

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 25/10/2021 14:32 (SGT)
Date of Accident 22/10/2021 14:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DRIVE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX4920M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VANGUARD CAR RENTAL PTE. LTD.
Company Reg No 202035890R
Email Address TRIDENTAUTO.CLAIMS@GMAIL.COM
Mobile Phone No (Phone) +65-83599057
Alternative Phone No (Office) +65-63441918

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 1400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5120805080-000001
Cover Note Number -

DRIVER

Name of Driver LEE BAK SENG
NRIC No S1172255E

Date Of Birth	02/06/1956
Occupation	Outdoor
Date Of Driving Pass	09/02/1978
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92214736
Alt. Phone Number	-
Email Address	TRIDENTAUTO.CLAIMS@GMAIL.COM
Address	BLK 477 #06-354 JURONG WEST ST 41
Address complement	-
Postcode	640477
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ABHILASHA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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	FILE SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7100T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHD KHAIRI BIN ABD NGARNI
NRIC No	S8718657A
Contact Number	(Phone) +65-83226247
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	LEE BAK SENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX4920M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

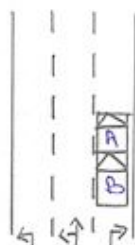
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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





(A) = SMX4920M

(B) = GBF7100T

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/20211023/2055

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20211023/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 16:23		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: LEE BAK SENG			Address: APT BLK 477 JURONG WEST STREET 41 #06-354 SINGAPORE 640477		
ID Type / ID No.: NRIC NO / S1172255E			Contact No.: Home/Office: Mobile: 92214736		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 02/06/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/10/2021 14:45	Type of Location: T-Junction
Location: PASIR RIS DRIVE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7100T	Van	TOYOTA				0
SMX4920M	Car	HONDA		Black		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211023/2055

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20211023/2055

CONTINUATION OF REPORT

Driver			
Name	MUHD KHAIRI BIN ABD NGARNI	ID No.	S8718657A
Related Vehicle	GBF7100T (Van)	Contact No.	83226247
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	LEE BAK SENG	ID No.	S1172255E
Related Vehicle	SMX4920M (Car)	Contact No.	92214736
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/10/2021	Date Discharge	23/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SMX4920M, along Pasir Ris Dr 6 and the traffic light was red. I then stopped my vehicle on the first lane while waiting for the light to turn green so that I could make a right turn to Pasir Ris Dr 1. While my vehicle was stationary, a vehicle, GBF7100T, suddenly collided onto the rear of my vehicle. I then looked at the rear view mirror and noticed that he was on his phone. We then went out of our vehicles to take pictures of the accident and exchange particulars. Damages to my vehicle are dents and scratches to the rear bumper and boot. I have inbuilt car camera which managed to capture the incident.

I then went to Our Family Physician Clinic & Surgery and received 3 days of MC dated from the 23/10/21 till the 25/10/21. Injuries are neck and back sprain and pain on my right hand.



**SINGAPORE
POLICE FORCE**



T/20211023/2055

3 of 3

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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211023/2055

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 / Sgt 3 ABDUL RAHMAN BIN MOHAMED ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2021 16:23
Officer In Charge Of Case: TP / GIA / Staff Sgt ROIZMAN BIN MOHAMED ROSARI Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168	

