

# 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 11:54 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/09/2024 06:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	26 TOA PAYOH EAST CP LOT 85A
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR5701D

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SEOW CHUANG HAN JEFFREY
NRIC No .....	S9500664G
Email Address .....	JEFFJSCH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98002913
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	FIT 1.3GF CVT
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 .....	1317
Vehicle Fuel .....	Petrol
First Registration Date .....	14/01/2020
Chassis no .....	GK33423661
Effective Date/Time of Ownership .....	14/01/2020 02:01 (SGT)

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	SEOW CHUANG HAN JEFFREY
NRIC No .....	S9500664G
Date Of Birth .....	03/01/1995
Occupation .....	Indoor
Driving Pass Date .....	28/02/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98002913
Alt. Phone Number .....	-
Email Address .....	JEFFJSCH@GMAIL.COM
Address .....	BLK 26 TOA PAYOH EAST 07-172 SINGAPORE 310026
Address complement .....	-
Postcode .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 ATTACHED 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	QX213A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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.

3. 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

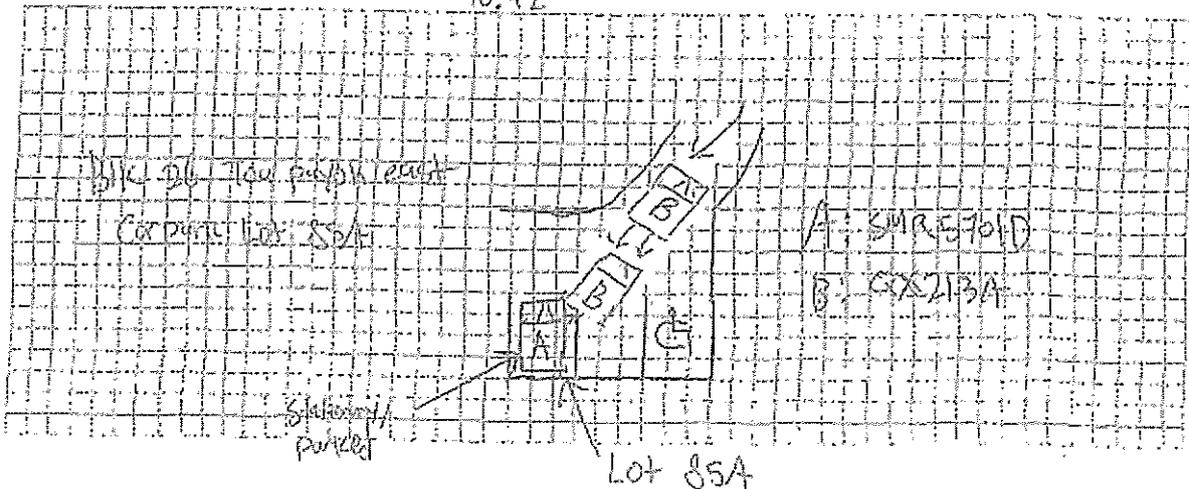
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
 AA

Driver's Signature (if driver is not the policyholder) / Date & Time  
 AA 9/9/24 10:42

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS per police report

Report NO: T/20240904/7104

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

11-10  
9/9/24  
10:42



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20240904/7104

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

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Report No. T/20240904/7104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2024 20:31	Vide Report No.: E/20240904/0031	Station Diary No.:
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## Informant's Particulars

Name of Informant: SEOW CHUANG HAN JEFFREY		Address: 26 TOA PAYOH EAST #07-172 SINGAPORE 310026	
ID Type / ID No.: NRIC NO / S9500664G		Contact No.: Home/Office: Mobile: 98002913	
Nationality: SINGAPORE CITIZEN		Email: JEFFJSCH@GMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 03/01/1995	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	
Occupation: Singapore armed forces personnel		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 04/09/2024 06:00	Type of Location: Car Park
Location: TOA PAYOH EAST			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMR5701D	Motor car		HONDA FIT 1.3 GF	Grey	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMR5701D	NTUC Income Insurance Co-Operative Limited	5115471787-04	14/01/2024	13/01/2025



SINGAPORE  
POLICE FORCE



T/20240904/7104

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

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Report No. T/20240904/7104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SEOW CHUANG HAN JEFFREY	ID No.	S9500664G
Related Vehicle	NIL	Contact No.	98002913
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 was at home sleeping when the incident happened. I was being called by the traffic police (via house phone) at around 0600hrs. While a traffic police and another formal wear policeman knocked on my door to inform me of the incident.

They requested for me to head down to take a look at the incident and was told that a police car (QX213A) was doing a 3-point turn to exit and hit the front of my car (SMR5701D) while reversing. I was brought to see the damage and was told to file a Traffic Accident Report at any nearby police station. With that, then I will be able to file for a claim for the damage.

The exact location of the accident was at 310026, Carpark Lot 85A, near lamppost 273.



**SINGAPORE  
POLICE FORCE**

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



T/20240904/7104

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Report No. T/20240904/7104

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: 04/09/2024 20:31
Officer In Charge Of Case: TP / DDGVT / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476232	Classification Of Case:

NP168