

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	13/09/2021 11:31 (SGT)
Date of Accident	11/09/2021 10:45 (SGT)
Exact Location of Accident	50 Choa Chu Kang Way, Singapore 688265
Additional Location Information	TRAFFIC LIGHT INFRONT OF BLK 239
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG8225G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DIEH SOW CHENG
NRIC No	SXXXX291Z
Email Address	DIEHCH8225@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97378225
Alternative Phone No	+65-97378225

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx270
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	2672

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118895332-01
Cover Note Number	-

DRIVER

Name of Driver	DIEH SOW CHENG
NRIC No	SXXXX291Z

Date Of Birth	27/03/1960
Occupation	Outdoor
Date Of Driving Pass	15/05/1985
Driving experience	36 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97378225
Alt. Phone Number	+65-97378225
Email Address	DIEHCH8225@HOTMAIL.COM
Address	BLK 401 CHOA CHU KANG AVENUE 3 #07-211
Address complement	-
Postcode	680401
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 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	TAN MEI LING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11 SEPTEMBER 2021, AT ABOUT 1045 HRS AT 50 CHOA CHU KANG WAY, TRAFFIC LIGHT INFRONT OF BLK 239. I WAS DRIVING ON THE RIGHT LANE AND STOPPED AT THE WHITE LINE WHEN THE TRAFFIC LIGHT WAS RED. SUDDENLY, I FELT A GREAT IMPACT AT MY REAR PORTION AND IT PUSHED MY VEHICLE FORWARD. WHEN I ALIGHTED, VEHICLE (B) HAD HIT ONTO MY REAR AND CAUSED DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER WITH ME. SHE HIT HER MOUTH ON THE DASHBOARD DURING THE ACCIDENT.

(A) SDG8225G
(B) SHB1772T

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	SHB1772T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM HOCK THIAM
NRIC No	SXXXX070H
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 MEI LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HIT MOUTH ON DASHBOARD
Injured person in which vehicle?	SDG8225G
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.

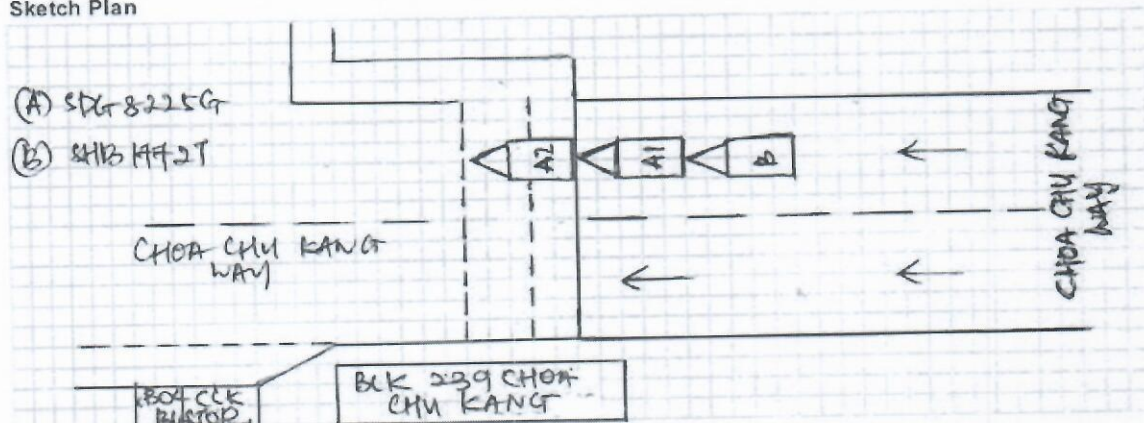
* 13-9-21 10.am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 11 SEPTEMBER 2021, AT ABOUT 1045 HRS AT CHOA CHU KANG
WAY TRAFFIC LIGHT IN FRONT OF BLK 339. I WAS DRIVING ON THE
RIGHT LANE AND STOPPED AT THE WHITE LINE WHEN THE TRAFFIC
LIGHT WAS RED. SUDDENLY, I FELT A GREAT IMPACT AT MY REAR
PORTION OF MY VEHICLE AND IT PUSHED MY VEHICLE FORWARD. WHEN
I ALIGHTED, VEHICLE (B) HAD HIT ON TO MY REAR AND CAUSED
DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER WITH ME. SHE HIT
HER MOUTH ON THE DASHBOARD DURING THE ACCIDENT.

(A) CDGT 8225G

(B) QHB 1772T

Declaration

We declare the foregoing particulars are true in every respect.

* B 13-9-21 10.am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Personnel

Witnessed by Reporting Centre
Personnel



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

Report No. T/20210915/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2021 14:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DIEH SOW CHENG			Address: 401 CHOA CHU KANG AVENUE 3 #07-211 SINGAPORE 680401		
ID Type / ID No.: NRIC NO / S2702291Z			Contact No.: Home/Office: Mobile: 97378225		
Nationality: MALAYSIAN			Email: diehch8225@hotmail.com		
Sex: Male	Age: 61	Date of Birth: 27/03/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2021 10:45	Type of Location: TRAFFIC LIGHT
Location: CHOA CHU KANG CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SDG8225G	Car	TOYOTA	LEXUS RX270 AUTO STANDARD	Silver		0
SHB1772T	TAXI					0



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210915/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDG8225G	NTUC Income Insurance Co-Operative Limited	5118895332-01	11/09/2021	10/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	DIEH SOW CHENG		ID No.	S2702291Z
Related Vehicle	SDG8225G (Car)		Contact No.	97378225
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	TAN MEI LING		ID No.	S2702292H
Related Vehicle	SDG8225G (Car)		Contact No.	97298225
Hospital/Clinic	CCK FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/09/2021		Date	13/09/2021
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	LIM HOCK THIAM		ID No.	NIL
Related Vehicle	SHB1772T (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210915/7011

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210915/7011

CONTINUATION OF REPORT

Brief Details.

ON 11 SEPTEMBER 2021, AT ABOUT 1045HRS AT 50 CHOA CHU KANG WAY, TRAFFIC LIGHT INFRONT OF BLK 239. I WAS DRIVING ON THE RIGHT LANE AND STOPPED AT THE WHITE LINE WHEN THE TRAFFIC LIGHT WAS RED. SUDDENLY, I FELT A GREAT IMPACT AT MY REAR PORTION AND IT PUSHED MY VEHICLE FORWARD. WHEN I ALIGHTED, VEHICLE (B) HAD HIT ONTO MY REAR AND CAUSED DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER WITH ME. SHE HIT HER MOUTH ON THE DASHBOARD DURING THE ACCIDENT AND RECEIVED 3 DAYS MC FROM CCK FAMILY CLINIC.

(A) SDG8225G

(B) DHB1772T



**SINGAPORE
POLICE FORCE**



T/20210915/7011

4 of 4

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

Report No. T/20210915/7011

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/09/2021 14:47

Classification Of Case: