

# 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 ..... 17/09/2021 15:47 (SGT)  
Date of Accident ..... 17/09/2021 08:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT BATOK EAST AVE TRAFFIC LIGHT JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP5056T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHIU KE BIN  
NRIC No ..... SXXXX885B  
Email Address ..... WINSON\_TINGWEI@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-88000985  
Alternative Phone No ..... +65-88000985

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 20-MS010702-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHIU KE BIN  
NRIC No ..... SXXXX885B

Date Of Birth .....	16/09/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	09/09/2008
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88000985
Alt. Phone Number .....	+65-88000985
Email Address .....	WINSON_TINGWEI@HOTMAIL.COM
Address .....	BLK 248 BUKIT BATOK EAST AVE 5 #03-52
Address complement .....	-
Postcode .....	650248
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER ATTACHMENT

#### 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 .....	SMF7688J
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	E250
Vehicle Variant .....	-
Vehicle Colour .....	Brown
Vehicle Category .....	Private car
Name of Driver .....	CHIN TECK SIONG
NRIC No .....	SXXXX645C
Contact Number .....	-
Address .....	26 BUKIT BATOK EAST AVE 2 #16-05

Address complement .....	-
Postcode .....	659920
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS



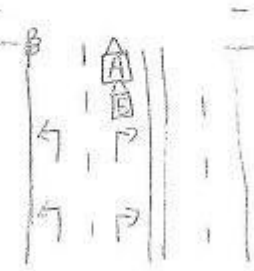
### INJURED 1

Name of injured person .....	KHIU KE BIN
Gender .....	Male
Phone No .....	(Phone) +65-88000985
Address .....	BLK 248 BUKIT BATOK EAST AVE 5 #03-52
Address Complement .....	-
Post Code .....	650248
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMP5056T
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/postal 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	Witnessed by Reporting Centre Personnel BUN N. BAK SOF THE
Sketch Plan		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>vehicle A SMP 5056T</p> <p>vehicle B SMP 7688J</p> </div> <div style="width: 55%;">  </div> </div>		


**Describe Circumstances of the Accident**

On 17/09/2021 about 08.50 am. My vehicle was stationary stopped at Bukit Batok East Ave 2 traffic light Junction. Suddenly vehicle B "SMP 7688J" out of sublan collided onto my rear car portion with impact quite bad. We came down and took scene photos and exchange particulars and left. I ~~felt~~ felt discomfort and pain on my lower back and went to NUTH to consult doctor. I have video footage recorded the accident too.

**Declaration**

I/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























GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SS27219H0001      Vehicle Registration No : SMP5056T  
 Name(as shown in NRIC): KHIU KE BIN  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 NRIC/Passport No : SXXXX885B  
 Address : Blk248 Bukit Batok East Ave 5 #03-52 S650248  
 Contact (Tel) : \_\_\_\_\_ (H/P) : +65 8800 0985  
 (Email) : winson\_tingwei@hotmail.com  
 Date of Accident : 17/9/2021 08:50      Time of Accident : \_\_\_\_\_  
 Place of Accident : Bukit Batok East Ave Traffic Light Junction  
 Insurance Company : Tokio Marine Insurance Singapore Ltd

**(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:

Khiu Ke Bin got 2 days injury

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Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm