

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 03/10/2022 15:44 (SGT)
Reported by Both
Date of Accident 30/09/2022 09:50 (SGT)
Exact Location of Accident 108 Yishun Ring Rd, Singapore 760108
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ6244S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TOH LENG CHAI
NRIC No SXXXX862D
Email Address lctoh76@gmail.com
Mobile Phone No (Phone) +65-96722552
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D21MTPV01016591

DRIVER

Name of Driver TOH LENG CHAI
NRIC No SXXXX862D
Date Of Birth 25/12/1976
Occupation Indoor

Date Of Driving Pass	07/04/1995
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96722552
Alt. Phone Number	-
Email Address	lctoh76@gmail.com
Address	BLK 334A YISHUN STREET 31 #13-83
Address complement	-
Postcode	761334
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 - Major/Minor Rd
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)	1
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	-

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

PLEASE REFER TO POLICE REPORT T/20221003/7055

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	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG2778Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Etiga Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH LENG CHAI
Gender	Male
Phone No	(Phone) +65-96722552
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SLQ6244S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

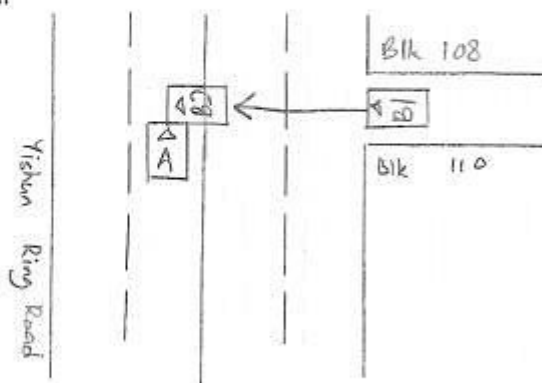
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLQ 6244 S
B = SLG 2778 Y


Describe Circumstances of the Accident

Refer police report T/2022100317055

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

 03/10/2022
Witnessed by Reporting Centre Personnel


































**SINGAPORE
POLICE FORCE**

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



T/20221003/7055

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Report No. T/20221003/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2022 11:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH LENG CHAI			Address: 334A YISHUN STREET 31 #13-83 SINGAPORE 761334		
ID Type / ID No.: NRIC NO / S7641862D			Contact No.: Home/Office: Mobile: 96722552		
Nationality: SINGAPORE CITIZEN			Email: lctoh76@gmail.com		
Sex: Male	Age: 45	Date of Birth: 25/12/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CRITICAL INFRASTRUCTURE SPECIALIST			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: 30/09/2022 09:50	Type of Location: Straight Road
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG2778Y	Car			Silver		2
SLQ6244S	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Silver	Seriously Damaged	1


**SINGAPORE
POLICE FORCE**

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



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Report No.: T/20221003/7055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ6244S	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101659 1	09/12/2021	08/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH LENG CHAI		ID No. S7641862D
Related Vehicle	SLQ6244S (Car)		Contact No. 96722552
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	30/09/2022		Date 02/10/2022
No. of Days granted Medical Leave		10	Degree of Serious

Brief Details.

On 30.09.2022 at about 0950 hrs. I was travelling at yishun ring road. Suddenly, the vehicle B come out from carpark exit, it rushed out hit the bush and fly to hit my vehicle.

I felt pain to my neck, right hand and back after the accident. I was given ten days from "Khoo Teck Puat Hospital"

I had a video from my in-car camera and pass to traffic polis. I get the acknowledgement slip ref: report no: #L/20220930/0041

**SINGAPORE
POLICE FORCE**

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



T/20221003/7055

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Report No. T/20221003/7055

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476209

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/10/2022 11:20

Classification Of Case:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 774/20220930/0041

I, Sgt (3) T03415 Seah
(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 1x 64GB Sandisk

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from S13536915 Sim Boon Kuan
(Name, NRIC or Passport No. / Rank and No.)

of 810C Ang Mo Kio Ave 1
(Address / Police Station / NPC / NPP)

on 30/11/22 at 1110 hrs
(Date) (Time)

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

Received by:

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Signature

Sgt T03415
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

lodge accident report one discharge
10 F1246.
6547 6256