

# 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 ..... 21/06/2021 15:08 (SGT)  
Date of Accident ..... 19/06/2021 13:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Cross Junction of Ang Mo Kio Avenue 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCN6336H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN CHEE ONN  
NRIC No ..... S1687038B  
Email Address ..... ktan2807@gmail.com  
Mobile Phone No ..... (Phone) +65-92351086  
Alternative Phone No ..... +65-92351086

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119740309 (CLASSIC)  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN CHEE ONN  
NRIC No ..... S1687038B

Date Of Birth .....	28/07/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	18/05/1996
Driving experience .....	25 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-92351086
Alt. Phone Number .....	+65-92351086
Email Address .....	ktan2807@gmail.com
Address .....	BLK 519C TAMPINES CENTRAL 8 #10-79
Address complement .....	-
Postcode .....	523519
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 .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER/WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD9624A
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Taxi
Name of Driver .....	KOK MON KIT
Contact Number .....	(Phone) +65-97771495
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 .....	TAN CHEE ONN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	55
Injuries Sustained .....	PAIN ON SHOULDER AND NECK
Injured person in which vehicle? .....	SCN6336H
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

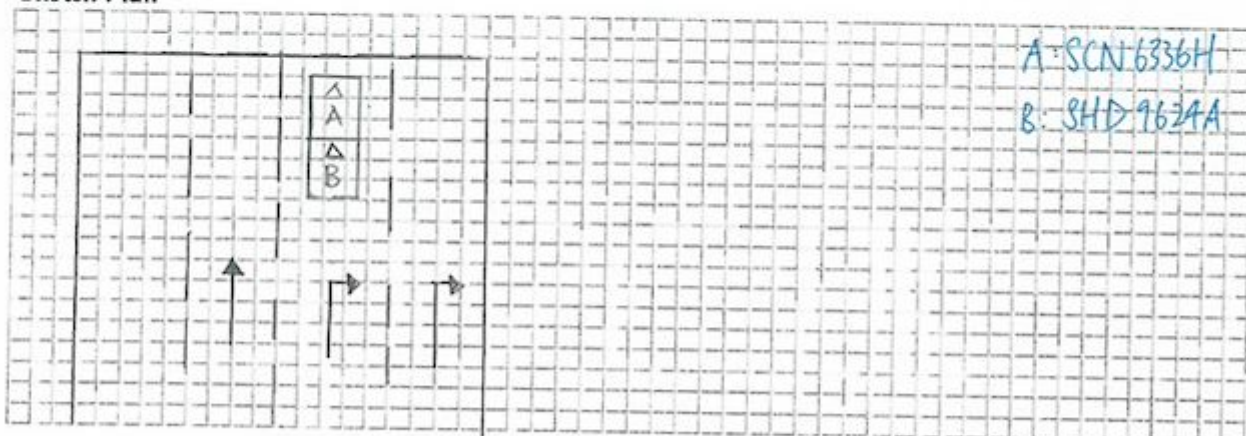


Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC SIN MING(VICOM LTD)  
385 SIN MING DRIVE S(575718)

Witnessed by Reporting Centre  
Personnel

## **Sketch Plan**





**Describe Circumstances of the Accident**

Refer to Police Report (T/20210620/2048)

**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

IDAC SIN MING(VICOM LTD)  
385 SIN MING DRIVE S(575718)

Witnessed by Reporting Centre  
Personnel







































**SINGAPORE  
POLICE FORCE**



T/20210620/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210620/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2021 17:48	Vide Report No.:	Station Diary No.: 70
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**Informant's Particulars**

Name of Informant: TAN CHEE ONN	Address: APT BLK 519C TAMPINES CENTRAL 8 #10-79 SINGAPORE 523519		
ID Type / ID No.: NRIC NO / S1687038B	Contact No.: Home/Office: Mobile: 92351086		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 28/07/1965	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2021 13:20	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SCN6336H	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	1
SHD9624A	Car	TOYOTA	PRIUS	Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210620/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210620/2048

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCN6336H	NTUC Income Insurance Co-Operative Limited	5119740309	12/12/2020	11/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHEE ONN	ID No.	S1687038B
Related Vehicle	SCN6336H (Car)	Contact No.	92351086
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	20/06/2021	Date Discharge	20/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOK MON KIT	ID No.	S8080402D
Related Vehicle	SHD9624A (Car)	Contact No.	97771495
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 19/06/2021 at about 1320hrs, I was driving my Private Hire Card Reg no: SCN6336H Honda silver in colour along Ang Mo Kio Avenue 1 towards CTE. Upon reaching the junction of Ang Mo Kio Ave 1 and CTE (City), the traffic light turns amber and slow down my car and make a stop. As soon as my vehicle stopped, I felt an impact from the rear of my vehicle. The impact causes my car to move forward however fortunately there is no car in front of me and I am the first car at the said junction. After checking that my passenger is not injured. I went out of my vehicle and saw a red in colour Toyota Transcab taxi had hit the rear of my vehicle.

I went to exchange particulars with the taxi driver and took photos of the damages to both vehicle. My car rear bumper was damage on the right side. The taxi left front bumper and right headlight were also damaged. The taxi driver does not look injured to me. I also do not feel any pain at that time.

On 20/06/2021, I wake up feeling pain on my shoulder and neck. I then went to the clinic and were given 3 days medical leave.





**SINGAPORE  
POLICE FORCE**



T/20210620/2048

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210620/2048

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20210620/2048

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Report No. T/20210620/2048

**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:  
G /  
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
20/06/2021 17:48

Classification Of Case:

SIGNATURE