

## 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 willful 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 .....	24/10/2024 11:47 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/10/2024 18:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Bukit Timah Expressway
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKF8383E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Mook Chung Hon
NRIC No .....	S7340303J
Email Address .....	edmook@gmail.com
Mobile Phone No .....	(Phone) +65-98342768
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E250
Variant .....	-
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 .....	1991
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Policy Number / Cover Note Number .....	V5018366

#### DRIVER



Name of Driver .....	Mook Chung Hon
NRIC No .....	S7340303J
Date Of Birth .....	01/11/1973
Occupation .....	Indoor
Driving Pass Date .....	07/06/1994
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98342768
Alt. Phone Number .....	-
Email Address .....	edmook@gmail.com
Address .....	Blk 113 Whampoa Road
Address complement .....	#10-89
Postcode .....	320113
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 sketch plan

#### 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 .....	FBN4174H
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1



Name of injured person .....	Mook Chung Hon
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKF8383E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-



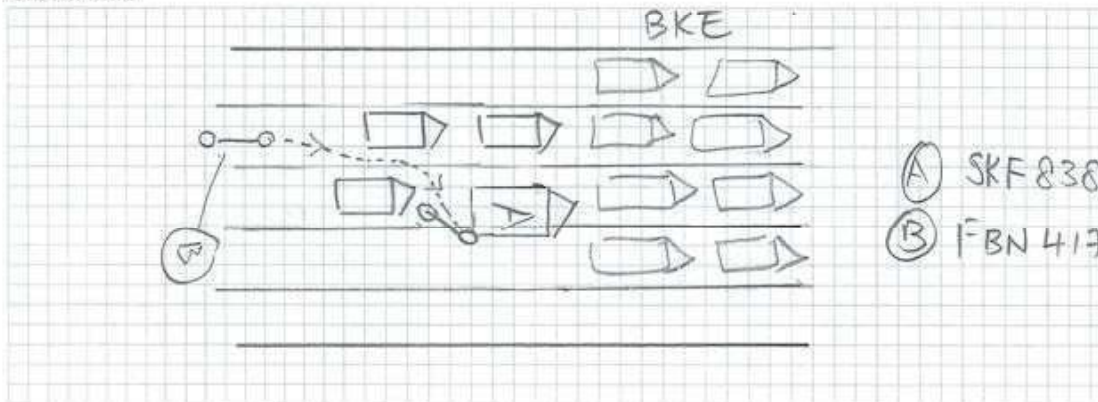
## SKETCH PLAN

### IMPORTANT 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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### Sketch Plan





Refer with police report No. T/20241023/7068

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20241023/7068

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

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Report No. T/20241023/7068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2024 14:03		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MOOK CHUNG HON		Address: 113 WHAMPOA ROAD #10-89 SINGAPORE 320113		
ID Type / ID No.: NRIC NO / S7340303J		Contact No.: Home/Office: Mobile: 98342768		
Nationality: SINGAPORE CITIZEN		Email: EDMOOK@GMAIL.COM		
Sex: Male	Age: 50	Date of Birth: 01/11/1973	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Manufacturing sales		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: 21/10/2024 18:55	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4174H	Motorcycle					1
SKF8383E	Motor car	MERCEDES BENZ	E250 SEDAN EDITION E (R18 LED SR)	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKF8383E	GREAT EASTERN GENERAL INSURANCE LIMITED	V5018366	20/11/2023	19/11/2024





**SINGAPORE  
POLICE FORCE**



T/20241023/7068

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

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Report No. T/20241023/7068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOOK CHUNG HON	ID No.	S7340303J
Related Vehicle	SKF8383E (Motor car)	Contact No.	98342768
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)	03	Degree of Injury	Slight

**Brief Details:**

On the stated date and time, I was driving my vehicle SKF8383E along Bukit Timah expressway heading towards SLE with my seatbelt on.

The traffic was moving very slowly. I was travelling on the second lane on the said expressway. I intend to change to the lane on my left. I checked and confirmed there was no oncoming traffic.

I then signaled my intentions and proceeded to gradually move towards the left lane after the car on my left gave way to me.

I was changing lanes very gradually due to traffic congestion and was in the middle of lanes 2 and 3.

Suddenly, a motorcycle slammed into the rear portion of my vehicle, causing damage to my vehicle rear portion.

Upon alighting, I realised it was motorcycle FBN4174H who collided onto my vehicle rear portion.

I managed to retrieve the video footage of the incident and I realised the motorcycle had completely ignored the presence of my vehicle and attempted to overtake me despite seeing my vehicle from a distance away.

The bike then collided into my vehicle rear bumper and also my vehicle rear headlight was also damaged.

The following morning, I started feeling aches around my neck and lower back area. I took some pain killers and continue with my daily routines. On 23/10/2024, the pain did not go away. I decided to seek medical treatment. I visited medical family clinic near my place and I was given 3 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**

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



T/20241023/7068

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Report No, T/20241023/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
23/10/2024 14:03

Classification Of Case: