

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	03/07/2023 17:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/07/2023 17:10 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	KAMPUNG STULANG (JB)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6073T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH KIN LEONG
NRIC No	S7713169H
Email Address	LMTTAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93895829
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5040198226-13

DRIVER

Name of Driver	TAN LAY MOOI
NRIC No	S7587815Z
Date Of Birth	23/04/1975
Occupation	Indoor

Date Of Driving Pass	05/01/2009
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93895829
Alt. Phone Number	-
Email Address	LMTTAN@YAHOO.COM.SG
Address	280A SENGKANG EAST AVENUE #11-643
Address complement	-
Postcode	541280
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	TOH XUAN XUAN
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 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	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK8617E
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	TOH XUAN XUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL6073T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN LAY MOOI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL6073T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Please Refer to the police report no. : T/20230703/7009

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

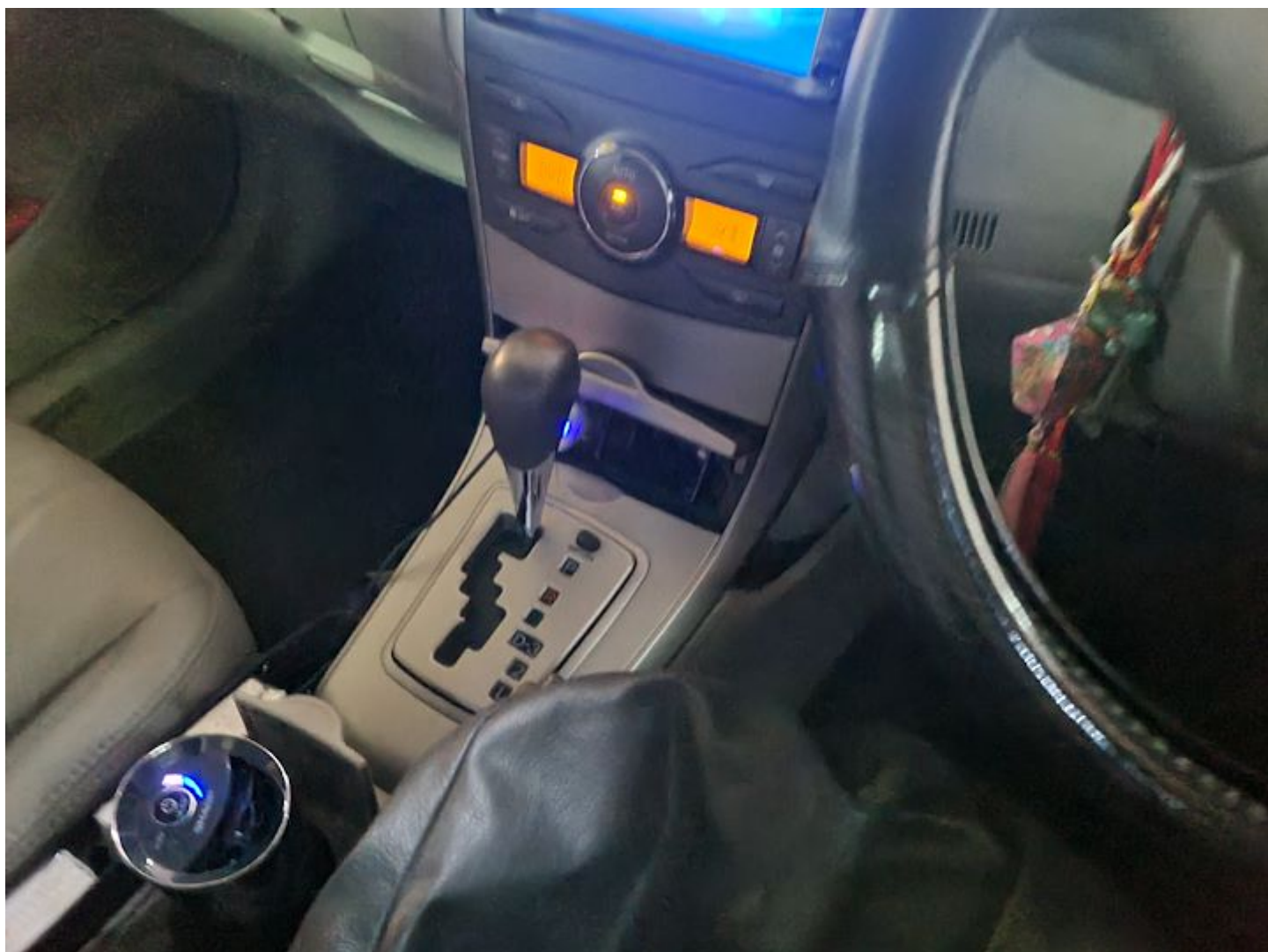
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230703/7009

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

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Report No. T/20230703/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 12:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN LAY MOOI			Address: 280A SENGKANG EAST AVENUE #11-843 SINGAPORE 541280		
ID Type / ID No.: NRIC NO / S7587815Z			Contact No.: Home/Office: Mobile: 93895829		
Nationality: SINGAPORE CITIZEN			Email: TANMAGDELYN@HOTMAIL.COM		
Sex: Female	Age: 48	Date of Birth: 23/04/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other administrative clerks			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2023 17:10	Type of Location: Straight Road
Location: KAMPUNG STULANG (JB)				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJL6073T	Car	TOYOTA	COROLLA ALTIS		Seriously Damaged	2
SKK8617E	Car	MAZDA				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230703/7009

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

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Report No. T/20230703/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL6073T	NTUC Income Insurance Co-Operative Limited	5040198226-13	04/12/2022	03/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TOH XUAN XUAN	ID No.	T1036583F
Related Vehicle	SJL6073T (Car)	Contact No.	NIL
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	02/07/2023	Date	02/07/2023
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	TAN LAY MOOI	ID No.	S7587815Z
Related Vehicle	SJL6073T (Car)	Contact No.	93895829
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	02/07/2023	Date	02/07/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 02.07.2023 ABOUT 1710 HRS. I WAS TRAVELLING ALONG KAMPUNG STULANG (JB). I SLOW DOWN AND BRAKE WITH FRONT TRAFFIC. SUDDENLY THE VEHICLE SKK 8617E COLLIDED ONTO REAR PORTION OF MY VEHICLE SJL 6073T.

I HAVE 1 PASSENGER TOH XUAN XUAN(T1036563F) IN MY VEHICLE.

I HAVE VIDEO FROM MY IN-CAR CAMERA.

I FELT PAIN ON MY NECK AFTER THE ACCIDENT. I WAS GIVEN 3 DAYS MC FROM "PROHEALTH MEDICAL GROUP @ FERNVALE"



**SINGAPORE
POLICE FORCE**



T/20230703/7009

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

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Report No. T/20230703/7009

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
03/07/2023 12:06

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S655500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY0323730009 Vehicle Registration No: SJL 6073T
Name (as shown in NRIC) : Tan Lay Mow NRIC/FIN/Passport No : S7587815Z
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : Apt B1k 280A Serangoon East Ave #11-643 Singapore (541280)
Contact (Tel) : _____ Mobile No. : 9389 5829
Email Address : LMTTAN @ yahoo.com.sg
Date of Accident : 02.07.2023 Time of Accident : 1710 hrs
Place of Accident : Kampung Sulong
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change email : IMTTAN @ yahoo.com.sg
change to
LMTTAN @ yahoo.com.sg

Lay Mow

Policyholder / Driver's Signature
Date:

AGNES

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: