

# 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 .....	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
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### 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

\* THE IMPACT FROM THE COLLISION CAUSES MY VEHICLE TO SURGE FORWARD AND COLLIDED INTO THE ROAD SIGN INFRONT

#### 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
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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.
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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.

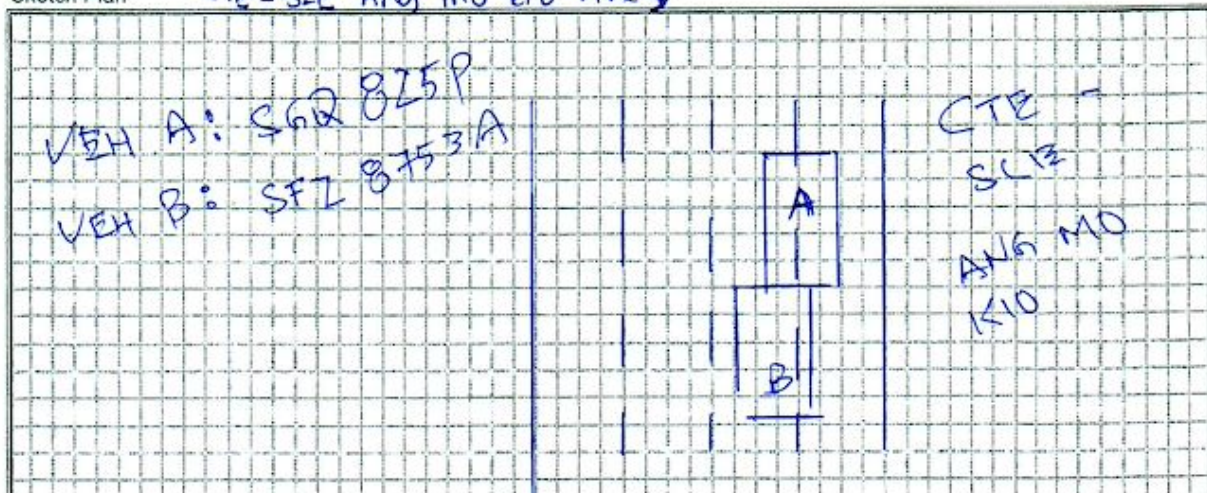
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CTE - SLE ANG MO KIO Ave 3





Describe Circumstance of the Accident

As per Police Report -

- 7/20230630/7041 -

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

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Report No. T/20230630/7041

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
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 in front 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

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

Report No. T/20230630/7041

**REPORT OF A TRAFFIC ACCIDENT**

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



T/20230630/7041

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

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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 in front 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

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Report No. T/20230630/7041

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:  
30/06/2023 16:49

Classification Of Case:

NP168



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09236U000P Vehicle Registration No: SGQ825P  
 Name (as shown in NRIC): POH SAY KEONH NRIC/FIN/Passport No: S7303624J  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: BLK : 435 FERNVALE ROAD #24-232 Singapore 119431  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91094425  
 Email Address: XB825D@HOTMAIL.COM  
 Date of Accident: 29/06/23 Time of Accident: 10:53  
 Place of Accident: CTE - SCE ANG MO KIO AVE 3  
 Insurance Company: TOKIO MARINE

**(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:

I wish to add that the impact from the  
collision causes my vehicle to surge forward  
and collided into the road sign in front.

- amend circumstance of accident :-

Policyholder / Actual Driver's Signature  
Date:

10/7/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

v2jun2022

Scanned with CamScanner