

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	18/06/2024 20:04 (SGT)
Reported by	Actual Driver
Date of Accident	18/06/2024 08:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8091Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HO COPH
Company Reg No	53351955A
Email Address	PETER_HO_53@ICLOUD.COM
Mobile Phone No	(Phone) +65-90072688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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 hire
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5087329472-07

DRIVER

Name of Driver	HO WAH JUAN
NRIC No	S0162069Z
Date Of Birth	03/05/1951
Occupation	Outdoor

Driving Pass Date	10/05/1972
Driving experience	52 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90072688
Alt. Phone Number	-
Email Address	PETER_HO_53@ICLOUD.COM
Address	BLK 299B COMPASSVALE STREET #05-102
Address complement	-
Postcode	542299
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
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)	2
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	UNKNOWN
Vehicle Category	Motorcycle

PASSENGER 1

Name	LE SHAWN (GRAB PASSENGER)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL5963B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-87616310
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFD104S
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	MALAYSIA MOTORCYCLE
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	(Phone) +65-87616310
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	FBL5963B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

HO COPH
Co Reg No: 53351955A

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

(A) - SKA 80912
(B) - FBL 5963B
(C) - SFD 104S
(D) - Unknown

Queensway Underpass

v.Jun2022

Describe Circumstance of the Accident

Refer to Police Report.

Third Party claim (a) other workshop.

Vehicle C How many people unsure. vehicle C was hit by vehicle B & vehicle B also hit vehicle D.

Declaration

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

HO CPH
Co Reg No: 53351955A

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)




**SINGAPORE
POLICE FORCE**


T/20240618/2009

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20240618/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2024 10:23	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: HO WAH JUAN			Address: 299B COMPASSVALE STREET #05-102 SINGAPORE 542299		
ID Type / ID No.: NRIC NO / S0162069Z			Contact No.: Home/Office: Mobile: 90072688		
Nationality:			Email:		
Sex: Male	Age: 73	Date of Birth: 03/05/1951	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2024 08:25	Type of Location: Underpass
Location: QUEENSWAY				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBL5963B	Motorcycle					2
SKA8091Z	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240618/2009

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20240618/2009

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	NIL		Contact No.	87616310
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	HO WAH JUAN		ID No.	S0162069Z
Related Vehicle	NIL		Contact No.	90072688
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	

Brief Details.

On 18/06/24 at about 0825hrs I was driving a car (SKA8091Z) to send a passenger. As I was driving along Queensway Underpass there was a motorcyclist (FBL5963B) hit my right-side mirror. So, I decided to went out from my vehicle to take a look however I realise there was a Malaysian motorcycle was involved however I did not sure of his plate number.

The motorcyclist with the plate number of FBL5963B told me that his leg was injured however he did not need an ambulance. he inform that he will settle with me privately so he pass me his contact number to me the reason is because was in a rush to move of to send my passenger to their destination. Upon completing my grab ride, I went back to the accident scene however I observe that there was ambulance and traffic police. I am not sure if the motorcyclist was conveyed to the hospital. I tried to call him a few times however there were no response from him. Hence, I'm lodging this report

I am not injured.



**SINGAPORE
POLICE FORCE**



T/20240618/2009

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20240618/2009

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 MUHAMMAD ANDIKA BIN
RASHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
ASP (1) JOHNSON LEE WEE SIONG
Contact No.: 67957400

Signature Of Informant:

Date/Time:
18/06/2024 10:23

Classification Of Case:

NP168