

# 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 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 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

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 purposes(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.

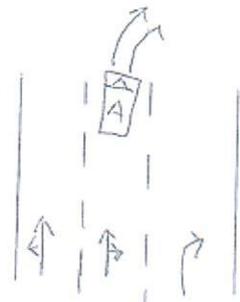
*[Signature]*  
 Policyholder's Signature / Date & Time

*[Signature]* 11.45  
 9/9/24  
 Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel

Sketch Plan

Emos Ave 5  
 towards Emos  
 Crescent turning  
 into Emos Rd 8



A: SLP 7250 Y  
 B: SJT 9144 K

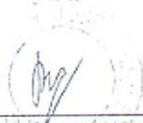
**Describe Circumstances of the Accident**

As per police report

Report NO : 7120240909/2013

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

11-45  
9/9/24  
  
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 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 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 E / SGT 1 ROSANDIKA BIN ROSLI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2024 11:17
Officer In Charge Of Case: TP / GIA / SUPT (1A) CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:

NP168