

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 13/07/2021 17:12 (SGT)
Date of Accident 12/07/2021 13:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information 29 SCOTTS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV5171L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GB AUTO PTE LTD
Company Reg No 2XXXXX462W
Email Address modesto01@hotmail.com
Mobile Phone No (Phone) +65-81800459
Alternative Phone No +65-81800459

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
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 2494

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00008692000
Cover Note Number 07/12/2020 - 06/12/2021

DRIVER

Name of Driver TAN SU KIM
NRIC No SXXXX711E

Date Of Birth	10/06/1971
Occupation	Outdoor
Date Of Driving Pass	25/06/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82922702
Alt. Phone Number	-
Email Address	float1971@hotmail.com
Address	BLK 250 KIM KEAT LINK #13-89
Address complement	-
Postcode	310250
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 vehicle 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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	WITH OWN WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW3194C
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG KIM HENG
NRIC No	SXXXX293H
Contact Number	(Phone) +65-91774023
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 SU KIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMV5171L
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.

SMV 5171L (China)
DOA: 12/07/21 @ 1355



Policyholder's Signature / Date & Time

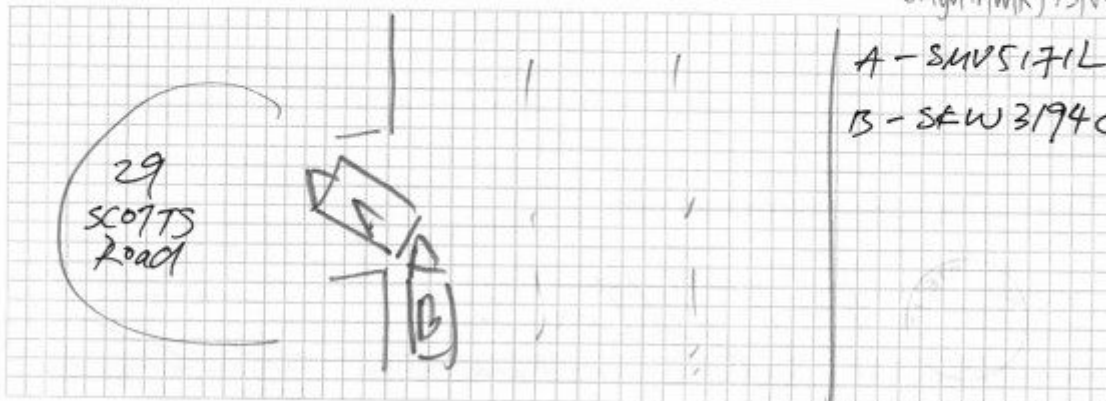
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At 1.50pm, 12th July 2021, I was driving on Scotts Road, when making a left turn with left signal light on. turning into 29 Scotts Road, car number SKW3194C & knocked on to my Rear (left).

* vehicle repair under Chew broom motor

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 (Amek)

















**SINGAPORE
POLICE FORCE**



T/20210713/2041

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20210713/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 12:03		Vide Report No.:		Station Diary No.: 32
Informant's Particulars				
Name of Informant: TAN SU KIM		Address: APT BLK 250 KIM KEAT LINK #13-89 SINGAPORE 310250		
ID Type / ID No.: NRIC NO / S7119711E		Contact No.: Home/Office: Mobile: 82922702		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 10/06/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 13:55	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One 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
SKW3194C	Car	MAZDA	6	Blue	Slightly Damaged	0
SMV5171L	Car	TOYOTA	VELLFIRE	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20210713/2041

CONTINUATION OF REPORT

Driver			
Name	NG KIM HENG		ID No. S1551293H
Related Vehicle	SKW3194C (Car)		Contact No. 91774022
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
Driver			
Name	TAN SU KIM		ID No. S7119711E
Related Vehicle	SMV5171L (Car)		Contact No. 82922702
Hospital/Clinic	B.T GOH FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 13/07/2021 at about 1355hrs, I was driving my black Toyota Vellfire (SMV5171L), travelling along Scotts road and making a left turn into the small road of 29 Scotts road. The weather was fine and the road surface was dry. While I was making the turn, I felt a sudden impact from my rear. I discovered that the front portion of the dark blue Mazda (SKW3194C) collided with the rear of my vehicle. My vehicle suffered dents on the rear door and bumper. I exchanged my particulars and contact numbers with the driver of the other vehicle. My vehicle has an in car camera and it was working during the time of the accident.

After the accident, I experienced pain in my neck area hence I went to seek medical treatment at B.T Goh Family Clinic & Surgery and was given 3 days of MC.



**SINGAPORE
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T/20210713/2041

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20210713/2041

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:

E /

Sgt 2 NG JUN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2021 12:03

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

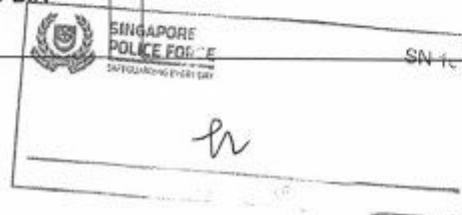
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Classification Of Case:







IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC09217D0005 Vehicle Registration No: SMV5171L
 Name (as shown in NRIC): GB Auto Pte Ltd NRIC/FIN/Passport No: 201433462W
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 7030 Ang Mo Kio Ave 5 #05-30 Northstar @ amk Singapore (569880)
 Contact (Tel): - Mobile No.: 81800459
 Email Address: modesto01@hotmail.com
 Date of Accident: 12/07/2021 Time of Accident: 13:55
 Place of Accident: 29 Scotts road
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Input error for
Relationship of Driver with insured: Hirer

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Douglas (AMK)
 NRIC/FIN No.: 14107/21
 Date:

GEARMC Addendum Form