

# 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 ..... 28/04/2022 12:48 (SGT)  
Date of Accident ..... 28/04/2022 08:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PIE BESIDE LAMP POST NUMBER : 1094  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC8821P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KHIM SEAH ENTERPRISE PTE LTD  
Company Reg No ..... 200206061K  
Email Address ..... CLAIMS@KHIMSEAH.COM  
Mobile Phone No ..... (Phone) +65-90225749  
Alternative Phone No ..... +65-90225749

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... LT134P  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 44660

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5115331715-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG TAT  
NRIC No ..... S0687982I

Date Of Birth .....	08/07/1951
Occupation .....	Outdoor
Date Of Driving Pass .....	25/02/1983
Driving experience .....	39 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91132284
Alt. Phone Number .....	-
Email Address .....	CLAIMS@KHIMSEAH.COM
Address .....	BLK 158 #11-711
Address complement .....	WOODLANDS STREET 13
Postcode .....	730158
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	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 : T/20220428/2030 AND SKETCH PLAN

#### 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 .....	INFORM DRIVER TO EMAIL VIDEO TO INCOME
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC7592G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	10

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHB4111G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	-
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB4111G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	-
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PC7592G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT 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. 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 lodgment 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:

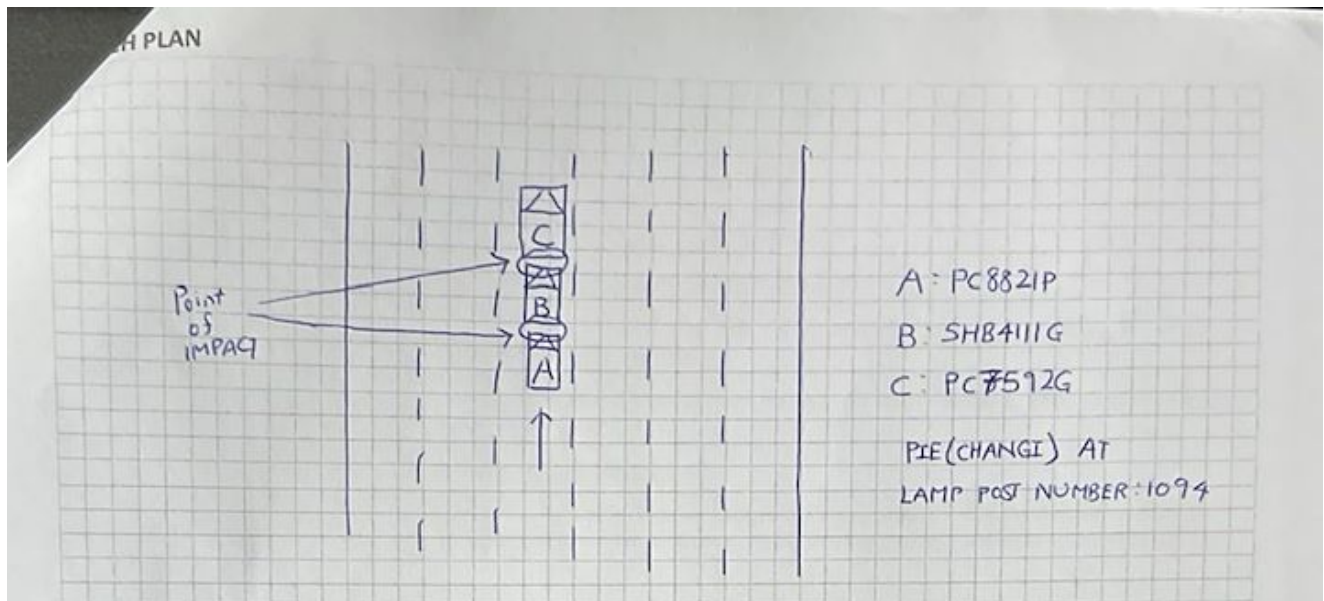
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time: 28/04/2022  
1300HRS

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/04/2022  
1300HRS

Reporting Centre Personnel's Signature  
Name: VINCENT SOH  
NRIC/FIN No.: S99138



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20220428/2030

DECLARATION

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

Policyholder's Signature  
Date & Time: 28/04/2022  
1300 HRS

GIARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/04/2022  
1300 HRS

Reporting Centre Personnel's Signature  
Name: VINCENT SOH  
NRIC/FIN No.: S991138



















# SINGAPORE POLICE FORCE



T/20220428/2030

1 of 3

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

Report No. T/20220428/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2022 11:37	Vide Report No.: E/20220428/0046	Station Diary No.: 70
--	-------------------------------------	--------------------------

## Informant's Particulars

Name of Informant: NG TAT			Address: APT BLK 158 WOODLANDS STREET 13 #11-711 SINGAPORE 730158	
ID Type / ID No.: NRIC NO / S06879821			Contact No.: Home/Office: Mobile: 91132284	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 08/07/1951	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2022 08:15	Type of Location: EXPRESSWAY
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1094				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7592G	Bus/Coach/Mi nibus					9
PC8821P	Bus/Coach/Mi nibus					0
SHB4111G	TAXI					1



SINGAPORE  
POLICE FORCE



T/20220428/2030

2 of 3

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

Report No. T/20220428/2030

CONTINUATION OF REPORT

**Brief Details.**

On 28/04/2022 at about 0835hrs, I was driving my bus bearing registration no: PC 8821P along PIE towards Changi. Near to Eng Neo Ave along lane 1, there was a traffic jam and the said taxi SHB 4111G was travelling in front of my bus. I was not careful and collided into the said taxi. Due to the impact, the taxi surge forward and collided into the rear of another minibus bearing registration no: PC 7592G. We then came down and I observed that there was a dent on my front vehicle registration plate. The said taxi had a dent at it's rear boot. The minibus also suffered a rear dent at his rear bumper.

I did not exchange particulars with anyone of them. The minibus then call for the paramedics however I did not observed any visible injuries on them.

. The taxi passenger and the minibus passenger were conveyed to hospital by the paramedics. The traffic police came vide E/20220428/0046. I did not feel any pain on my body and there is a in car camera install in my bus which capture the accident.

I was advised by the traffic police to lodge a report.



SINGAPORE  
POLICE FORCE



T/20220428/2030

3 of 3

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

Report No. T/20220428/2030

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 3 CHI WEI SIANG,  
DESMOND

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
28/04/2022 11:37Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Classification Of Case:

NP168