



# 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	06/01/2022 17:41 (SGT)
Date of Accident	05/01/2022 09:10 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	KPE TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8977K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOM995 & SERVICES
Company Reg No	5XXXX131W
Email Address	A6679B@GMAIL.COM
Mobile Phone No	(Phone) +65-93886882
Alternative Phone No	(Home) +65-93886882

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	No
Policy Number	5124403760
Cover Note Number	-

### DRIVER

Name of Driver	TOMMY PHUA YU LIN
NRIC No	SXXXX225C

Date Of Birth	07/01/1964
Occupation	Outdoor
Date Of Driving Pass	06/07/1983
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93886882
Alt. Phone Number	-
Email Address	A6679B@GMAIL.COM
Address	54 SENGKANG SQUARE
Address complement	#11-09
Postcode	544832
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AD POLICE REPORT 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	FILE TOO BIG, VIDEO WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP7579L
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Vehicle Manufacturer	Toyota
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	TOMMY PHUA YU LIN
Gender	Male
Phone No	(Phone) +65-93886882
Address	54 SENGKANG SQUARE
Address Complement	#11-09
Post Code	544832
Approximate Age Years Old	57
Injuries Sustained	-
Injured person in which vehicle?	SLE8977K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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' 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) General Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

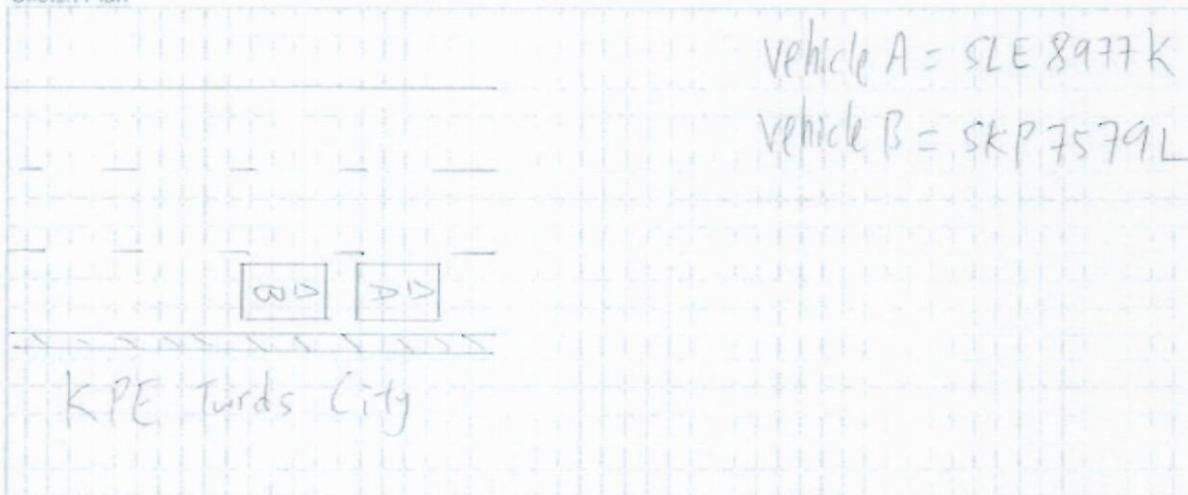
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel



**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report : G/20220105/7092

Declaration

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



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel

Page





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20220105/7092

However, moments after coming to a complete stop, a huge impact crashed into my vehicle causing my vehicle to jerk forward.

Fortunately, I did not collide into the vehicle in front.

I alighted to realise that SKP7579L had collided into my vehicle's rear.

The driver of SKP7579L was also very sincere when apologising for his mistake.

Initially, I felt fine. However, as the day progressed, I started experiencing stiffness and soreness over my neck, shoulders and lower back areas.

Hence, I proceeded to my family doctor at Pow Family Clinic in the evening to seek treatment. I was given 3 days MC for my accident related injuries.

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 05/01/2022 21:06</p>
<p>Officer In-Charge Of Case:</p>	<p>Classification Of Case:</p>

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	131W
Vehicle Details	
Vehicle No.:	SLE8977K
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	L15B4034644
Chassis No.:	RU11114635
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,958.00
Original Registration Date:	04 Aug 2016
First Registration Date:	04 Aug 2016
Transfer Count:	2
Actual ARF Paid:	\$11,342.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Aug 2026
PARF Rebate Amount:	\$7,939.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,503.00
COE Rebate Amount:	\$24,007.00
<b>Total Rebate Amount:</b>	<b>\$31,946.00</b>

The information contained herein is correct as at 07 Jan 2022

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