

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	01/11/2021 14:13 (SGT)
Date of Accident	29/10/2021 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5767E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHI HOA
NRIC No	SXXXX687E
Email Address	REUBENTAN20021@GMAIL.COM
Mobile Phone No	(Phone) +65-93896879
Alternative Phone No	(Home) +65-93896879

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1799

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123639319
Cover Note Number	-

DRIVER

Name of Driver	TAN KUAN XIAN REUBEN
NRIC No	TXXXX371J

Date Of Birth	09/03/2002
Occupation	Indoor
Date Of Driving Pass	19/10/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86000871
Alt. Phone Number	-
Email Address	REUBENTAN20021@GMAIL.COM
Address	BLK 478B YISHUN ST 44 #12-135
Address complement	-
Postcode	762478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	YAO HONG TENG HAZEL
Gender	Female

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 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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFN8018C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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 KUAN XIAN REUBEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKJ5767E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YAO HONG TENG HAZEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKJ5767E
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' law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

SHUYI

A: SKJ 5767E

B: SFN 8018C



Describe Circumstances of the Accident

On 29.10.2021 at about 22:15pm I was travelling along Corporation Road towards
 Turing Pt. I was stationary. Suddenly, vehicle B hit my rear portion.

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

SHUYI

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20211030/7014

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

3 of 3

Report No. T/20211030/7014

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 /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant

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

Date/Time:
30/10/2021 13:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211030/7014

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

2 of 3

Report No: T/20211030/7014

CONTINUATION OF REPORT

Driver			
Name	TAN KUAN XIAN REUBEN	ID No	T0207371J
Related Vehicle	SKJ5767E (Car)	Contact No	86000871
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	30/10/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details:

i was driving veh SKJ5767E on the mention date n time. I stopped upon red light when the traffic light turn green n the veh SFN8Q18C behind crush into my rear before i moved off. I was given 5 days MC by mount alvernia hospital after feeling neck n back ache



**SINGAPORE
POLICE FORCE**



T/20211030/7014

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

1 of 3

Report No. T/20211030/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/10/2021 13:51

Vide Report No.:

Station Diary No.

Informant's Particulars

Name of Informant:
TAN KUAN XIAN REUBEN

Address:
478B YISHUN STREET 44 #12-135 SINGAPORE 762478

ID Type / ID No.:
NRIC NO. / T0207371J

Contact No.:
Home/Office: Mobile: 86000871

Nationality:
SINGAPORE CITIZEN

Email:
REUBENTAN20021@GMAIL.COM

Sex: Age: Date of Birth:
Male 19 09/03/2002

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:
English

Occupation:
Other administrative and related
associate professionals nec

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	29/10/2021 22:15	Straight Road
Location: JURONG WEST AVENUE 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SFN8018C	Car					0
SKJ5767E	Car					0

Details of Person Involved

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