

# 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	21/04/2021 16:41 (SGT)
Date of Accident	20/04/2021 08:20 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6190R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AP AUTOMOTIVE SERVICES PTE LTD
Company Reg No	2XXXXX890H
Email Address	SBQ508P@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96238822
Alternative Phone No	(Home) +65-96238822

## 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	1600

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119272968
Cover Note Number	-

## DRIVER

Name of Driver	SEET YEW KEONG
NRIC No	SXXXX854I

Date Of Birth	08/05/1965
Occupation	Outdoor
Date Of Driving Pass	25/04/1987
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-96238822
Alt. Phone Number	-
Email Address	SBQ508P@HOTMAIL.COM
Address	APT BLK 146 BUKIT BATOK WEST AVE 6 #10-347
Address complement	-
Postcode	650146
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANDREW TAN
Gender	Male

#### 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 ATTACHED

#### 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	SGL9604C
Vehicle Manufacturer	-

Vehicle Model	-
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	SEET YEW KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ6190R
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.



*[Handwritten signature]*

*[Handwritten signature: MAC]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Clementi Road  
towards  
Commonwealth  
Ave West



(A) SLZ6190R  
(B) SGL960AC



**Describe Circumstances of the Accident**

Describe circumstances of the accident.

As per police report. T 202.0420 / 7008

## 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

MAC

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210420/7008

1 of 3

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

Report No. T/20210420/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2021 11:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SEET YEW KEONG			Address: 146 BUKIT BATOK WEST AVENUE 6 #10-347 SINGAPORE 650146		
ID Type / ID No.: NRIC NO / S16958541			Contact No.: Home/Office:		Mobile: 96238822
Nationality: SINGAPORE CITIZEN			Email: sbq508p@hotmail.com		
Sex: Male	Age: 55	Date of Birth: 08/05/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2021 08:20	Type of Location: Straight Road
Location:  CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGL9604C	Car	TOYOTA		Red	Slightly Damaged	0
SLZ6190R	Car	HONDA	FREED HYBRID	Red	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210420/7008

2 of 3

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

Report No. T/20210420/7008

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ6190R	NTUC Income Insurance Co-Operative Limited	511927296800003	01/10/2020	30/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SEET YEW KEONG		ID No.	S1695854I
Related Vehicle	SLZ6190R (Car)		Contact No.	96238822
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	20/04/2021		Date	20/04/2021
No. of Days granted Medical Leave		05	Degree of	Slight

## Brief Details.

ON 20/04/2021 AT ABOUT 0820HRS, I WAS TRAVELLING ALONG CLEMENTI ROAD TOWARDS COMMONWEALTH AVE WEST WITH A PASSENGER. AHEAD OF ME THERE'S A VEHICLE SLOW DOWN AND STOP, I FOLLOW AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM THE REAR. THEN I REALISED A CAR SGL9604C HAD COLLIDED ONTO MY REAR. THE IMPACT WAS STRONG. I FELT PAIN AT MY NECK AND BACK AFTER. I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY AND WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**

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



T/20210420/7008

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Report No. T/20210420/7008

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
20/04/2021 11:50

Classification Of Case: