

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 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 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 18/08/2022 15:56 (SGT)
Reported by Driver
Date of Accident 17/08/2022 17:30 (SGT)
Exact Location of Accident Buangkok Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE3819R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DAILY DRIVEN
Company Reg No 53338392K
Email Address srinson@gmail.com
Mobile Phone No (Phone) +65-97373732
Alternative Phone No (Office) +65-67444484

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5080990624-06

DRIVER

Name of Driver SOH SAMSON
NRIC No S0043078A
Date Of Birth 04/01/1948
Occupation Indoor

Date Of Driving Pass	26/07/1966
Driving experience	56 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97499053
Alt. Phone Number	-
Email Address	sab8939@gmail.com
Address	BLK 266B PUNGGOL WAY #14-382
Address complement	-
Postcode	8222266
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - U-Turn
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ANG BETTY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS 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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1517U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG BETTY
Gender	Female
Phone No	(Phone) +65-91796200
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	OBTAINED 5 DAYS MC
Injured person in which vehicle?	SJE3819R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/8/22

Reporting Centre Personnel's Signature
Name: JOELLE TAN
NRIC/FIN No.: AMK BUTOPPOINT PTE LTD
18.08.2022











**SINGAPORE
POLICE FORCE**



T/20220818/2029

1 of 4

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20220818/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 12:01	Vide Report No.: F/20220817/0100	Station Diary No.: 34
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Informant's Particulars				
Name of Informant: SOH SAMSON			Address: APT BLK 266B PUNGGOL WAY #14-382 SINGAPORE 822266	
ID Type / ID No.: NRIC NO / S0043078A			Contact No.: Home/Office: Mobile: 97499053	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 74	Date of Birth: 04/01/1948	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ACCOUNT MANAGER			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: 17/08/2022 17:30	Type of Location: Straight Road
Location: BUANGKOK DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1517U	TAXI	HYUNDAI		Blue		0
SJE3819R	Car	TOYOTA	vios	Grey		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE3819R	NTUC Income Insurance Co-Operative Limited	5080990624-06	24/04/2022	23/04/2023



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Report No. T/20220818/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH SAMSON	ID No.	S0043078A
Related Vehicle	SJE3819R (Car)	Contact No.	97499053
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
Passenger			
Name	ANG BETTY	ID No.	S0071593Z
Related Vehicle	SJE3819R (Car)	Contact No.	91796200
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2022	Date Discharge	17/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 17/08/2022 at about 1730hrs, I was driving my car (grey colour Toyota vios, plate number SJE3819R) along Buangkok Drive towards Hougang. My wife was in the car at that time and I was driving on the most left lane. As I was approaching the traffic light junction of Buangkok Drive and Hougang Ave 10, I noticed that the traffic light was green as such I continued driving straight.

Suddenly, a blue taxi (Hyundai, plate number SHA1517U) made a U-turn from the opposite side of Buangkok Drive and collided to the front right part of my car. The whole accident happened too fast and I was not able to avoid the taxi. I got a shock after the accident as such could not stop my car immediately and only managed stop after it travelled a short distance forward.

After I stopped my car, I immediately called for police as my wife was bleeding on her mouth. Subsequently traffic police and ambulance arrived, and my wife was sent to Sengkang General Hospital. The police also gave me a case card vide F/20220817/0100 (incharge case Abdillah, Tel: 65476246) and told me to lodge a traffic accident report. I did not managed to take down the particulars of the taxi driver.

There is an in-car camera installed in my car and the traffic police had taken the SD card away. My car was badly damaged on the front right side and could not be driven, therefore it was towed away. My wife was given 5 days MC from the hospital. I felt some pain on my shoulder area today and I will be going to see a doctor.



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T/20220818/2029

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Report No. T/20220818/2029

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:

F /
SR STAFF SGT ANG PEI YING,
AGNES

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2022 12:01

Officer In Charge Of Case:
TP / GIT /
SI KOH WEI JIE
Contact No.: 97303412

Classification Of Case:

NP168



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T/20220818/2029

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Report No. T/20220818/2029

CONTINUATION OF REPORT

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