

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 | 05/06/2023 15:34 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 01/06/2023 15:55 (SGT) |
| Exact Location of Accident | Woodlands Ave 6, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SKV154T |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | KARIS KOH SIEW GOH |
| NRIC No | SXXXX739B |
| Email Address | reporting.gt@gmail.com |
| Mobile Phone No | (Phone) +65-98995511 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Golf |
| 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 | 1395 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMPPHQ22-006448 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | TAN TECK SOON |
| NRIC No | SXXXX609D |
| Date Of Birth | 18/11/1963 |
| Occupation | Indoor |

| | |
|--|--------------------------------------|
| Date Of Driving Pass | 05/11/1986 |
| Driving experience | 36 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91852133 |
| Alt. Phone Number | - |
| Email Address | reporting.gt@gmail.com |
| Address | BLOCK 250 TAMPINES STREET 21 #09-514 |
| Address complement | - |
| Postcode | 520250 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 | AFTER RAIN |
| 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) | 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 | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230603/2028

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKT1992U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | TAN TECK SOON |
| Gender | Male |
| Phone No | (Phone) +65-91852133 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SKV154T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

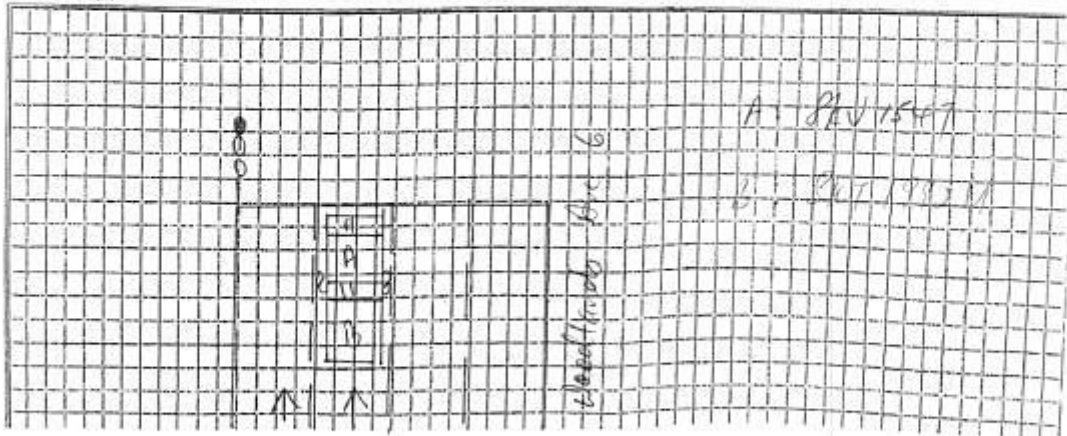
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NRIC/ID card)

Sketch Plan



Scanned with CamScanner

Describe Circumstance of the Accident

Refer to TP Report
T/20230603/2028

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


Witnessed by Reporting Person / Date
05/06/2023

Scanned with CamScanner




















**SINGAPORE
POLICE FORCE**


T/20230603-2028

1 of 2

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20230603-2028

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|-------------------------|
| Date/Time Report Made: 03/06/2023 13:41 | | Vide Report No. | | Station Diary No. 63 |
| Informant's Particulars | | | | |
| Name of Informant: TAN TECK SOON | | Address: APT BLK 250 TAMPINES STREET 21 #05-514 SINGAPORE 520250 | | |
| ID Type / ID No.: NRIC NO / S1578609D | | Contact No.: Home/Office: | | Mobile: 91852133 |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 59 | Date of Birth: 18/11/1963 | Type of Informant: Driver | |
| Race: Chinese | | Language: | | |
| Occupation: CONTROLLER MANAGER | | 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: 01/06/2023 15:55 | Type of Location: X-Junction |
| Location: WOODLANDS AVENUE 6 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| SKT1992U | Car | | | | Slightly Damaged | 1 |
| SKV154T | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 1 SINGAPORE 536775
Tel No: 1800-4890999



020339603-2023

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Report No: 1-20230603-2023

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------|--|------------|
| Driver | | ID No. | |
| Name | TAN TECK SOON | ID No. | S15786090 |
| Related Vehicle | | Contact No. | |
| SKV154T (Car) | | 81852133 | |
| Hospital/Clinic | | Class of Driving Licence & Expiry Date | |
| POW FAMILY CLINIC & SURGERY | | Class: 3 Date of Expiry: NIL | |
| Date Treatment | 01/06/2023 | Date Discharge | 01/06/2023 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Name | | ID No. | |
| LIM XUAN LE SHAUN | | S5219798 | |
| Related Vehicle | | Contact No. | |
| NIL | | 97247525 | |
| Hospital/Clinic | | Class of Driving Licence & Expiry Date | |
| NIL | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details:

On 01/06/2023 at about 1555hrs, I was driving along Woodlands Avenue 6 with my car vehicle (SKV154T) heading towards SLE. I stopped at the Cross Junction as the traffic light was red.

However, ten seconds after I stopped, the car vehicle behind me (SKT1692U) did not stop and hit the back of mine causing a head to rear collision.


After the accident I felt pain at the back of my neck and my lower back due to the impact of the collision.

After the incident, I met up with the driver of SKT1692U and told him that I wanted to claim insurance. I then proceeded to take down his particulars.

No police and ambulance attended my incident. After the incident, I went to POW FAMILY CLINIC & SURGERY to make a check on my injuries sustained from the accident. The clinic then gave me a four-day MC.

I wish to add that I am making this report for record purposes. That is all.

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T20230603/2028 3 of 3

CONTINUATION OF REPORT

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: F / SGT 2 AFIF FIKRI BIN ABDULLAH JUNAIDI | Signature Of Informant |
| Signature Of Interpreter: Not applicable | Date/Time: 03/06/2023 13:41 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 55476414 | Classification Of Case: |

NP158