

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	26/09/2024 13:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/09/2024 08:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE EUNOS EXIT SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU4626J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEANE HU GUOZHENG
NRIC No	S9109548C
Email Address	KEANE_HGZ@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82280891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MX5 M5
Variant	MAZDA MX5 M5
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	05/06/1992
Chassis no	JMONA306100103242
Effective Date/Time of Ownership	09/03/2023 07:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01184005/01

DRIVER

Name of Driver	KEANE HU GUOZHENG
NRIC No	S9109548C
Date Of Birth	13/03/1991
Occupation	Indoor
Driving Pass Date	27/05/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82280891
Alt. Phone Number	-
Email Address	KEANE_HGZ@HOTMAIL.COM
Address	BLK 2 MARINA BOULEVARD 20-03 SINGAPORE 018987
Address complement	-
Postcode	018987
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	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	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
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SHD3132S
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	AUGUSTINE SUGIRTHARAJ
NRIC No	S2550797E
Contact Number	(Phone) +65-98577345
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	KEANE HU GUOZHENG
Gender	Male
Phone No	(Phone) +65-82280891
Address	BLK 2 MARINA BOULEVARD 20-03 SINGAPORE 018987
Address Complement	-
Post Code	018987
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBU4626J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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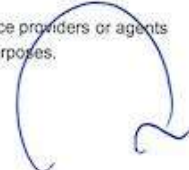
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

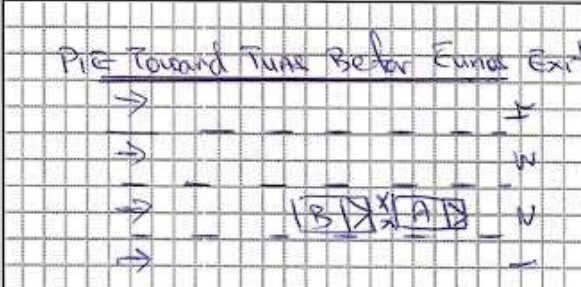
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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-SRU 46263 R-SHD 3132 S Date - 25-9-24 Time - 8.30 AM Road - clear n dry.
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v3Jun2022

1


Describe Circumstance of the Accident

Refer to Police report

Declaration

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


 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/20240925/7087

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

1 of 3
Report No. T/20240925/7087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2024 17:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KEANE HU GUOZHENG			Address: 2 MARINA BOULEVARD #20-03 SINGAPORE 018987		
ID Type / ID No.: NRIC NO / S9109548C			Contact No.: Home/Office: Mobile: 82280891		
Nationality: SINGAPORE CITIZEN			Email: KEANE_HGZ@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 13/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Product and industrial designer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2024 08:30	Type of Location: Straight Road
Location: LENGKONG EMPAT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Rear end collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBU4626J	Motor car	MAZDA	MX5 M5	Red		0
SHD3132S	Motor car	HYUNDAI	I40	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SBU4626J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01184005/01	08/03/2023	29/10/2025



**SINGAPORE
POLICE FORCE**



T/20240925/7087

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

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Report No. T/20240925/7087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEANE HU GUOZHENG	ID No.	S9109548C
Related Vehicle	SBU4626J (Motor car)	Contact No.	82280891
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2024	Date Discharge	25/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	AUGUSTINE SUGIRTHARAJ	ID No.	S2550797E
Related Vehicle	SHD3132S (Motor car)	Contact No.	98577345
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 driving on PIE Tuas before Eunos Exit in heavy traffic, the car in front came to a halt, I stopped the car gradually with no sudden jam brake.

Suddenly, my car SBU4626J was rear ended by SHD3132S. I was stationary while the Taxi hit me. The impact was shocking and left me with giddyness, sores at my neck, shoulder, and lower back.

I seeked medical attention at Raffles Clinic @ Singapore Land Tower, the doctor prescribed medication as well as 3 days of medical leave.



**SINGAPORE
POLICE FORCE**

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



T/20240925/7087

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Report No. T/20240925/7087

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
25/09/2024 17:23

Classification Of Case: