# **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 witholding 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.

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   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 01/12/2021 14:37 (SGT) Date of Accident 30/11/2021 19:35 (SGT) Exact Location of Accident Science Park Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJL4303T

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KOK KHOO NRIC No SXXXX803J Email Address tankokkhoo@gmail.com Mobile Phone No (Phone) +65-90676066 Alternative Phone No (Home) +65-90676066

### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1497

# **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5105858763-02 Cover Note Number

## DRIVER

Name of Driver TAN KOK KHOO NRIC No SXXXX803J

Date Of Birth 29/04/1966 Occupation Outdoor Date Of Driving Pass 24/04/2000 Driving experience 21 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90676066 Alt. Phone Number (Home) +65-90676066 Email Address tankokkhoo@gmail.com Address **BLK 162 MEI LING STREET** Address complement #08-361 Postcode 140162 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH7495S Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Gender	TAN KOK KHOO Male
Phone No	(Phone) +65-90676066
Address	BLK 162 MEI LING STREET
Address Complement	#08-361
Post Code	140162
Approximate Age Years Old	55
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJL4303T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
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- 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)

Lunderstand, 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.

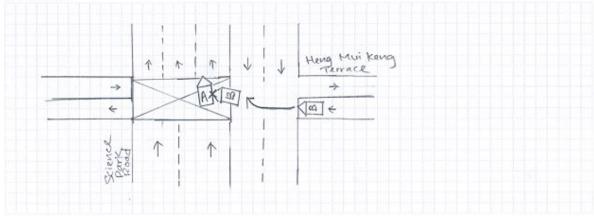
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Co. Reg. No

### Sketch Plan



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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel























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

1 of 3 Report No. T/20211130/7035

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2021 22:42		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: K KHOO		Address: 162 MEI LING STREET #08-	361 SINGAPORE 140162		
	/ ID No.: D / S17468	03J	Contact No.: Home/Office:	Mobile: 90676066		
Nationality: SINGAPORE CITIZEN		ΈN	Email: TANKOKKHOO@GMAIL.COM			
Sex: Male	Age: 55	Date of Birth: 29/04/1966	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 3,4	Date of Expiry:		

General Infor	mation of the Acci	ident		4134
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2021 19:35	Type of Location Straight Road
Location: SCIENCE PA Weather:	RK ROAD	Road Surface:		
Clear		Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:	1.0	raffic Volume: ight
Type of Collis	ion:		a	inyone conveyed by mbulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SH7495S	TAXI			Blue		0
SJL4303T	Car	ТОУОТА	VIOS G AUTO	Blue		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211130/7035

### CONTINUATION OF REPORT

Details of V	ehicle Insurance	- 1021	4 7 4	ter et
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL4303T	NTUC Income Insurance Co-Operative Limited	5105858763-02	03/12/2020	02/12/2021

Details of Perso	n Involved		9		
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian Cros	ssing: NA
Driver				100	19-1 CARE S
Name	TAN KOK KHOO			ID No.	S1746803J
Related Vehicle	SJL4303T (Car)			Contact No	. 90676066
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)			Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	30/11/2021 Date			NIL	W
No. of Days granted Medical Leave 03			Degree of	Sligi	nt

# Brief Details.

I, DRIVER OF SJL4303T WAS DRIVING ALONG SCIENCE PARK ROAD WHEN TAXI, SH7495S DROVE OUT OF SMALL ROAD (HENG MUI KENG TERRACE) AND HIT MY VEHICLE ON THE DRIVER'S SIDE FRONT AND BACK.



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



3 of 3 Report No. T/20211130/7035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2021 22:42
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEND	UM	
) PARTICULARS OF PERSON MAKING THE AMENDMENT	S:	
Original Report No: SAIE JIC 10003	_ Vehicle Registration No:_	SJL 4303 T
Name (as shown in NRIC): Ton tok thoo	NRIC/FIN/Passport No: _	[E0864F12
(*Vehicle Driver/Vehicle Owner) (*) Please delete as a		
Address: BIK 162 MEI 11NG STREET	#08-361	Singapore (147162
Contact (Tel): 9067 6066	Mobile No.:	
Email Address: Tantokkhoo @ gmail . com	<u></u>	
Date of Accident: 30/11/2021	Time of Accident:	9:35
Place of Accident: Science Park Road		
Insurance Company: NTUC		
) ADDITIONAL INFORMATION /AMENDMENTS:		
<u> </u>		
		Co. Reg. No. 2013188950
Policyholder / Driver's Signature Date:	Reporting Centre Personame: NRIC/FIN No.: Date:	nnel's Signature

GIARMC Addendum Form

