

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	22/04/2022 14:34 (SGT)
Date of Accident	21/04/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8501K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH CHOON KANG
NRIC No	SXXXX894J
Email Address	SCKKANG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91708478
Alternative Phone No	+65-91708478

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5097352330-04
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	SEAH CHOON KANG
NRIC No	SXXXX894J

Date Of Birth	22/11/1962
Occupation	Outdoor
Date Of Driving Pass	04/11/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91708478
Alt. Phone Number	+65-91708478
Email Address	SCKKANG@HOTMAIL.COM
Address	BLK 498B TAMPINES ST 45 #06-368
Address complement	-
Postcode	521498
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20220422/2028

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	SD CARD WITH T.POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF2751S
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Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	SHANMUGAM SAKTHIVEL SHANMUGAM
NRIC No	SXXXX458G
Contact Number	(Phone) +65-82184724
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX6685C
Vehicle Manufacturer	Nissan
Vehicle Model	Teana
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	KEU
Contact Number	(Phone) +65-96167697
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH CHOON KANG
Gender	Male
Phone No	(Phone) +65-91708478
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV8501K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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

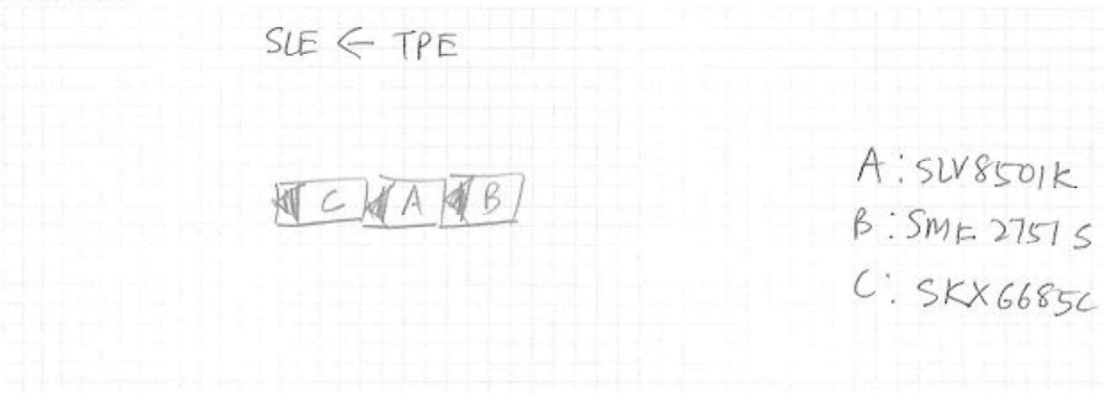
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 22 04 22
Policyholder's Signature / Date & Time 12:30 pm

 22 04 22
Driver's Signature (If driver is not the policyholder) / Date & Time 12:30 pm


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

See attached Police Report No: T/20220422/2028.

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



**SINGAPORE
POLICE FORCE**



T/20220422/2028

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220422/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2022 11:10	Vide Report No.: G/20220421/0071	Station Diary No.: 21
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Informant's Particulars

Name of Informant: SEAH CHOON KANG			Address: APT BLK 498B TAMPINES STREET 45 #06-368 SINGAPORE 521498		
ID Type / ID No.: NRIC NO / S1554894J			Contact No.: Home/Office: Mobile: 91708478		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 22/11/1962	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2022 10:30	Type of Location: Bend
Location: TAMPINES EXPRESSWAY				
Weather: Heavy rain		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SKX6685C	Car	NISSAN	NISSAN TEANA	White	Slightly Damaged	0
SLV8501K	Car	HONDA	HONDA SHUTTLE	Silver	Seriously Damaged	1
SMF2751S	Car	MAZDA	MAZDA 3	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220422/2028

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20220422/2028

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV8501K	NTUC Income Insurance Co-Operative Limited	5097352330-04	18/01/2022	17/01/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SEAH CHOON KANG	ID No.	S1554894J
Related Vehicle	SLV8501K (Car)	Contact No.	91708478
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/04/2022	Date Discharge	21/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SHANMUGAM SAKTHIVEL SHANMUGAM	ID No.	S7574458G
Related Vehicle	SMF2751S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the abovementioned date, time. I was driving my vehicle (SLV8501K) along TPE>SLE TAMPINES AVE 12 SLIP RD AFTER IKEA, when I was hit by a grey Mazda 3 (SMF2751S) from the rear. This resulted in my vehicle moving forward and hitting another vehicle, a white Nissan Teana (SKX6685C) from the back. Shortly after, Traffic Police SGT(2) Rebecca arrived at scene.

The weather during the time of accident was very heavy rain. I would also like to indicate that I have a dash cam, and the SD Card was handed over to SGT(2) Rebecca at scene.



**SINGAPORE
POLICE FORCE**



T/20220422/2028

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20220422/2028

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:

G /

SGT-3 SITI NUR SYAFIQAH

BINTE AZMAN

MUHAMMAD AMMAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR ADELINA BINTE

MOHAMMAD FUAT

Contact No.: 65476066

Signature Of Informant:

Date/Time:

22/04/2022 11:10

Classification Of Case:

NP168



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: SK0M224M0004 Vehicle Registration No: SLV8501K
 Name (as shown in NRIC): SEAH CHOON KANG NRIC/FIN/Passport No: SXXXX894J
 (* ~~XXXXXXXX~~ Deleted Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91708478
 Email Address: _____
 Date of Accident: 21.04.2022 Time of Accident: 10:30
 Place of Accident: TPE TWDS SLE
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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 AMENDMENT LETTER. "THE INFORMANT WAS CONVEYED BY
CONVEYED BY AMBULANCE ." THAT ALL.

Policyholder / Driver's Signature
Date: 22.04.2022

Reporting Centre Personnel's Signature
Name: SHARON YEE
NRIC/FIN No.:
Date: 22.04.2022



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20220421/0071

I, T210155 SGT(2) Rebecca
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 X IRDAD 32 MICRO SD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from SEAH CHON KANG S1554894J
(Name, NRIC or Passport No. / Rank and No.)

of BLK 498B TAMPINES STREET 45 #06-368 S521498
(Address / Police Station / NPC / NPP)

on 21/4/22 at 1130HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

(Signature)
SEAH CHON KANG S1554894J
(Name, NRIC or Passport No. / Rank and No.)

(Signature)
SGT(2) Rebecca T210155
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Officer- In -Charge
Investigation Section
Traffic Police

No. 10 Ubi Avenue 3
Singapore 408865

Name: SEAH CHOON KANG
NRIC : S1554894J
Address: BLK 498B TAMPINES
STREET 45 #06-368 SINGAPORE
521498

Pg / Hp: 91708478

Dear Sir

ACCIDENT INVOLVING TPE>SLE TAMPINES AVE 12 SLIP RD AFTER IKEA.
ON 21/04/2022 AT 1030 HRS.

With reference to the above, I have on 22/04/2022 (date) at 1022(time) make a police report at Tampines NPC (Name of police station / NPP) in NP 168 / T/20220422/2028

2 On 22/04/2022 (date), at 1402HRS (time), at Tampines NPC (Name of Police Station/NPP), I make the following amendments to the above report.

Vide to T/20220422/2028, I would like to make the following amendments.
The Informant was Conveyed by Ambulance.
Yours faithfully


Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: Sgt Ammar	Station Diary No. 35
Signature 