# **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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 22/07/2024 12:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/07/2024 10:00 (SGT) Exact Location of Accident Near 3800 Jalan Bukit Merah, Singapore 159464 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number **SLN3455K** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAI SWEE KUM NRIC No S7229674E Email Address laisweekum@hotmail.com Mobile Phone No (Phone) +65-97608991 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5090251965-07

#### DRIVER

Name of Driver LAI SWEE KUM NRIC No S7229674E Date Of Birth 16/08/1972 Occupation Indoor

Driving Pass Date 13/07/1993 Driving experience 31 YEARS Gender Male Mobile Number (Phone) +65-97608991 Alt. Phone Number Email Address laisweekum@hotmail.com Address 14 TELOK BLANGAH CRESCENT Address complement #06-290 Postcode 090014 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SLQ3296L

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AZMAN BIN MAHAD
NRIC No	S8319245C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### 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.
- 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.
- 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.
- 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.



22072024/1130HRS

Policyholder's Signature / Date & Time

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

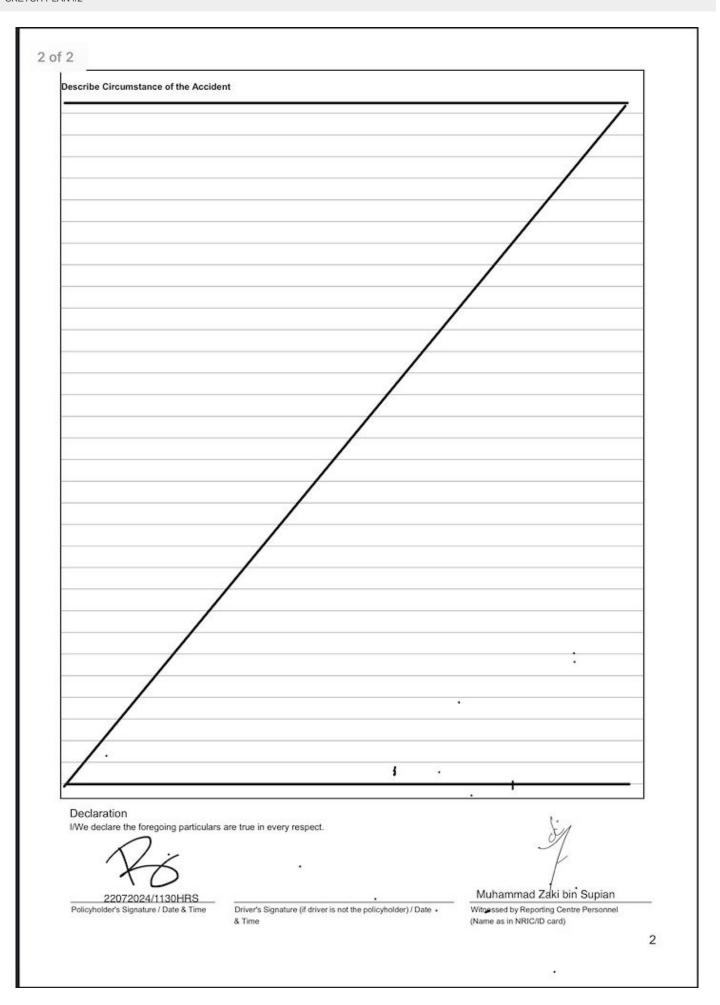
MUHAMMAD ZAKI BIN SUPIAN
Witnessed by Reporting Centre Personnel

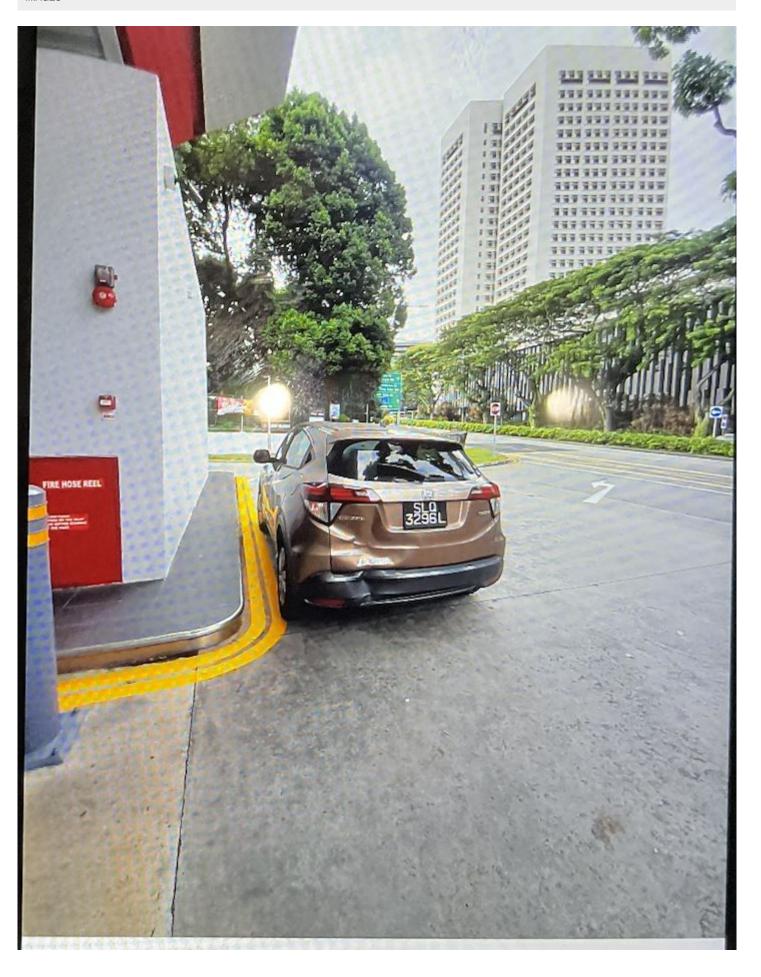
(Name as in NRIC/ID card)

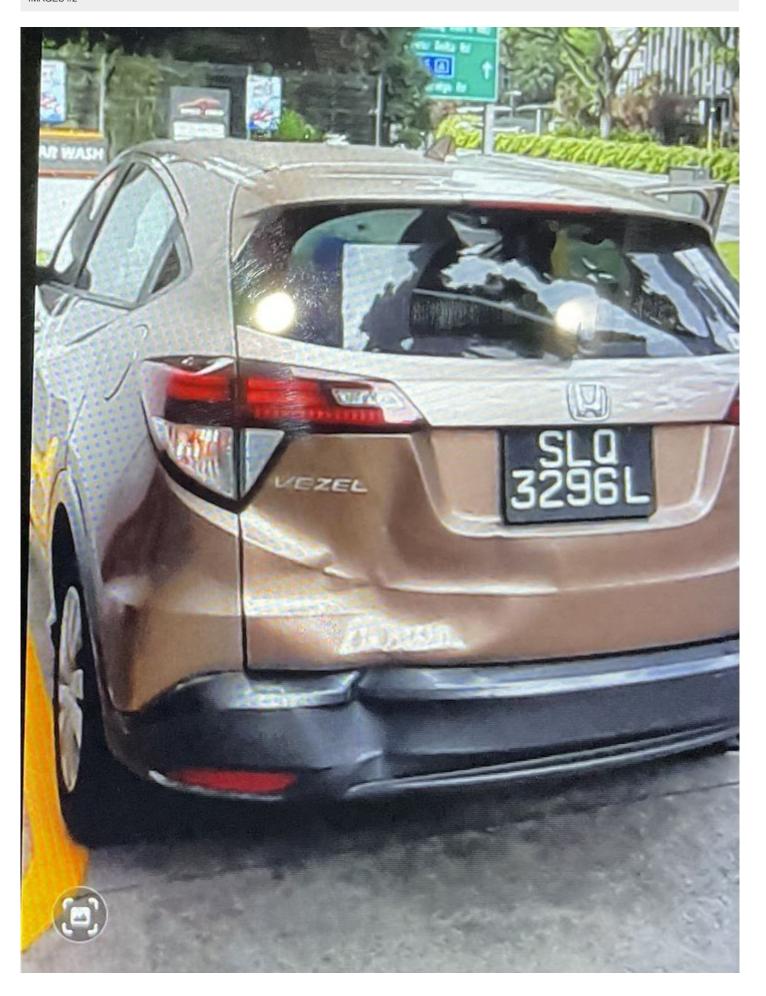
## & Time

A: SLN3455K
B: SLQ3296L
DB

1





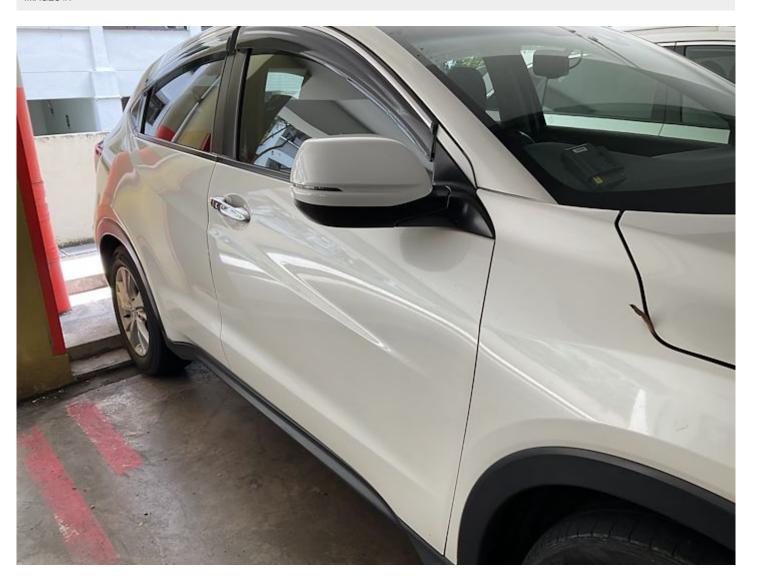


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20240722/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / 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: 22/07/2024 11:47

Classification Of Case:

Open Microsoft 365 (Office)





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



T/20240722/7028

Report No. T/20240722/7028

CONTINUATION OF REPORT

Details of Person In	rvolved						
Any Pedestrian Inv	olved: No						
No. of Pedestrians	s Injured: NIL Use of Ped			estrian Crossing: NA			
Vehicle Owner	1						
Name	LAI SWEE KUM		100 = .1 111	ID No.		S7229674E	
Related Vehicle	SLN3455K (Motor car)			Contact No.		97608991	
Hospital/Clinic	VIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: 1001/2070		
Date Treatment	NIL		Date Disch	arge	NIL		
	d Medical Leave (MC) NIL		Degree of I		NIL		
	d Medical Leave (MC)		Dogico or i	,,	7.11-		
Vehicle Owner				ID No.		S7229674E	
Name	LAI SWEE KUM	AI SWEE KUM		ID No.		31225014L	
Related Vehicle	SLN3455K (Motor car)		Contact No.		97608991		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	charge NIL			
	d Medical Leave (MC) NIL		Degree of I				
and the latest designation of the latest des	d Medical Leave (MO)		Bogico oi i				
Vehicle Owner	LAZBAAN DINI MANJAD			ID No.		S8319245C	
Name	AZMAN BIN MAHAD	MAHAD		ID IVO.		303132430	
Related Vehicle	SLQ3296L (Motor car)		49	Contact No.		NIL	
Hospital/Clinic	NIL	/		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	arge	NIL		
Date Treatment	INIL		Degree of		NIL		

I parked my car at petrol kiosk and another car reversed and hit my car, causing damage to my car bumper.



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



1 of 3 Report No. T/20240722/7028

Date/Time Report M 22/07/2024 11:47	Made:	Vide Report No.:				Station Diary No.:	
nformant's Particula	ars	V					
Name of Informant: Lai Swee Kum		Address 14 TELO SINGAR	S: OK BLANGAH PORE 090014	CRESCE	NT #06-290 M	MOUN	T FABER VIEW
D Type / ID No.: NRIC NO / \$72296	74E	Contact No.: Home/Office:			Mobile: 97608991		
Nationality: SINGAPORE CITIZ	ZEN	Email: laisweekum@hotmail.com					
Sex: Age: 52	Date of Birth: 16/07/1972	Type of Vehicle	Informant: Owner				
Race: Chinese		Language: English					
Occupation: Mechanical engine	er	Driving Licence Information: Class: 3 Date of			Date of Ex	Expiry: 16/07/2070	
	of the Accident						
Seneral Information Type of Accident:	Non-Injury Others		Drink Drive: No		ne of Accident 24 10:00		Type of Location petrol kiosk
Type of Accident:	Non-Injury Others						
Type of Accident: Location:	Non-Injury Others	Road			24 10:00	1	petrol kiosk
Type of Accident: Location: JALAN BUKIT ME	Non-Injury Others		No		124 10:00	raffic	

Model

vezel

Vezel

Make

HONDA

Туре

Details of Vehicle Insurance

Motor car

Motor car

Insurance Company

NTUC Insurance

Vehicle No.

SLN3455K

SLQ3296L

Vehicle No.

SLN3455K

Color

White

Gold

Insurance No

Slightly

Damaged Slightly

Damaged

Effective Date Expiry Date

CACcident report SN07247M000F
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