

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 27/04/2021 16:48 (SGT)
Date of Accident 26/04/2021 18:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKM3093M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KEE SOON HO
NRIC No S6846626A
Email Address keesoonho1968@gmail.com
Mobile Phone No (Phone) +65-90086432
Alternative Phone No +65-90086432

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / FREED HYBRID 1.5G AUTO
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110562425-01
Cover Note Number -

DRIVER

Name of Driver KEE SOON HO
NRIC No S6846626A

Date Of Birth	20/12/1968
Occupation	Outdoor
Date Of Driving Pass	21/06/1991
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90086432
Alt. Phone Number	+65-90086432
Email Address	keesoonho1968@gmail.com
Address	BLK 190B #16-974 RIVERVALE DRIVE
Address complement	-
Postcode	542190
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.E/20210427/7000;

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	SKA2706Z
Vehicle Manufacturer	BMW

Vehicle Model	B.M.W. / 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEE SOON HO
Address	BLK 190B #16-974 RIVERVALE DRIVE
Address Complement	-
Post Code	542190
Approximate Age Years Old	52
Injuries Sustained	-
Injured person in which vehicle?	SKM3093M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacbk@vicom.com.sg

Policyholder's Signature / Date & Time

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

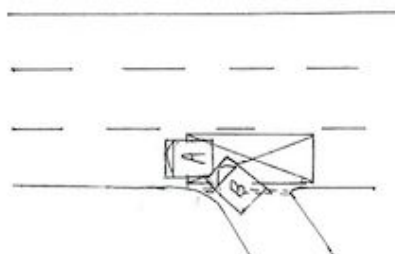
Witnessed by Reporting Centre Personnel

27 APR 2021

Sketch Plan

Junction of Bukit Timah Rd and
Evan Road

Vehicle A: SKM 3093M
Vehicle B: SKA 2706Z



27 APR 2021

















**SINGAPORE
POLICE FORCE**



E/20210427/7000

1 of 2

POLICE REPORT (NP299)

Report No. E/20210427/7000

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 27/04/2021 00:26	Vide Report No.	Station Diary No.
Name Of Informant KEE SOON HO	Address 190B RIVERVALE DRIVE #16-974 SINGAPORE 542190	
ID Type / ID No. NRIC NO / S6846626A	Contact No. Home/Office:	Mobile: 90086432
Nationality SINGAPORE CITIZEN	Email Address keesoonho1968@gmail.com	
Occupation Self employed	Sex Male	Age 52
Institution/School Name	Date of Birth 20/12/1968	Race Chinese
Date/Time Of Incident 26/04/2021 18:55	Location Of Incident BUKIT TIMAH ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SKM3093M along Bukit Timah Road.

There was 1 female grab passenger on board my vehicle at that time.

My vehicle was stationary near the junction of Bukit Timah Road and Evans Road when suddenly, I felt a huge impact from the rear of my vehicle causing my vehicle to jerk sideways.

I alighted to realise that SKA2706Z had collided into my vehicle's rear left portion.

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: 27/04/2021 00:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210427/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210427/7000

After the accident, I proceeded to drop off my passenger at her intended location at Holland Drive.

Later the same evening, I started feeling soreness over my neck and right chest areas.

As such, I proceeded to Intemedical Clinic Kovan for treatment on the way home and was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/04/2021 00:26

Classification Of Case:

