

## 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 PLANIMPORTANT NOTICE

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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.

**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

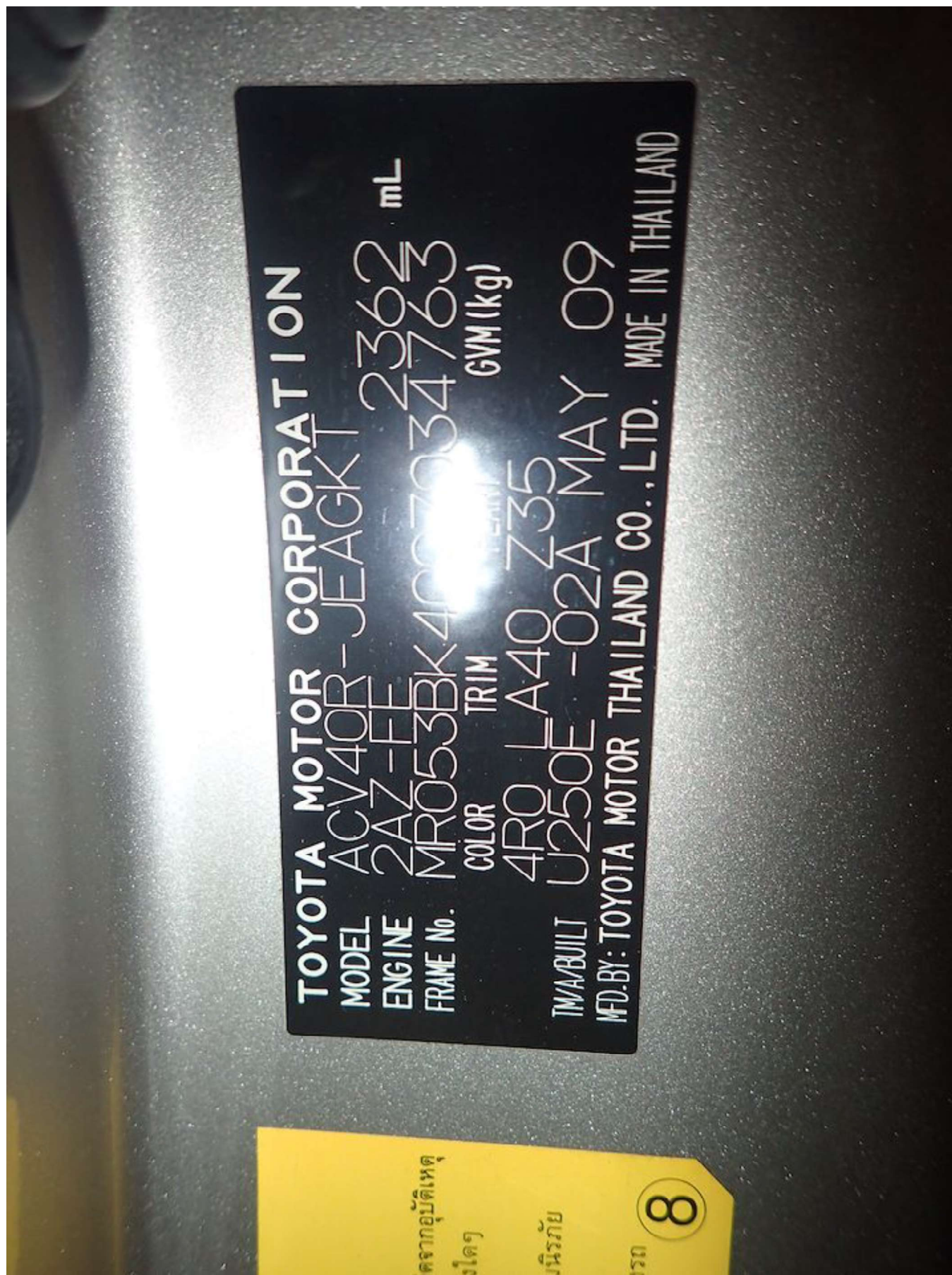
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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	
<b>Driver</b>				
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

