

# 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 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

Vehicle Registration Number .....	SLN3455K
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### 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 .....	Honda
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 .....	2
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) .....	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

#### 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



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Describe Circumstance of the Accident

Declaration

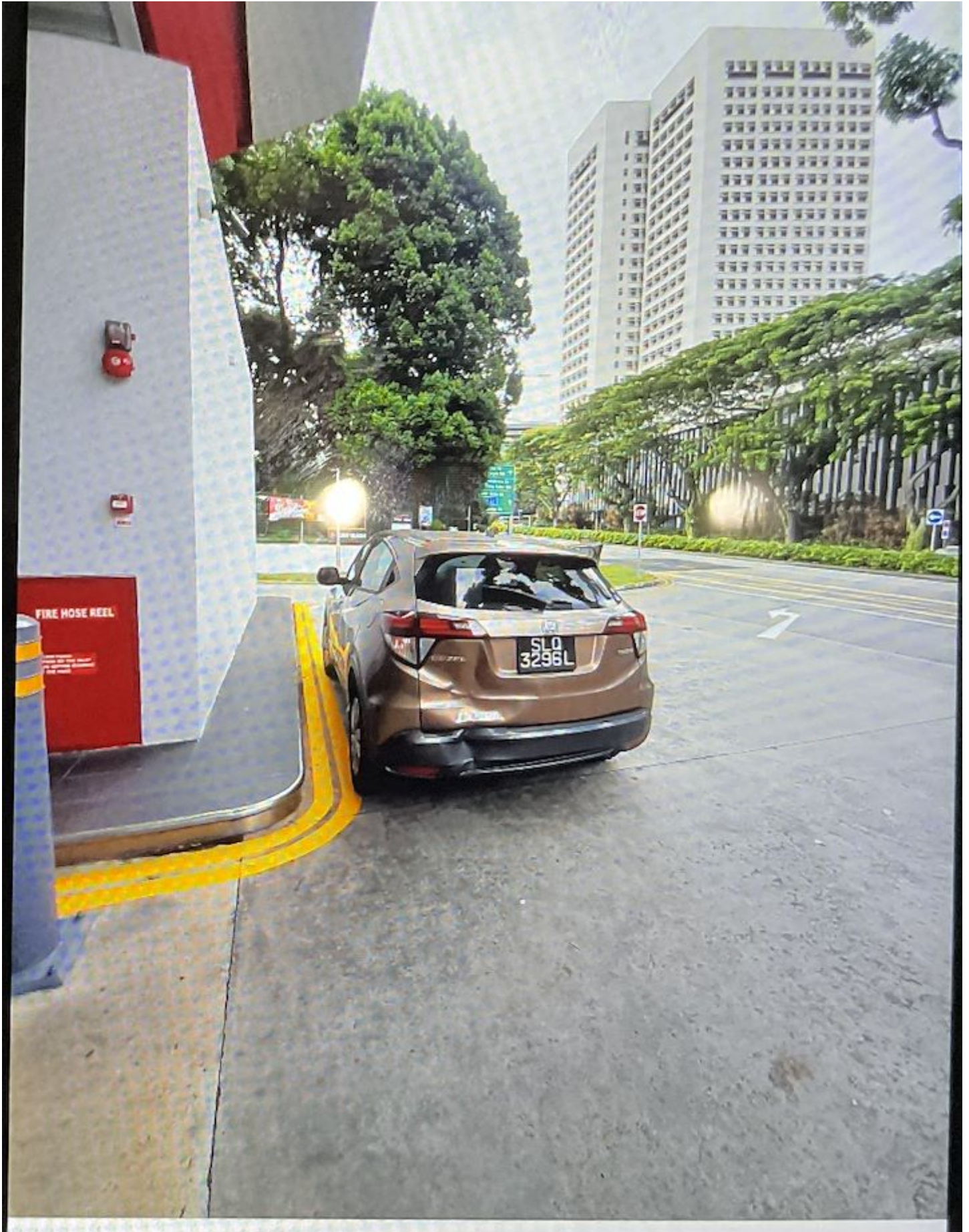
I/We declare the foregoing particulars are true in every respect.

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)



































**SINGAPORE  
POLICE FORCE**



T/20240722/7028

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

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Report No. T/20240722/7028

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:  
22/07/2024 11:47

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

Classification Of Case:

**Open Microsoft 365 (Office)**





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

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Report No. T/20240722/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LAI SWEE KUM	ID No.	S7229674E
Related Vehicle	SLN3455K (Motor car)	Contact No.	97608991
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 10/07/2070
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	LAI SWEE KUM	ID No.	S7229674E
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 Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	AZMAN BIN MAHAD	ID No.	S8319245C
Related Vehicle	SLQ3296L (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

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





# SINGAPORE POLICE FORCE

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



T/20240722/7028

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Report No. T/20240722/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2024 11:47		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: Lai Swee Kum		Address: 14 TELOK BLANGAH CRESCENT #06-290 MOUNT FABER VIEW SINGAPORE 090014	
ID Type / ID No.: NRIC NO / S7229674E		Contact No.: Home/Office:	Mobile: 97608991
Nationality: SINGAPORE CITIZEN		Email: laisweekum@hotmail.com	
Sex: Male	Age: 52	Date of Birth: 16/07/1972	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	
Occupation: Mechanical engineer		Driving Licence Information: Class: 3 Date of Expiry: 16/07/2070	

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2024 10:00	Type of Location: petrol kiosk
Location:  JALAN BUKIT MERAH				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN3455K	Motor car		vezel	White	Slightly Damaged	1
SLQ3296L	Motor car	HONDA	Vezel	Gold	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLN3455K	NTUC Insurance			