

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	13/07/2022 14:51 (SGT)
Reported by	Driver
Date of Accident	13/07/2022 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAN ISLAND EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9995P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5128626563

DRIVER

Name of Driver	GREGORY LAI KAR JUN
NRIC No	S9326322G
Date Of Birth	28/07/1993
Occupation	Outdoor

Date Of Driving Pass	16/01/2013
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92726037
Alt. Phone Number	-
Email Address	GREGORYLKJ@HOTMAIL.COM
Address	BLK 311 YISHUN RING ROAD #12-1270
Address complement	-
Postcode	760311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWNWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6641Z
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG KOK MENG, SAMUEL
NRIC No	S8537327G
Contact Number	(Phone) +65-97899141
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GREGORY LAI KAR JUN
Gender	Male
Phone No	(Phone) +65-92726037
Address	BLK 311 YISHUN RING ROAD #12-1270
Address Complement	-
Post Code	760311
Approximate Age Years Old	29
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMX9995P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

I/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

13/07/2022
1445HRSWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

TIENTOHIAT HENRY

2

SKETCH PLAN**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

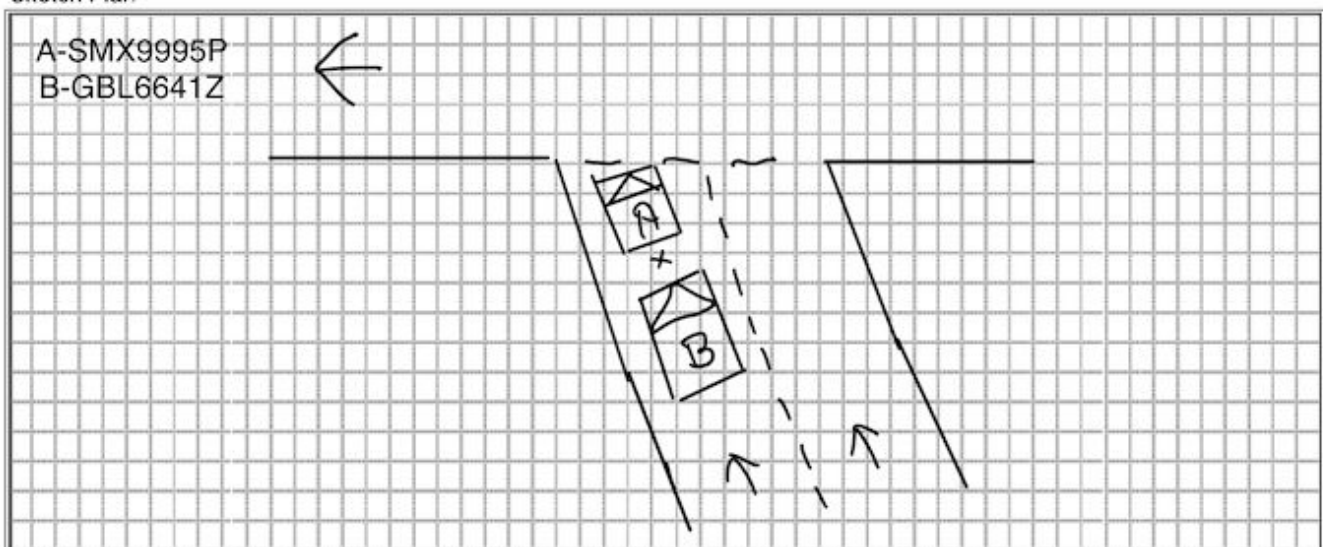
Policyholder's Signature / Date & Time

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

13/07/2022 1445HRS

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

TIEN TOH KIAT HENRY

Sketch Plan













T202207137013

PDF - 44 KB

SMX9995P Car 0

SINGAPORE
POLICE FORCE

T202207137013

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T202207137013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GREGORY LAI KAR JUN	ID No.	S9326322G
Related Vehicle	SMX9995P (Car)	Contact No.	92726037
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/07/2022	Date	13/07/2022
No. of Days granted Medical Leave	05	Degree of	Sight

Brief Details:

On 13/07/2022 at about 6.50 I was driving my car(sm9995p) from PIE merging to TPE with a passenger on board and was about to stop at the slip road. When I stopped at the slip road to look out for on coming traffic a van collided my rear.

After the accident I felt pain and discomfort in my neck, back and shoulder so I went to consult a doctor and was given 5days MC


SINGAPORE
POLICE FORCE

T202207137013

Police Station Of Origin:

2:32 4G

T202207137013
PDF - 44 KB

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T202207137013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2022 11:17 Vide Report No.: Station Diary No.:

Informant's Particulars


Name of Informant: GREGORY LAI KAR JUN	Address: 311 YISHUN RING ROAD #12-1270 SINGAPORE 760311	
ID Type / ID No.: NRIC NO / S9326322G	Contact No.: Home/Office:	Mobile: 92726037
Nationality: SINGAPORE CITIZEN	Email: GREGORYLAIKJ@HOTMAIL.COM	
Sex: Male	Age: 28	Date of Birth: 28/07/1993
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation:	Language: English	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: 13/07/2022 06:50	Type of Location: Slip road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
GBL6641Z	Van	TOYOTA	Hiace	Silver	Slightly Damaged	1
SMX9995P	Car					0



 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T202207137013

CONTINUATION OF REPORT



 SINGAPORE POLICE FORCE		 T/20220713/7013
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20220713/7013
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 13/07/2022 11:17
Officer In Charge Of Case: TP / TP1B / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000		Classification Of Case:
NP168		