

# 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        | 09/09/2024 14:10 (SGT)                                       |
| Reported by                     | Actual Driver  |
| Date of Accident                | 08/09/2024 20:30 (SGT)                                       |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | EUNOS AVE 5 TOWARDS EUNOS CRESENT TURNING INTO<br>EUNOS RD 8 |
| Country/State of Loss           | Singapore  |

## DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLP7250Y                         |
| INSURED/POLICYHOLDER        |                                  |
| Is company?                 | Yes                              |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Company Reg No              | 200406722Z                       |
| Email Address               | KHIERTHII@ROSETLIMO.COM          |
| Mobile Phone No             | (Phone) +65-87420435             |
| Alternative Phone No        | -                                |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezele                    |
| Variante   | -                         |
| 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 hire              |
| Transmission   | Auto                      |
| CC   | 1500                      |
| Vehicle Fuel   | -                         |
| First Registration Date  | -                         |
| Chassis no   | -                         |
| Effective Date/Time of Ownership   | -                         |

## INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124311472-03            |

## DRIVER

|  |   |
|--|---|
| Name of Driver   | ROSZAMAN BIN BINTAT                               |
| NRIC No  | S1819498H   |
| Date Of Birth  | 09/12/1967  |
| Occupation   | Outdoor   |
| Driving Pass Date  | 06/10/2009  |
| Driving License Pass Class                                   | 3   |
| Driving License Validity                                     | Valid   |
| Driving experience   | 14 YEARS AND 11 MONTHS                            |
| Gender   | Male  |
| Mobile Number  | (Phone) +65-89028482                              |
| Alt. Phone Number  | -   |
| Email Address  | ROSZAMANMAN@GMAIL.COM                             |
| Address  | BLK 89 COMMONWEALTH DRIVE 01-658 SINGAPORE 140089 |
| Address complement   | -   |
| Postcode   | -   |
| Is the driver the policyholder?                              | No  |
| If No, Relationship of the Driver with the Insured           | Hirer   |
| 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  | Toa Payoh Neighbourhood Police Centre  |
| Police Station Phone No  | (Phone) +65-18002519999  |
| Alt. Police Station Phone No                                       | (Fax) +65-63548749   |
| Police Station Address   | 93 Toa Payoh Central Toa Payoh Community Building #01-02<br>Singapore 319194 |
| Was notice of intended Prosecution given?<br>If yes, against whom? | No   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE 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             | SJT9144K       |
| Vehicle Manufacturer                    | -              |
| Vehicle Model                           | -              |
| Vehicle Variant                         | -              |
| Vehicle Colour                          | -              |
| Vehicle Category                        | Private car    |
| Name of Driver                          | CHUNG CHEW FOO |
| 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                              | ROSZAMAN BIN BINTAT |
| Gender  | -                   |
| Phone No  | -                   |
| Address   | -                   |
| Address Complement                                  | -                   |
| Post Code   | -                   |
| Approximate Age Years Old                           | -                   |
| Injuries Sustained                                  | -                   |
| Injured person in which vehicle?                    | SLP7250Y            |
| Were seat belts worn?                               | -                   |
| Was this injured conveyed to hospital by ambulance? | -                   |

SKETCH PLAN

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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")

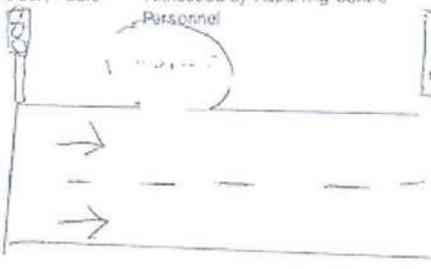
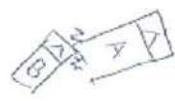
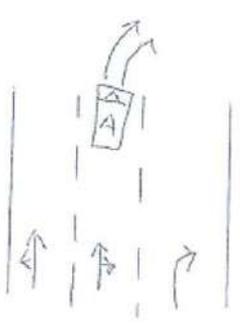
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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: *[Signature]*  
 Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* 11.45, 9/9/24  
 Witnessed by Reporting Centre Personnel: *[Signature]*

Sketch Plan  
 Witnessed by Reporting Centre Personnel: *[Signature]* Singapore Centre

Emos Ave 5  
 towards Emos  
 Crescent turning  
 into Emos Rd 8



A: SLP 7250 Y  
 B: SJT 9144 K

Describe Circumstances of the Accident

As per police report

report NO : 7120240909/2013

Declaration

We declare the foregoing particulars are true in every respect.

11-45

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time  
9/9/24  
12:26 hrs

  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20240909/2013

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20240909/2013

CONTINUATION OF REPORT

| Details of Person Involved        |                            |                                   |                                       |
|-----------------------------------|----------------------------|-----------------------------------|---------------------------------------|
| Any Pedestrian Involved: No       |                            |                                   |                                       |
| No. of Pedestrians Injured: NIL   |                            | Use of Pedestrian Crossing: NA    |                                       |
| Driver                            |                            |                                   |                                       |
| Name                              | Chung Chew Foo             | ID No.                            | S7041997A                             |
| Related Vehicle                   | SJT9144K (Motor car)       | Contact No.                       | NIL                                   |
| Hospital/Clinic                   | NIL                        | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL                        | Date Discharge                    | NIL                                   |
| No. of Days granted Medical Leave | NIL                        | Degree of                         | NIL                                   |
| Driver                            |                            |                                   |                                       |
| Name                              | ROSZAMAN BIN BINTAT        | ID No.                            | S1819498H                             |
| Related Vehicle                   | SLP7250Y (Motor car)       | Contact No.                       | 89028482                              |
| Hospital/Clinic                   | DOCTORS INC. MEDICAL GROUP | Class of Driving Licence & Expiry | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 09/09/2024                 | Date Discharge                    | 09/09/2024                            |
| No. of Days granted Medical Leave | 03                         | Degree of                         | Slight                                |

**Brief Details.**

On 08/09/2024 at about 2030hrs, I was driving in my vehicle (SLP7250Y) along Eunos Ave 5 on the right lane as I wanted to turn right on the cross junction towards Eunos Rd 8 to Singapore Post. While about to make a right turn, there is a pedestrian crossing as such I stop and wait. Subsequently, a vehicle (SJT9144K) behind me collided to my rear vehicle. I wish to state that there are no injuries and exchange particulars were made.

I am lodging this Police report for my insurance company purposes.



SINGAPORE  
POLICE FORCE



T/20240909/2013

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20240909/2013

|  |  |
|--|--|
| Signature of Officer Recording The<br>E /<br>SGT 1 ROSANDIKA BIN ROSLI  | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>09/09/2024 11:17   |
| Officer In Charge Of Case:<br>TP / GIA /<br>SUPT (1A) CHUA SOON KEONG<br>Contact No.: 65476030   | Classification Of Case:  |

NP168