

# 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 .....	04/04/2022 14:33 (SGT)
Date of Accident .....	03/04/2022 16:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Sims Avenue
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD6857E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SOH PUAY GUAN
NRIC No .....	SXXXX119H
Email Address .....	bsp74@yahoo.com
Mobile Phone No .....	(Phone) +65-85888668
Alternative Phone No .....	+65-85888668

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5111208162-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SOH PUAY GUAN
NRIC No .....	SXXXX119H

Date Of Birth .....	17/12/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	28/01/2000
Driving experience .....	22 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85888668
Alt. Phone Number .....	+65-85888668
Email Address .....	bsp74@yahoo.com
Address .....	279 BALESTIER ROAD #08-03 BALESTIER POINT
Address complement .....	-
Postcode .....	329727
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 .....	Cloudy
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no : T/20220403/2055

#### 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 .....	SBS3975T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Bus
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) .....	-

**Describe Circumstances of the Accident**

Please refer to police report.

**Declaration**

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

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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 &amp; Time

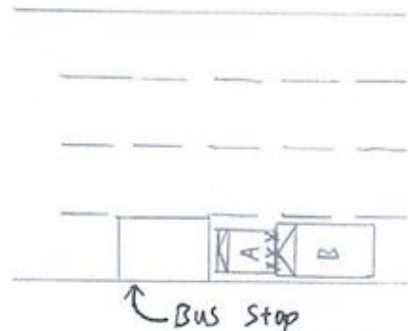
Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SMD 6857E

B: SDB 3975T






**SINGAPORE  
POLICE FORCE**


T/20220403/2055

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3  
Report No. T/20220403/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/04/2022 18:49		Vide Report No.: G/20220403/0159	Station Diary No.: 101
<b>Informant's Particulars</b>			
Name of Informant: SOH PUAY GUAN		Address: 279 BALESTIER ROAD #08-03 SINGAPORE 329727	
ID Type / ID No.: NRIC NO / S7440119H		Contact No.: Home/Office: Mobile: 85888668	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 17/12/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES AGENT		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/04/2022 16:30	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Cloudy	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	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3975T	Bus/Coach/Minibus	VOLVO	B9TL 9.4L AUTO TURBO ABS	Multi-Colored		0
SMD6857E	Car	KIA	CERATO 1.6(A) EX	Blue	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD6857E	NTUC Income Insurance Co-Operative Limited	5111208162-02	30/08/2021	29/08/2022



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CONTINUATION OF REPORT

2 of 3  
Report No. T/20220403/2055

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SHAHZRIL AMRI BIN MOHD SHAH	ID No.	G2676336W
Related Vehicle	SBS3975T (Bus/Coach/Minibus)	Contact No.	92339314
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SOH PUAY GUAN	ID No.	S7440119H
Related Vehicle	SMD6857E (Car)	Contact No.	85888668
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### Brief Details.

On 03/04/2022 at about 1630hrs, I was driving my car (SMD6857E) along Sims Avenue towards Paya Lebar, I then noticed one bus (SBS3975T) flashing his high beam behind me and honking behind me throughout the 100metre distance. The bus also travelling very close to my car and have no intention of slowing down. At that moment there was many vehicles on the road, hence unable to drive fast and I was travelling about 35km/hr. Subsequently, the bus then collided onto the rear of my car. We then alighted from our own vehicle and make damage assessment on the vehicles. The driver then started claiming I jam break that caused the collision. Subsequently, one female subject alighted from the bus and inform her elbow was hurting, hence I called for ambulance. Shortly after, Traffic Police arrived and took the memory card from my vehicle.

I am lodging this Police report as instructed by the Traffic Police.



**SINGAPORE  
POLICE FORCE**



T/20220403/2055

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Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3  
Report No. T/20220403/2055

**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 1 WILSON NG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2022 18:49
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

NP168