

# 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 ..... 22/12/2021 17:55 (SGT)  
Date of Accident ..... 22/12/2021 11:20 (SGT)  
Exact Location of Accident ..... Alexandra Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS4805B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BOO YEOW THONG  
NRIC No ..... S0088278Z  
Email Address ..... BU88TONG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97817758  
Alternative Phone No ..... (Home) +65-97817758

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5114312163  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BOO YEOW THONG  
NRIC No ..... S0088278Z

Date Of Birth .....	14/05/1947
Occupation .....	Indoor
Date Of Driving Pass .....	28/12/1965
Driving experience .....	56 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97817758
Alt. Phone Number .....	(Home) +65-97817758
Email Address .....	BU88TONG@GMAIL.COM
Address .....	BLK 514 JURONG WEST ST 52 #08-12
Address complement .....	-
Postcode .....	640514
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 - 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 .....	Hong Kah South Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005648999
Alt. Police Station Phone No .....	(Fax) +65-66655797
Police Station Address .....	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20211223/2099.

#### 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 .....	SFM861S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	CHEE KAM HENG
Contact Number .....	(Phone) +65-98592478
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 .....	BOO YEOW THONG
Gender .....	Male
Phone No .....	(Phone) +65-97817758
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLS4805B
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")

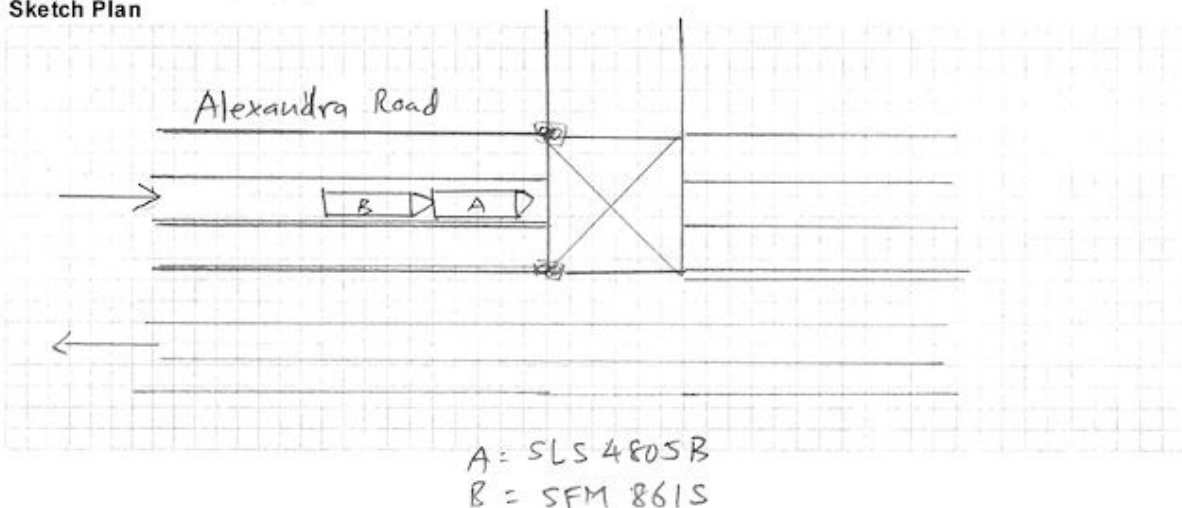
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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  
22/12/21

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

### Describe Circumstances of the Accident

I stopped at the traffic light due to red light.  
Suddenly vehicle 'B' hit directly onto my vehicle  
rear portion.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
22/12/21

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

Witnessed by Reporting Centre Personnel

















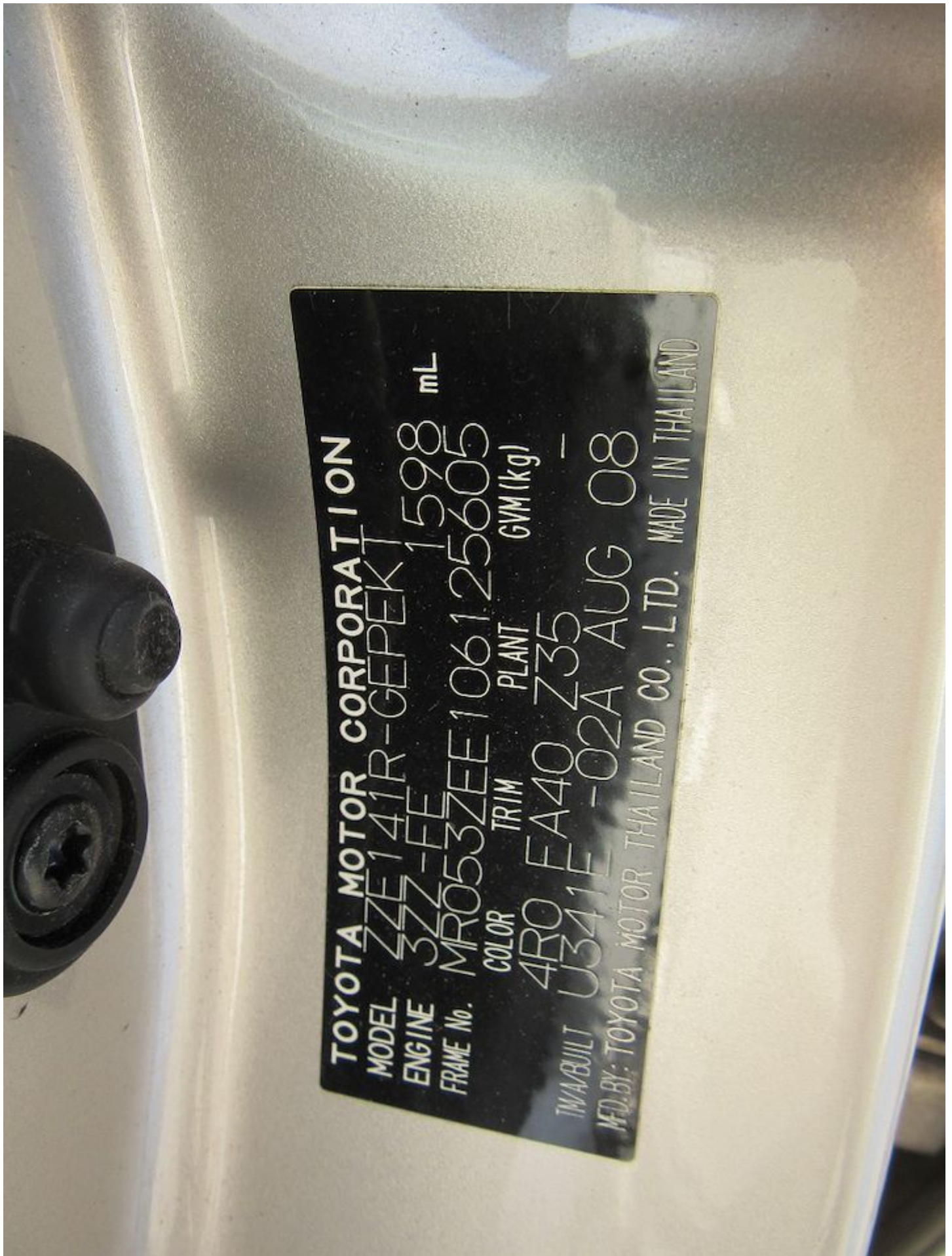

















**SINGAPORE  
POLICE FORCE**


T/20211223/2099

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

1 of 3

Report No. T/20211223/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/12/2021 18:47	Vide Report No.:	Station Diary No.: 32
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**Informant's Particulars**

Name of Informant: BOO YEOW THONG			Address: APT BLK 514 JURONG WEST STREET 52 #08-12 SINGAPORE 640514	
ID Type / ID No.: NRIC NO / S0088278Z			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 97817758
			Email:	
Sex: Male	Age: 74	Date of Birth: 14/05/1947	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: EXECUTIVE SECRETARY			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: 22/12/2021 11:20	Type of Location: T-Junction
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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 Passenger
SFM861S	Car					0
SLS4805B	Car					0

**Details of Person Involved**

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





**SINGAPORE  
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T/20211223/2099

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

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Report No. T/20211223/2099

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHAM KAM HENG		ID No. S1106559G
Related Vehicle	SFM861S (Car)		Contact No. 98592478
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
<b>Vehicle Owner</b>			
Name	BOO YEOW THONG		ID No. S0088278Z
Related Vehicle	SLS4805B (Car)		Contact No. 97817758
Hospital/Clinic	ICON MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2021	Date Discharge	23/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 22/12/2021 at about 1120hrs, I was driving along Alexandra Road in the 2nd lane near the T Junction between Hyderabad Road and Alexandra Road when I had stopped due to a RED traffic light. I was at a complete stop when suddenly, SFM861S rammed me in the rear, causing my car to surge forward. I wish to state that I am not the first car in queue for the traffic light, however I kept quite a distance from the vehicle in front and did not cause a chain collision.

After which, I exchanged particulars with CHAM KAM HENG, S1106559G, HP: 98592478. We then took photos of the damages to both our vehicles. We then went off without further incident.

On 23/12/2021, I woke up feeling ache on my back and proceeded to ICON MEDICAL CLINIC and acquired 03 days Medical Leave. I do not have any in car camera within my vehicle.



**SINGAPORE  
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T/20211223/2099

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SINGAPORE 640510  
Tel No: 1800-5648999

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Report No. T/20211223/2099

**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 J / Sgt 2 CHIANG WEI TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2021 18:47
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY	
SIGNATURE	



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SM0G21CM0002 Vehicle Registration No: SL5 4805B  
 Name (as shown in NRIC): Boo Yeow Theng NRIC/FIN/Passport No: Sxxxx2782  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Bk 514 Jurong West St 52 #08-12 Singapore (640514)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9781 7758  
 Email Address: BU88Tong@gmail.com  
 Date of Accident: 22/12/21 Time of Accident: 11:20  
 Place of Accident: Alexandra Rd  
 Insurance Company: KITAC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To attach police report No. T/20211223/2099.

Policyholder / Driver's Signature  
Date:

27-12-2021

GIARMC Addendum Form

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



27/12/21