SN09236U0008 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 30/06/2023 17:41 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 1 (30/06/2023 17:41 (SGT))

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 witholding 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	30/06/2023 17:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2023 10:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE-SLE ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ825P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SAY KEONG (FU SHIQIANG)
NRIC No	SXXXX624J
Email Address	XB8250@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91094425
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MT112070-R04

DRIVER

Name of Driver	POH SAY KEONG (FU SHIQIANG)
NRIC No	SXXXX624J
Date Of Birth	30/01/1973
Occupation	Indoor

Date Of Driving Pass	23/05/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91094425
Alt. Phone Number	-
Email Address	XB8250@HOTMAIL.COM
Address	APT BLK 435C FERNVALE ROAD
Address complement	# 24-232
Postcode	793435
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	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 THE ATTACHED POLICE REPORT - T/20230630/7041

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ8753A
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	POH SAY KEONG (FU SHIQIANG)
Gender	Male
Phone No	(Phone) +65-91094425
Address	APT BLK 435C FERNVALE ROAD
Address Complement	# 24-232
Post Code	793435
Approximate Age Years Old	-
Injuries Sustained	NECK AND LOWER BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SGQ825P
Were seat belts worn?	-
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.
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 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.

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.

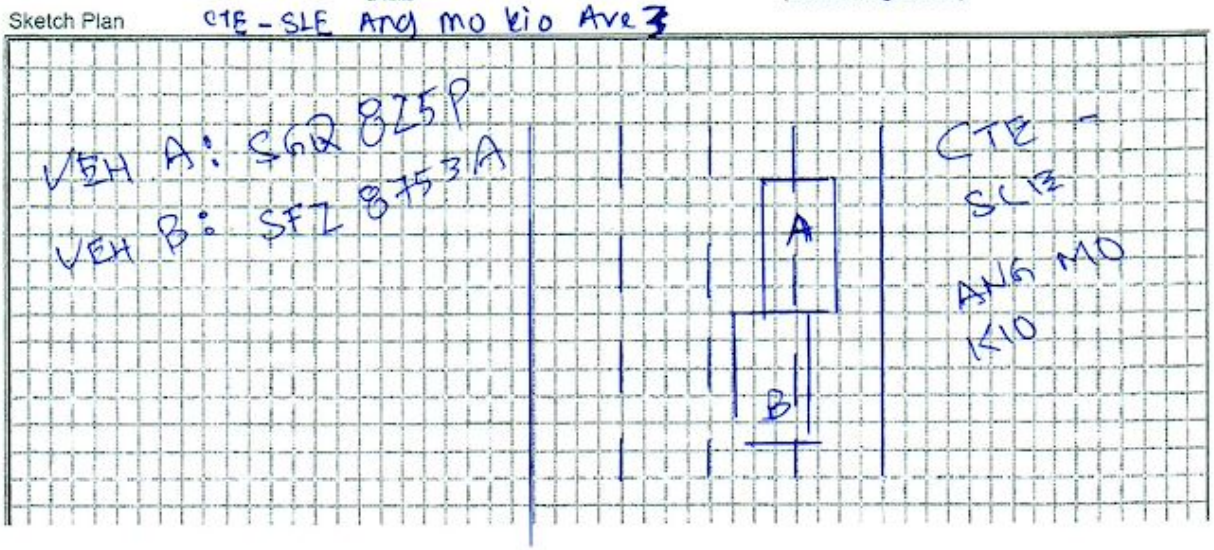
(collectively the "**Purposes**")

(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 (Name as in NRIC/ID card)
		20/6/2023

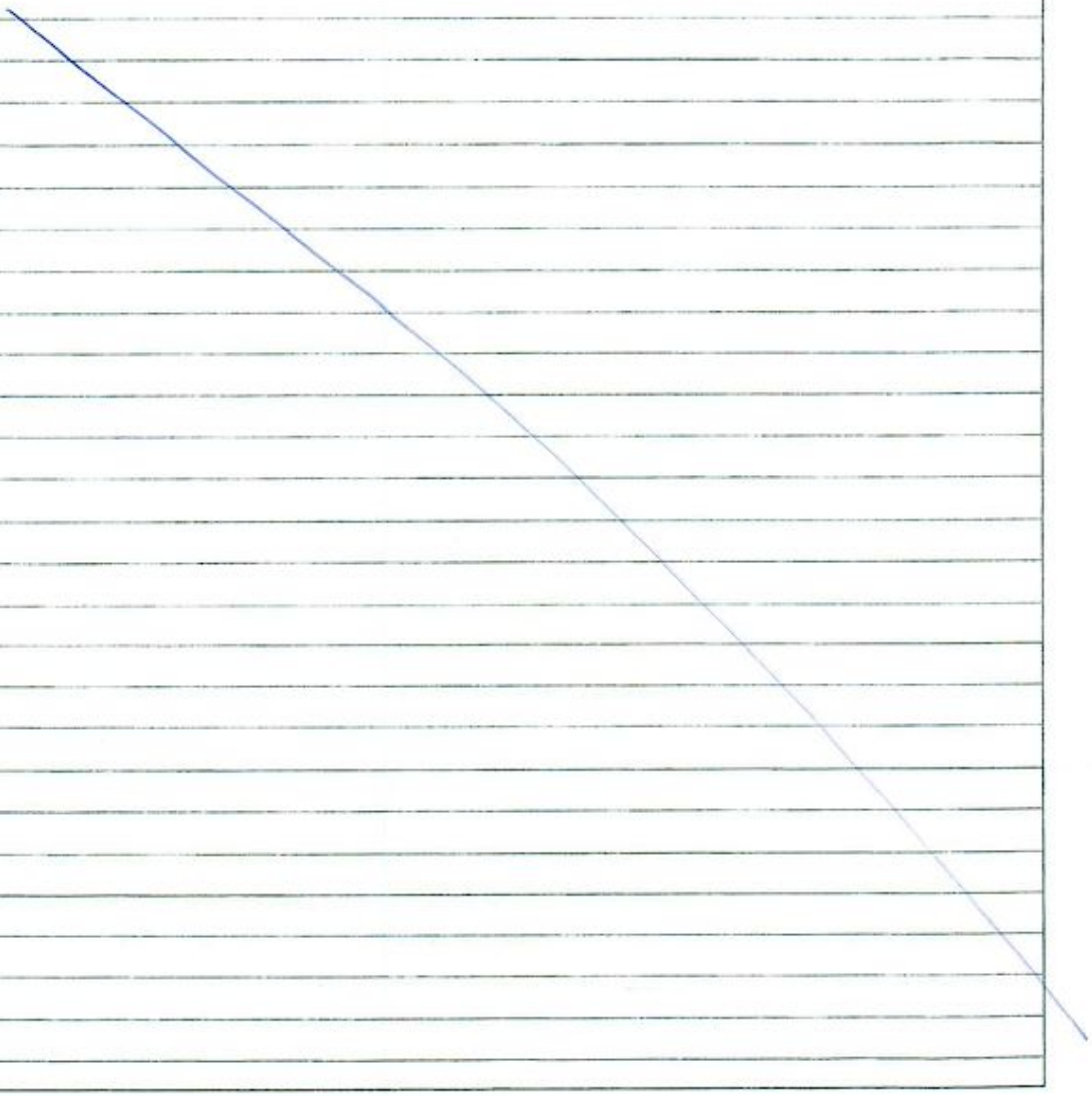
Sketch Plan CTE - SLE ANG MO KIO AVE 3



Describe Circumstance of the Accident

AS PER POLICE REPORT -

- T/20230630/7041 -



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

30/6/2023

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20230630/7041

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

Report No. T/20230630/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ825P	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT112070	19/01/2019	18/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH SAY KEONG	ID No.	S7303624J
Related Vehicle	SGQ825P (Car)	Contact No.	91094425
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was stationary awaiting for traffic on the left to clear as there was road works infront of me when suddenly vehicle B SFZ 8753 A could not stop in time and collided into my vehicle rear portion. I felt uncomfortable after the accident and was given 5 days of MC by the doctor.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11


TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ZSU60W-ANXMP
ENGINE 3ZR-FAE 1986 mL
FRAME No. ZSU60-0074466
COLOR TRIM PLANT OPTION
070 FA43 A31
TRANS./AXLE K114 -01A 606

SINGAPORE POLICE FORCE

T/20230630/7041

Report No. T/20230630/7041

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/06/2023 16:49		

Informant's Particulars

Name of Informant: POH SAY KEONG			Address: 435C FERNVALE ROAD #24-232 SINGAPORE 793435
ID Type / ID No.: NRIC NO / S7303624J			Contact No.: Home/Office: Mobile: 91094425
Nationality: SINGAPORE CITIZEN			Email: XB8250@GMAIL.COM
Sex: Male	Age: 50	Date of Birth: 30/01/1973	Type of Informant: Driver
Race: Chinese			Language: English
Occupation: Narcotics officer			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2023 10:50	Type of Location: Straight Road
Location: ANG MO KIO INDUSTRIAL PARK 1				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One 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	Conditio	No of
SFZ8753A	Car					0
SGQ825P	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20230630/7041

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

Report No. T/20230630/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ825P	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT112070	19/01/2019	18/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH SAY KEONG	ID No.	S7303624J
Related Vehicle	SGQ825P (Car)	Contact No.	91094425
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was stationary awaiting for traffic on the left to clear as there was road works infront of me when suddenly vehicle B SFZ 8753 A could not stop in time and collided into my vehicle rear portion. I felt uncomfortable after the accident and was given 5 days of MC by the doctor.

SINGAPORE POLICE FORCE

T/20230630/7041

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

Report No. T/20230630/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2023 16:49
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168