

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	11/10/2021 14:47 (SGT)
Date of Accident	11/10/2021 09:10 (SGT)
Exact Location of Accident	Jurong West Ave 5 & Jln Bahar, Singapore
Additional Location Information	JURONG WEST AVE 5 SLIP ROAD TOWARDS JALAN BAHAR
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC6037K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KENDRICK
NRIC No	SXXXX231D
Email Address	kendricktan123@gmail.com
Mobile Phone No	(Phone) +65-92210037
Alternative Phone No	(Home) +65-92210037
VEHICLE PARTICULARS	
Manufacturer	Hyundai
Model	Elantra
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 hire
Transmission	Auto
CC	1591
INSURANCE COMPANY	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108825364-02
Cover Note Number	-
DRIVER	
Name of Driver	OUH LAY KENG
NRIC No	SXXXX562Z

Date Of Birth	19/08/1967
Occupation	Indoor
Date Of Driving Pass	10/09/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88269925
Alt. Phone Number	-
Email Address	kendricktan123@gmail.com
Address	760 JURONG WEST STREET 74
Address complement	#14-08
Postcode	640760
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3838Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	SOH KOON TAT
Contact Number	(Phone) +65-98244160
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	OUH LAY KENG
Gender	Female
Phone No	(Phone) +65-88269925
Address	760 JURONG WEST STREET 74
Address Complement	#14-08
Post Code	640760
Approximate Age Years Old	54
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMC6037K
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.

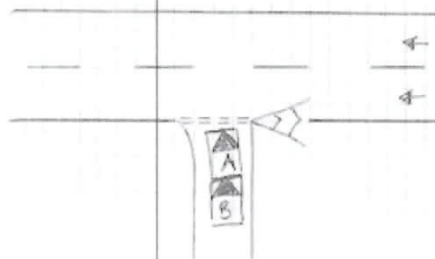

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



Sketch Plan



Vehicle A : SMC6037K
Vehicle B : SLD3838Z

Describe Circumstances of the Accident

Refer To police
Report

Declaration

I/We declare the foregoing particulars are true in every respect.

Km

Policyholder's Signature / Date &
Time

DS

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

[Signature]

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**

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



T/20211011/7008

1 of 3

Report No. T/20211011/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2021 12:37		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: OUH LAY KENG		Address: 760 JURONG WEST STREET 74 #14-08 SINGAPORE 640760	
ID Type / ID No.: NRIC NO / S1796562Z		Contact No.: Home/Office: Mobile: 88269925	
Nationality: SINGAPORE CITIZEN		Email: SERENEOUH1908@GMAIL.COM	
Sex: Female	Age: 54	Date of Birth: 19/08/1967	
Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:
Occupation: HOME MAKER		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: 11/10/2021 09:10	Type of Location: Straight Road
Location: JURONG WEST AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLQ3838Z	Car					0
SMC6037K	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20211011/7008

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Report No, T/20211011/7008

CONTINUATION OF REPORT

Driver			
Name	OUH LAY KENG	ID No.	S1796562Z
Related Vehicle	SMC6037K (Car)	Contact No.	88269925
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/10/2021	Date	11/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMC 6037 K) HAS COMPLETELY CAME TO A STOP DUE TO ONCOMING TRAFFIC FROM THE RIGHT, SUDDENLY, I FELT A HUGE IMPACT ON THE REAR OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLQ 3838 Z) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL (KOVAN) DUE TO PAIN IN MY NACK AND BACK.
I WAS GIVEN 3 DAYS MC.

**SINGAPORE
POLICE FORCE**

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



T/20211011/7008

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Report No. T/20211011/7008

CONTINUATION OF REPORTSketch 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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
11/10/2021 12:37

Classification Of Case:

