

## 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 ..... 06/07/2021 18:06 (SGT)  
Date of Accident ..... 04/07/2021 16:50 (SGT)  
Exact Location of Accident ..... Yio Chu Kang Rd & Phillips Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP8474A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CCA LEASING PTE.LTD.  
Company Reg No ..... 2XXXXX720W  
Email Address ..... zoomautowerks@gmail.com  
Mobile Phone No ..... (Phone) +65-87982649  
Alternative Phone No ..... (Home) +65-87982649

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 1797

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5112089465-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN CHOON KIAT  
NRIC No ..... SXXXX516G

Date Of Birth .....	14/06/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	09/03/1994
Driving experience .....	27 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87982649
Alt. Phone Number .....	-
Email Address .....	zoomautowerks@gmail.com
Address .....	BLK 23 CHAI CHEE ROAD
Address complement .....	#07-498
Postcode .....	461023
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 on collision
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? .....	Yes
Was any other vehicle 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 .....	PASSENGER
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 & POLICE REPORT ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML5397E
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN CHOON KIAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle? .....	SMP8474A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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5. Any false reporting may be referred to the Police for investigation.
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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.



Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SMP B474A

Vehicle B: SML 5397E

→ Millers Ave



710 Chu Kang Rd.

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

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

Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20210705/2015

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

1 of 3

Report No. T/20210705/2015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2021 11:19	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN CHOON KIAT			Address: APT BLK 23 CHAI CHEE ROAD #07-498 PING-AN GARDENS SINGAPORE 461023		
ID Type / ID No.: NRIC NO / S6822516G			Contact No.: Home/Office: Mobile: 87982649		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 14/06/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2021 16:50	Type of Location: T-Junction
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML5397E	Car	MERCEDES BENZ	E 250 BLUEEFFICIENCY (HID)	Silver		0
SMP8474A	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210705/2015

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

3 of 3

Report No. T/20210705/2015

**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:  
TP /  
SC ABU HURAIRAH BIN ABDUL TALIB

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD SYARIFUDDIN  
MUHAMMAD AJMAIN  
Contact No.: 65476367

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/07/2021 11:19

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:



**SINGAPORE  
POLICE FORCE**



T/20210705/2015

2 of 3

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

Report No. T/20210705/2015

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHOON KIAT	ID No.	S6822516G
Related Vehicle	SMP8474A (Car)	Contact No.	87982649
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2021	Date Discharge	04/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

**ON STATED DATE, TIME AND LOCATION**

ON THE 4/07/2021 AT ABOUT 1650 I WAS BEARING PLATE NUMBER SMP8474A. I WAS DRIVING ALONG YIO CHU KANG TO PHILLIP AVE, I WAS SENDING A PASSENGER AS I AM A PRIVATE HIRE DRIVER. AT A T JUNCTION I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN FOR ME TO TURN RIGHT ON THE JUNCTION. IT WAS RED LIGHT I WAS STATIONARY BUT A VEHICLE BEARING PLATE NUMBER (SML5397E) WAS COMING FROM MY OPPOSITE DIRECTION WASN'T FOCUSSED ON THE ROAD AND HIT THE FRONT LEFTSIDE OF MY VEHICLE. MY PASSENGER DIDN'T SUFFERED ANY INJURY HOWEVER I SUFFERED FROM BREATHLESS AND BACKPAIN AFTER THE ACCIDENT. POLICE AND AMBULANCE ARRIVED AT SCENE AND I WAS CONVEYED TO SENGKANG GENERAL HOSPITAL. I WANTED TO MAKE A POLICE REPORT HENCE I AM MAKING A POLICE REPORT AT TPHQ. THAT'S ALL.



