

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 13/12/2022 12:44 (SGT)
Reported by Both
Date of Accident 11/12/2022 11:05 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information VICTORIA STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1913E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KIAN BOON
NRIC No SXXXX311J
Email Address kianboon1311@gmail.com
Mobile Phone No (Phone) +65-96218513
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 Income Insurance Limited
Policy Number / Cover Note Number 5100189316-04

DRIVER

Name of Driver TAN KIAN BOON
NRIC No SXXXX311J
Date Of Birth 27/01/1961
Occupation Outdoor

Date Of Driving Pass	04/02/1980
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96218513
Alt. Phone Number	-
Email Address	kianboon1311@gmail.com
Address	APT BLK 262 TOA PAYOH EAST
Address complement	#18-14
Postcode	310262
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	UNKNOWN
Gender	Female

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
REPORT NO : T/20221211/2038

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	KIV

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5452R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
NRIC No	SXXXX876B
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	TAN KIAN BOON
Gender	Male
Phone No	(Phone) +65-96218513
Address	APT BLK 262 TOA PAYOH EAST
Address Complement	#18-14
Post Code	310262
Approximate Age Years Old	61
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SLZ1913E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

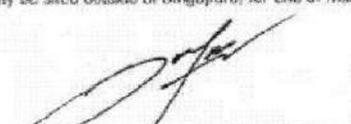
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

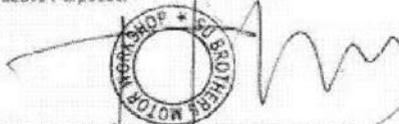
(collectively the "Purposes")

(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

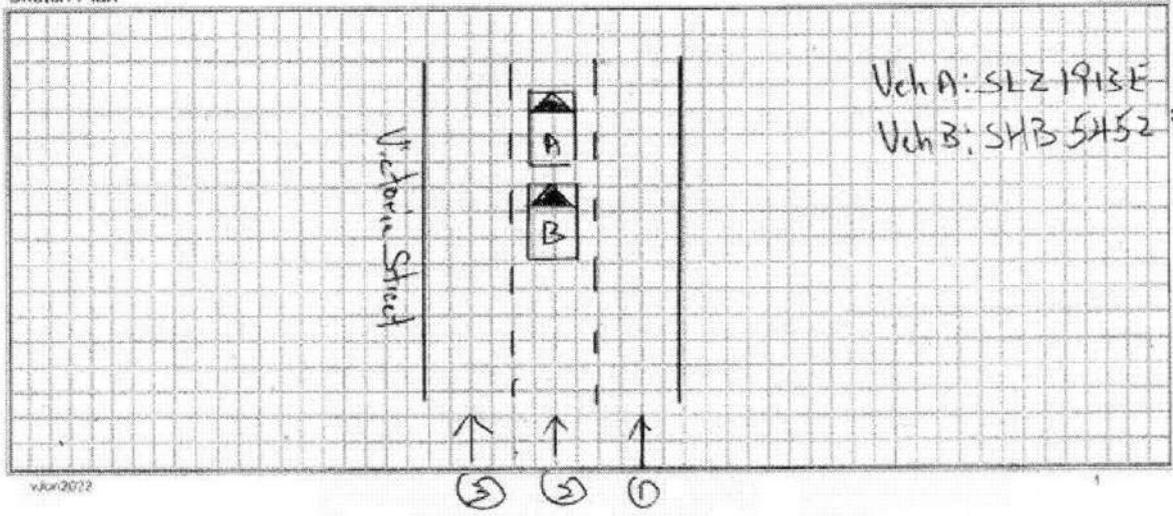
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan

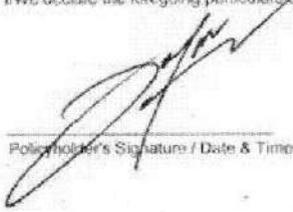


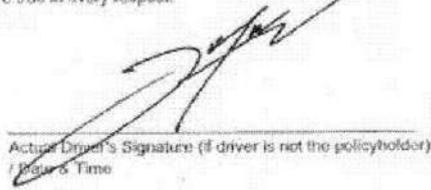
Describe Circumstance of the Accident

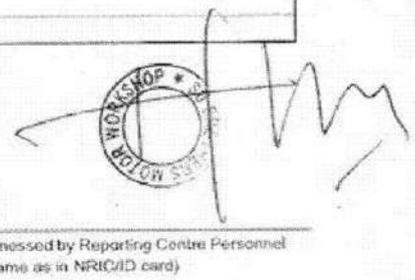
Pls refer to Police Report : T/2022/211/2038

Declaration

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


Policyholder's Signature / Date & Time


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


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



**SINGAPORE
POLICE FORCE**



T/20221211/2038

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

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Report No. T/20221211/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2022 14:58	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: TAN KIAN BOON		Address: APT BLK 262 TOA PAYOH EAST #18-14 SINGAPORE 310262	
ID Type / ID No.: NRIC NO / S1461311J		Contact No.: Home/Office: Mobile: 96218513	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 27/01/1961	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: PHV DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 11:05	Type of Location: Straight Road
Location: VICTORIA STREET			
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHB5452R	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Seriously Damaged	0
SLZ1913E	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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T/20221211/2038

Police Station Of Origin:
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Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20221211/2038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ1913E	NTUC Income Insurance Co-Operative Limited	5100189316-04	25/04/2022	24/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YUE FOH KUM		ID No.	S0870876B
Related Vehicle	SHB5452R (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
Driver				
Name	TAN KIAN BOON		ID No.	S1461311J
Related Vehicle	SLZ1913E (Car)		Contact No.	96218513
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/12/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL

Brief Details.

On 11/12/2022 at around 1107hrs, I was driving my car (SLZ1913E) along Victoria Street on a heavy rain weather. As I was approaching Jalan Pinang, the car in front of me then slowed down as such I applied my brakes and slowed down to a complete stop eventually. That was when I felt an impact from the rear of my car.

I then got out of the car and check on the situation and discovered that a Taxi (SHB5452R) that was behind me had rear ended me which caused my car's rear bumper to be partially dislodged, while the Taxi sustained damaged on the front region of the car. We then exchanged particulars and left the scene shortly. After leaving the scene I started to feel nausea and back discomfort, so I went to Mount Alvernia Hospital to consult a doctor and was given 5 days of MC.

No ambulance or traffic police were present at scene.



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T/20221211/2038

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Report No. T/20221211/2038

CONTINUATION OF REPORT



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POLICE FORCE



T/20221211/2038

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Report No. T/20221211/2038

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 1 LER RONG XUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2022 14:56
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168