my neck wasn't feeling well so I went to see a doctor at Dr Care Medical Clinic and was given 3 days mc for my injury.



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Report No. T/20210412/2058

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:

L /

Sgt 3 OH HONG LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2021 14:29

Officer In Charge Of Case:

TP / AEIT /

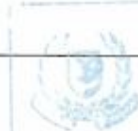
SSI TAY CHUN KEEN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force