

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	18/12/2021 12:17 (SGT)
Date of Accident	17/12/2021 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8909B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIZTEK LEASING
Company Reg No	5XXXX851B
Email Address	dav.biztekleasing@gmail.com
Mobile Phone No	(Phone) +65-98321500
Alternative Phone No	+65-98321500

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112080837-02
Cover Note Number	-

DRIVER

Name of Driver	TAN LEE BOON
NRIC No	SXXXX109E

Date Of Birth	28/03/1972
Occupation	Outdoor
Date Of Driving Pass	14/12/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-87812577
Alt. Phone Number	-
Email Address	dav.biztekleasing@gmail.com
Address	BLK 634 VEERASAMY ROAD #03-140
Address complement	-
Postcode	200634
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	Drizzling
Road Surface	Wet

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	AMAN (H/P: 82579233)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC2169C
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 LEE BOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR8909B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

BIZTEK LEASING

UEN: 53329851B



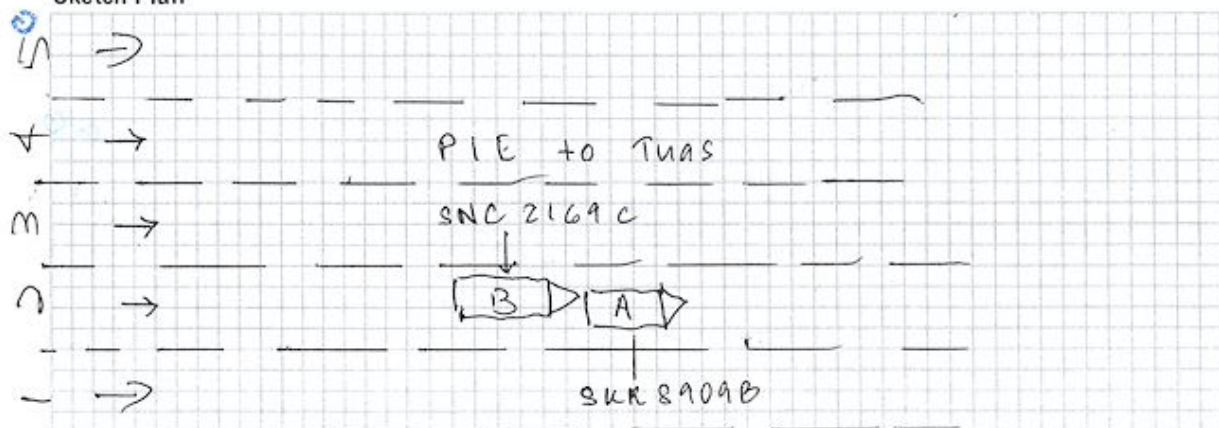
Policyholder's Signature / Date & Time



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




Witnessed by Reporting Centre Personnel

Sketch Plan

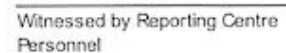
Refer to police report

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

Policyholder's Signature / Date &
Time

NG 

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









**SINGAPORE
POLICE FORCE**



T/20211217/2050

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20211217/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2021 13:14		Vide Report No.:		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: TAN LEE BOON			Address: APT BLK 634 VEERASAMY ROAD #03-140 SINGAPORE 200634		
ID Type / ID No.: NRIC NO / S7211109E			Contact No.: Home/Office: Mobile: 87812577		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 28/03/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2021 07:35	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1779				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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 Passenger
SKR8909B	Car	HONDA	VEZEL 1.5X AUTO	White	Slightly Damaged	1
SNC2169C	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211217/2050

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20211217/2050

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving along PIE toward Tuas on the 2nd lane. As I observed the car in front of me had stopped, I managed to brake in time as well.

Suddenly, I felt an impact from the rear of my vehicle and I proceeded to make a check. I noticed that one vehicle (SNC2169C) had hit the rear of my vehicle.

The impact caused the rear of my vehicle to be dented. I also wish to state that I sustain neck and back injury and had seen the doctor. I was given 4 days MC.

I wish to state that I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20211217/2050

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20211217/2050

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 E / Sgt 2 EMILY CHAN MUN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2021 13:14
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case: SN 061
Authentication Stamp NP168	SIGNATURE

