

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 29/09/2021 16:47 (SGT)
Date of Accident 29/09/2021 09:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information TANGLIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW2283H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHIN HUAT
NRIC No S7214986F
Email Address chin_chinese_antique@yahoo.com.sg
Mobile Phone No (Phone) +65-97657177
Alternative Phone No +65-97657177

VEHICLE PARTICULARS

Manufacturer Toyota
Model ESTIMA 2.4 A
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 car
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5091916214-04
Cover Note Number 10/07/2021 TO 09/07/2022

DRIVER

Name of Driver SOH CHIN HUAT
NRIC No S7214986F

| | |
|--|------------------------------------|
| Date Of Birth | 12/04/1972 |
| Occupation | Indoor |
| Date Of Driving Pass | 23/07/1992 |
| Driving experience | 29 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97657177 |
| Alt. Phone Number | +65-97657177 |
| Email Address | chin_chinese_antique@yahoo.com.sg |
| Address | 25 TERRASSE LANE #01-27 (S) 544776 |
| Address complement | - |
| Postcode | - |
| 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 - Major/Minor Rd |
| 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 | Paya Lebar Neighbourhood Police Post |
| Police Station Address | Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 INSURER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKB9711G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-92246295 |
| 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 | SOH CHIN HUAT |
| Gender | Male |
| Phone No | (Phone) +65-97657177 |
| Address | 25 TERRASSE LANE #01-27 (S) 544776 |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | INTEMEDICAL KOVAN - 4 DAYS MC |
| Injured person in which vehicle? | SGW2283H |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

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.

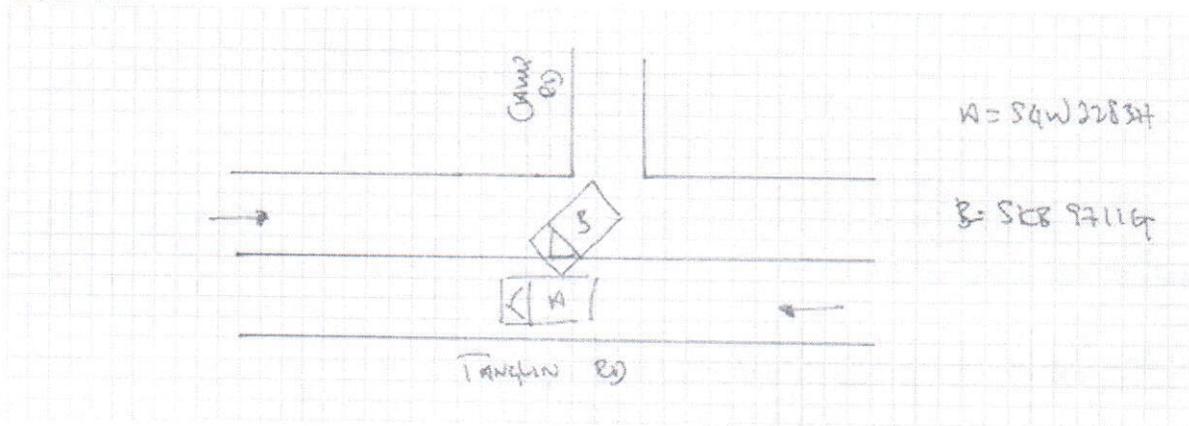



 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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/20210929/2051

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Report No. T/20210929/2051

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------|--|--------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SOH CHIN HUAT | ID No. | S7214986F |
| Related Vehicle | SGW2283H (Car) | Contact No. | 97657177 |
| Hospital/Clinic | INTEMEDICAL KOVAN | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 29/09/2021 | Date Discharge | 29/09/2021 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | Chang | ID No. | NIL |
| Related Vehicle | SKB9711G (Car) | Contact No. | 92246295 |
| 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 |

Brief Details.

On 29/09/2021 at about 0940hrs, I was driving my vehicle bearing plate no SGW2283H along Tanglin Road. A vehicle from a minor road, Camp road was making a right turn onto Tanglin road. The vehicle did not stopped on the stop line and was inching towards Tanglin road as I was approaching causing a collision. The driver was inching forward and she did not stop the vehicle which she knocked onto the right side of my vehicle.

We then stopped our vehicle to make a check and exchange contact details.

The damages to my vehicle were there were scratches from the right side of my vehicle. My right sliding door was damage as I could not open the door due to the collision.

I then contacted my insurance company to informed about the matter

I wish to add that there is an in car camera and I managed to capture the footage for the accident that had happened earlier.



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T/20210929/2051

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Report No. T/20210929/2051

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210929/2051

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Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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 F / Sgt 2 MOHAMAD YASHRIF BIN MOHAMED YASIN  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 29/09/2021 15:16 |
| Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151 | Classification Of Case: |

Authentication Stamp

NP168

SN 085



Signature: 

Singapore Police Force