

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 16/08/2021 16:22 (SGT)
Date of Accident 14/08/2021 20:15 (SGT)
Exact Location of Accident Orchard Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5139S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KENT AUTO SERVICES
Company Reg No 52974332M
Email Address
Mobile Phone No (Phone) +65-
Alternative Phone No +65-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2203634
Cover Note Number -

DRIVER

Name of Driver TAN SWEE AIK
NRIC No S 099E

Date Of Birth	07/08/1964
Occupation	Outdoor
Date Of Driving Pass	26/04/1985
Driving experience	36 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-
Alt. Phone Number	-
Email Address	-
Address	BLK
Address complement	-
Postcode	
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX 1
Gender	Male

PASSENGER 2

Name	PAX 2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7106Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YAP KHOON HOCK
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	TAN SWEE AIK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA5139S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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

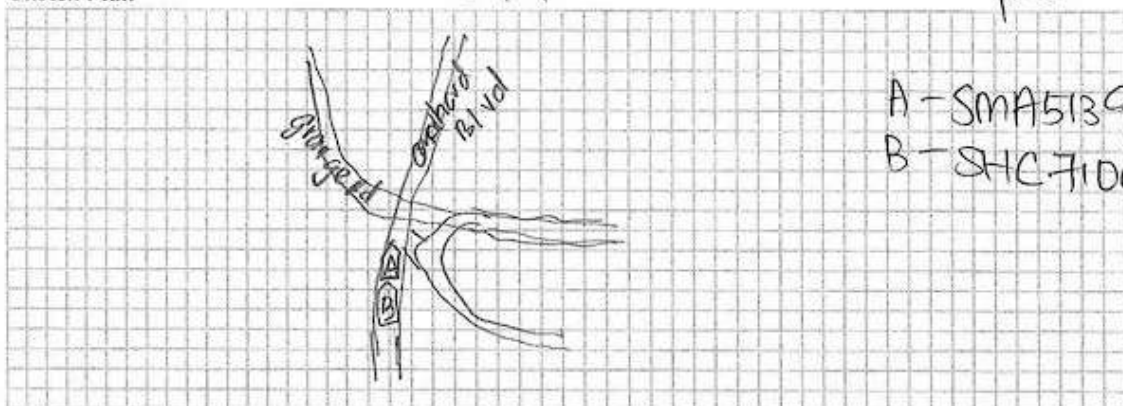
Sketch Plan

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

16/8/21

Witnessed by Reporting Centre Personnel

PW



Describe Circumstances of the Accident


Refer to police report.

Declaration

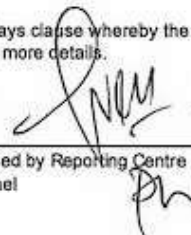
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

16/8/21


Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20210816/2050

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20210816/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2021 13:36		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: TAN SWEE AIK			Address: BLK		
ID Type / ID No.: NRIC NO / S 099E			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 07/08/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE 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: 14/08/2021 20:15	Type of Location: Straight Road
Location: ORCHARD BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHC7106Y	Car					0
SMA5139S	Car					2

Details of Person Involved

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



**SINGAPORE
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T/20210816/2050

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20210816/2050

CONTINUATION OF REPORT

Name	YAP KHOON HOCK		ID No.	S 0001D
Related Vehicle	SHC7106Y (Car)		Contact No.	NIL
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 SWEE AIK		ID No.	S 099E
Related Vehicle	SMA5139S (Car)		Contact No.	
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2021		Date Discharge	16/08/2021
No. of Days granted Medical Leave	07		Degree of Injury	NIL

Brief Details.

On 14/08/2021 at around 2015hrs, I was driving my vehicle, registration number: SMA5139S along Orchard Boulevard. As I was about turn left into Grange Road, I slowed my vehicle down. Suddenly, there was a loud impact coming from the rear side of my vehicle. I went outside my vehicle to make a check and discovered that there was a vehicle, registration number: SHC7106Y which had collided with the rear portion of my vehicle. As the vehicles were blocking the road, we both took photos of the accident and shifted to the side road.

There we exchanged particulars with each other. I then continued on with the trip.

I felt some pain on the back of my neck and shoulders so I went for a medical check-up. The doctor then gave me 7 days MC.

The damage to my vehicle is as follows:

- 1.) Dents and scratches on the rear bumper
- 2.) Dents and scratches on the rear hatch
- 3.) Rear hatch unable to be closed



**SINGAPORE
POLICE FORCE**



T/20210816/2050

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20210816/2050

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 MUHAMMAD HAZWAN BIN ADNAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2021 13:36
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: <div data-bbox="845 1825 1037 1926" style="border: 1px solid black; height: 45px; width: 120px;"></div>
Authentication Stamp NP168 