

## 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	01/10/2024 13:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 14:15 (SGT)
Exact Location of Accident	Jurong West Central 1, Singapore
Additional Location Information	JUNCTION JURONG WEST ST 64
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6206D
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM KOK LEONG
NRIC No	S6916380G
Email Address	SIMKOKLEONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98713201
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
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	5137006391-01

#### DRIVER

Name of Driver	SIM KOK LEONG
NRIC No	S6916380G
Date Of Birth	13/05/1969
Occupation	Outdoor
Driving Pass Date	21/07/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98713201
Alt. Phone Number	-
Email Address	SIMKOKLEONG@YAHOO.COM.SG
Address	BLK 673B JURONG WEST STREET 65 #05-12
Address complement	-
Postcode	642673
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 - Change/cross lane
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)	3
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### 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 POLICE REPORT: T/20240930/7104.

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	SBS3646T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM KOK LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL6206D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### SKETCH PLAN

#### IMPORTANT NOTICE

1. This report correctly reflects the details of the accident(s) reported by the claimant(s).
2. The Insurance(s) is/are regulated by the Financial Services of the Republic of Singapore.
3. Information provided in this report is not to be used for any other purpose. The report is not a presentation of work done by the insurer(s) and may not be used for any other purpose.
4. The insurer(s) is/are not responsible for any loss or damage to any property or any other loss or damage to any property or any other loss or damage to any property.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer(s) to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and for copies of the report will be made available upon request to the insurer(s).
7. By the lodging of this report to the insurer(s), you hereby consent the insurer(s) to use the report in its entirety and to make the report available to the insurer(s).
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 be 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 the accident and 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 of:  
(i) processing, handling and/or dealing with my claim, 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 making 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/postal 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 the accident and the Insurers, lawyers/law firms, may be 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 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 used outside of Singapore, for one or more of the above Purposes.

*[Signature]*

Policyholder's Signature, Date & Time

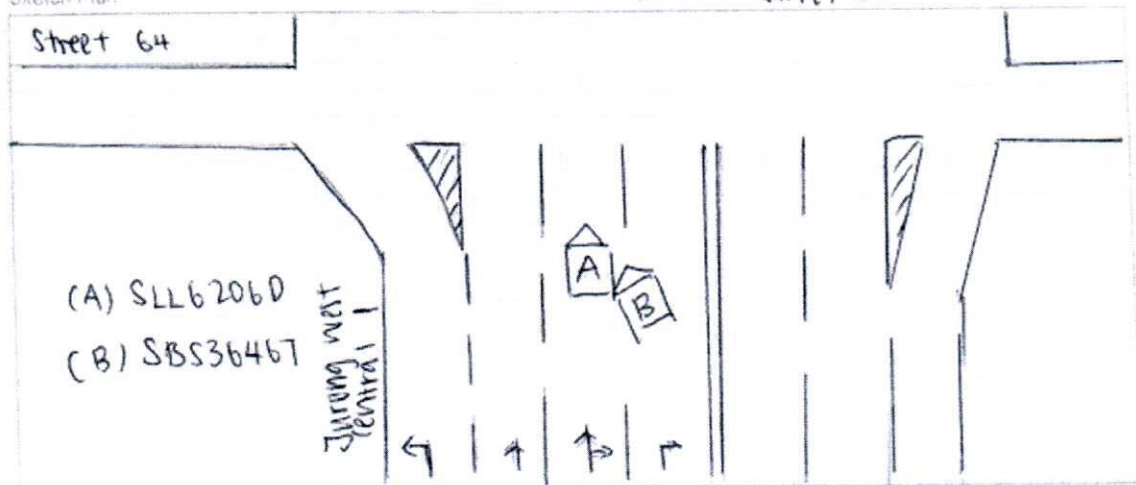
*[Signature]*

Driver's Signature, If driver is not the policyholder, Date & Time

Witnessed by Reporting Officer, Personnel (Name as in MFA GIP card)

Sketch Plan

TOWARDS Street 65



RESULTING SURROUNDINGS OF THE ACCIDENT

Attached traffic police report  
no. T/ 20240930/7104

Declaration

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

*Signature*

I, the undersigned, declare that the above is true

*Signature*

I, the undersigned, declare that the above is true in every respect

I, the undersigned, declare that the above is true in every respect



**SINGAPORE  
POLICE FORCE**



T/20240930/7104

1 of 3

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

Report No: T/20240930/7104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2024 17:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIM KOK LEONG			Address: 673B JURONG WEST STREET 65 #05-12 SINGAPORE 642673		
ID Type / ID No.: NRIC NO / S6916380G			Contact No.: Home/Office:		Mobile: 98713201
Nationality: SINGAPORE CITIZEN			Email: SIMKOKLEONG@YAHOO.COM.SG		
Sex: Male	Age:	Date of Birth: 18/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2024 14:15	Type of Location: X-Junction
Location:  JURONG WEST CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3646T	Bus/Coach/Mini bus					0
SLL6206D	Motor car	HONDA	VEZEL 1.5X CVT	Brown		2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLL6206D	NTUC Income Insurance Co-Operative Limited	5137006391-01	14/03/2024	28/02/2025



**SINGAPORE  
POLICE FORCE**



T/20240930/7104

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

2 of 3

Report No. T/20240930/7104

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LUO BIN	ID No.	M3448644U
Related Vehicle	SBS3646T (Bus/Coach/Minibus)	Contact No.	87642127
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
<b>Driver</b>			
Name	SIM KOK LEONG	ID No.	S6916380G
Related Vehicle	SLL6206D (Motor car)	Contact No.	98713201
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time,

I was driving (own car) PH vehicle plate no.SLL6206D with 2 passengers.

Travelling straight at Jurong West central 1,

towards Jurong West st 65 at lanes 2, the road have 3 lanes, when my vehicle reached the X Junction at Jurong West st 64

Traffic light was in red, I stopped and stationary my vehicle, Arrow in green to turning right a SBS3646T, coming from behind turning right towards Jurong West st 64. Suddenly collided my vehicle from the rear side bumper dented.

After accident I felt unwell, I went to W Y Teh family clinic and surgery consult doctor and was given 5 days MC.



SINGAPORE  
POLICE FORCE



T/20240930/7104

3 of 3

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

Report No: T/20240930/7104

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:  
30/09/2024 17:08

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

Classification Of Case:

NP168