

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	28/10/2024 10:41 (SGT)
Reported by	Actual Driver
Date of Accident	27/10/2024 04:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK SOUTH ROAD OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD7177Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOON SENG KIM TRAINING & TRANSPORT PTE LTD
Company Reg No	202022512E
Email Address	SSK8221@HOTMAIL.COM
Mobile Phone No	(Phone) +65-67831228
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12882
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	5141680510

DRIVER

Name of Driver	NEO ENG GUAN
NRIC No	S1410276J
Date Of Birth	08/12/1958
Occupation	Outdoor
Driving Pass Date	17/10/1981
Driving License Pass Class	5
Driving License Validity	Valid
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-96863999
Alt. Phone Number	-
Email Address	SSK8221@HOTMAIL.COM
Address	29 NEW UPPER CHANGI ROAD
Address complement	09-754
Postcode	464029
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	Collided into Parked Vehicle
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)	0
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

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	SNB4160T
Vehicle Manufacturer	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please read correctly the terms of the fact report speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of liability on the part of the insured or companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



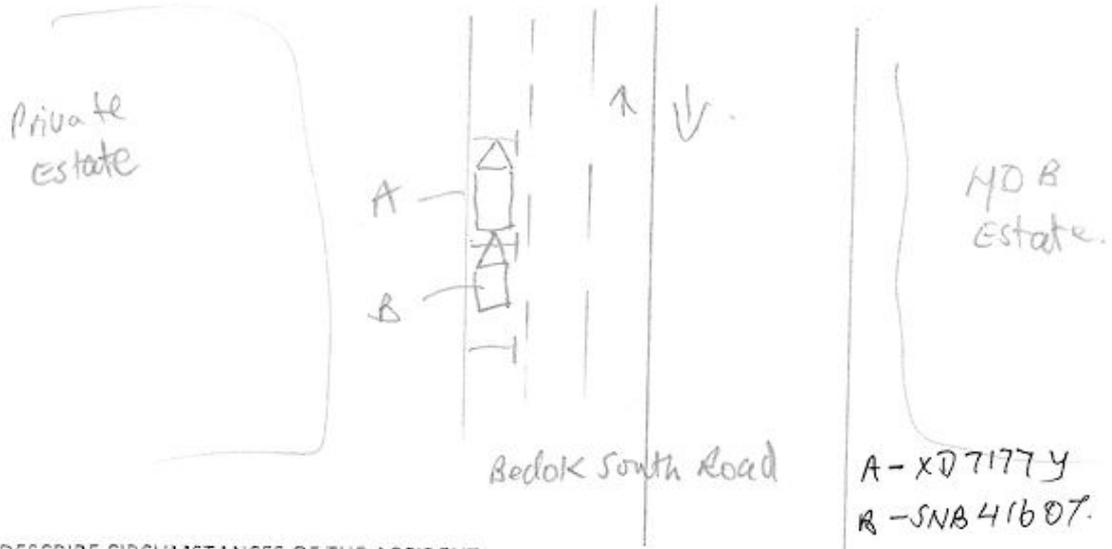
Policyholder's Signature Date & Time:

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



28/10/24
Reporting Centre Personnel's Signature
Name
NR/CF/N/No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/2024/027/2055
attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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



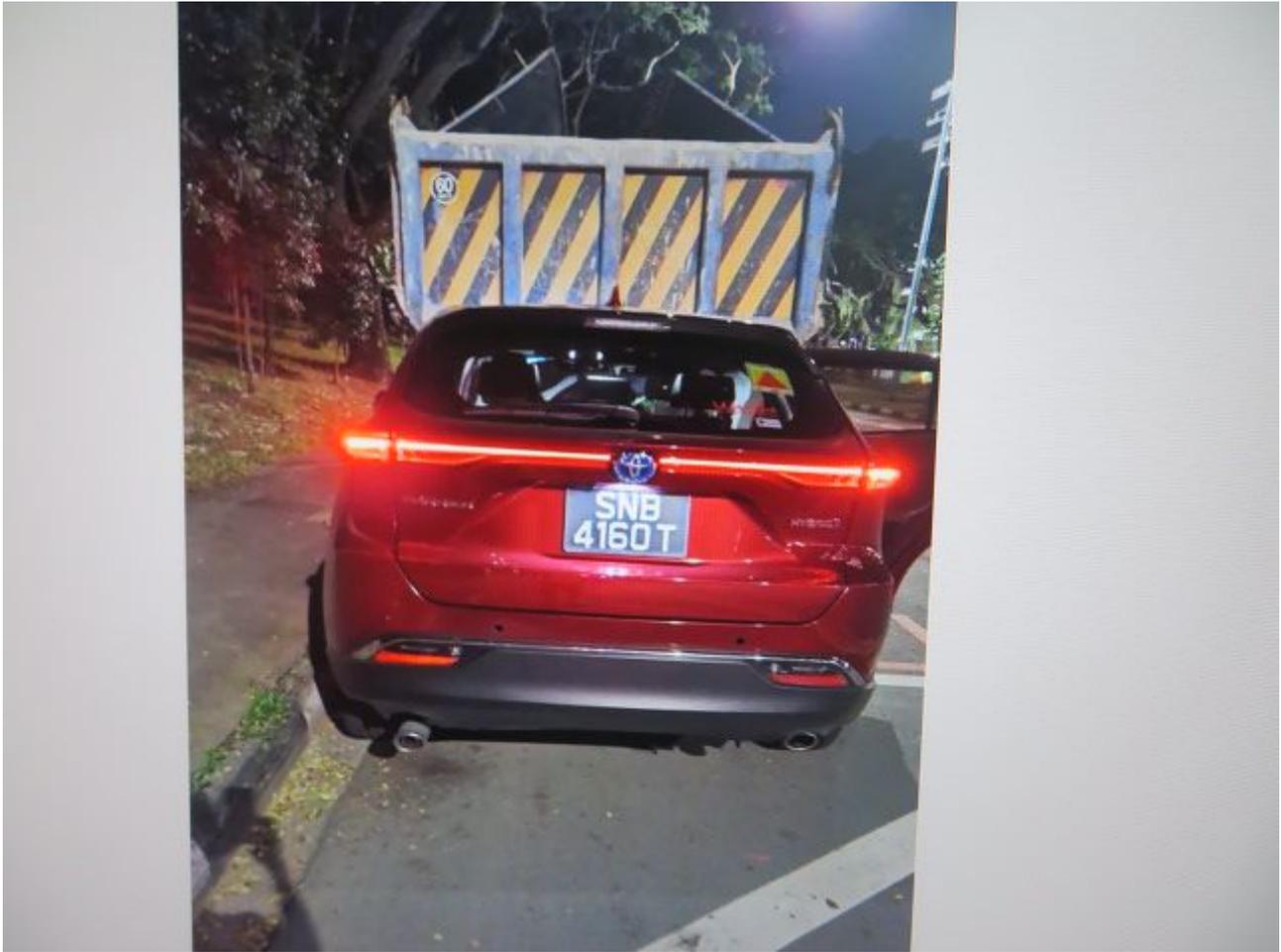
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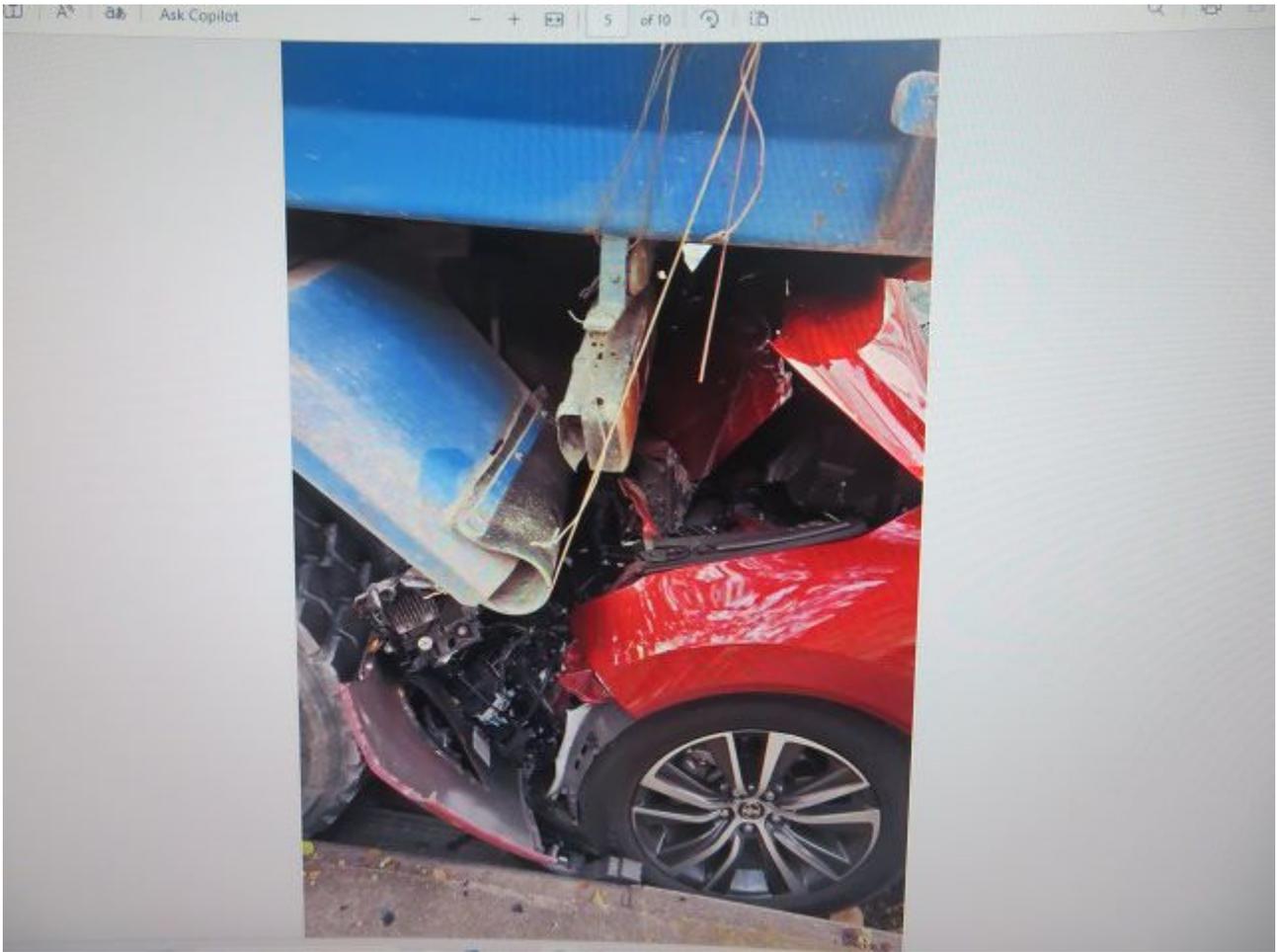
Driver's Signature

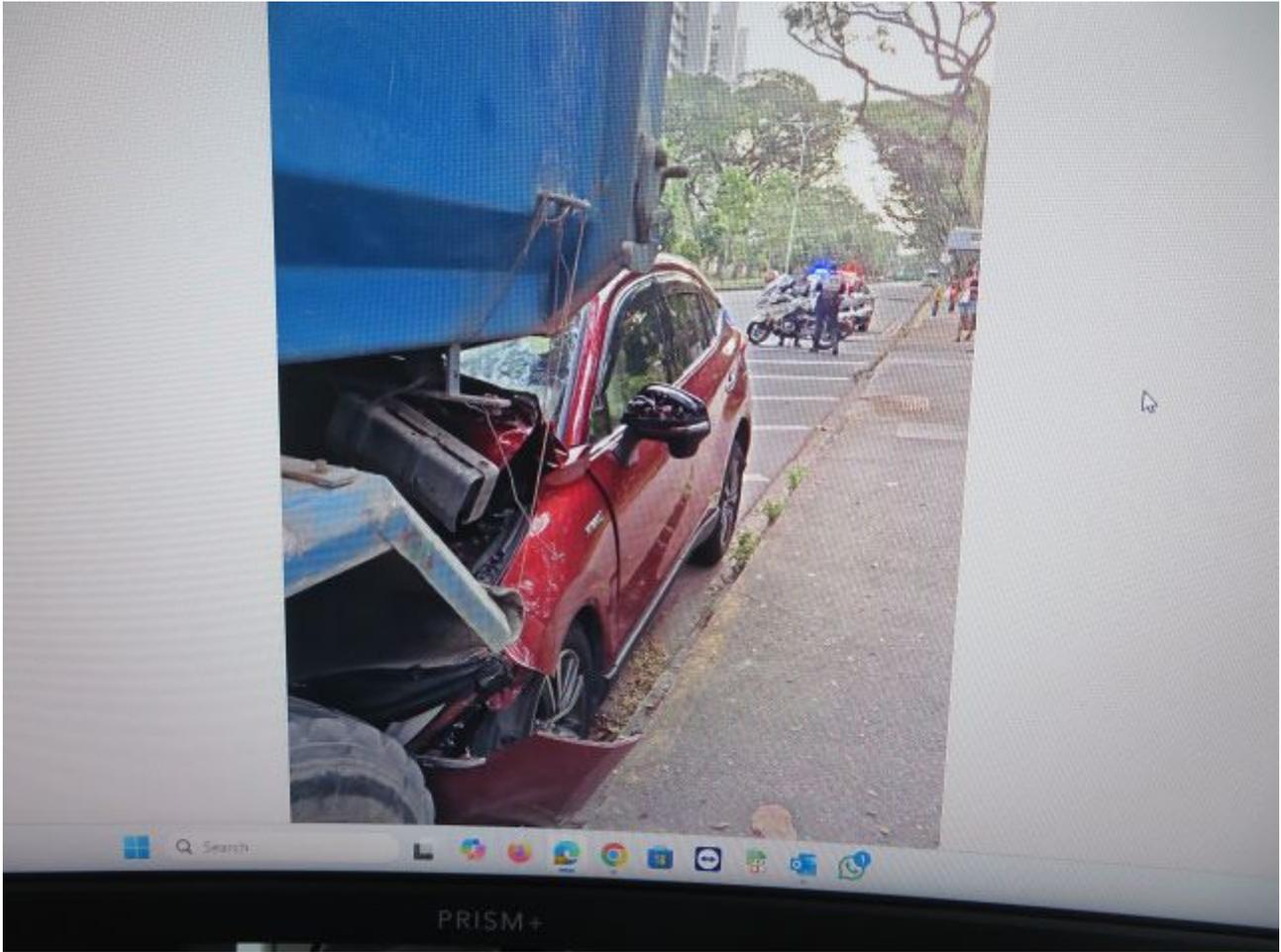


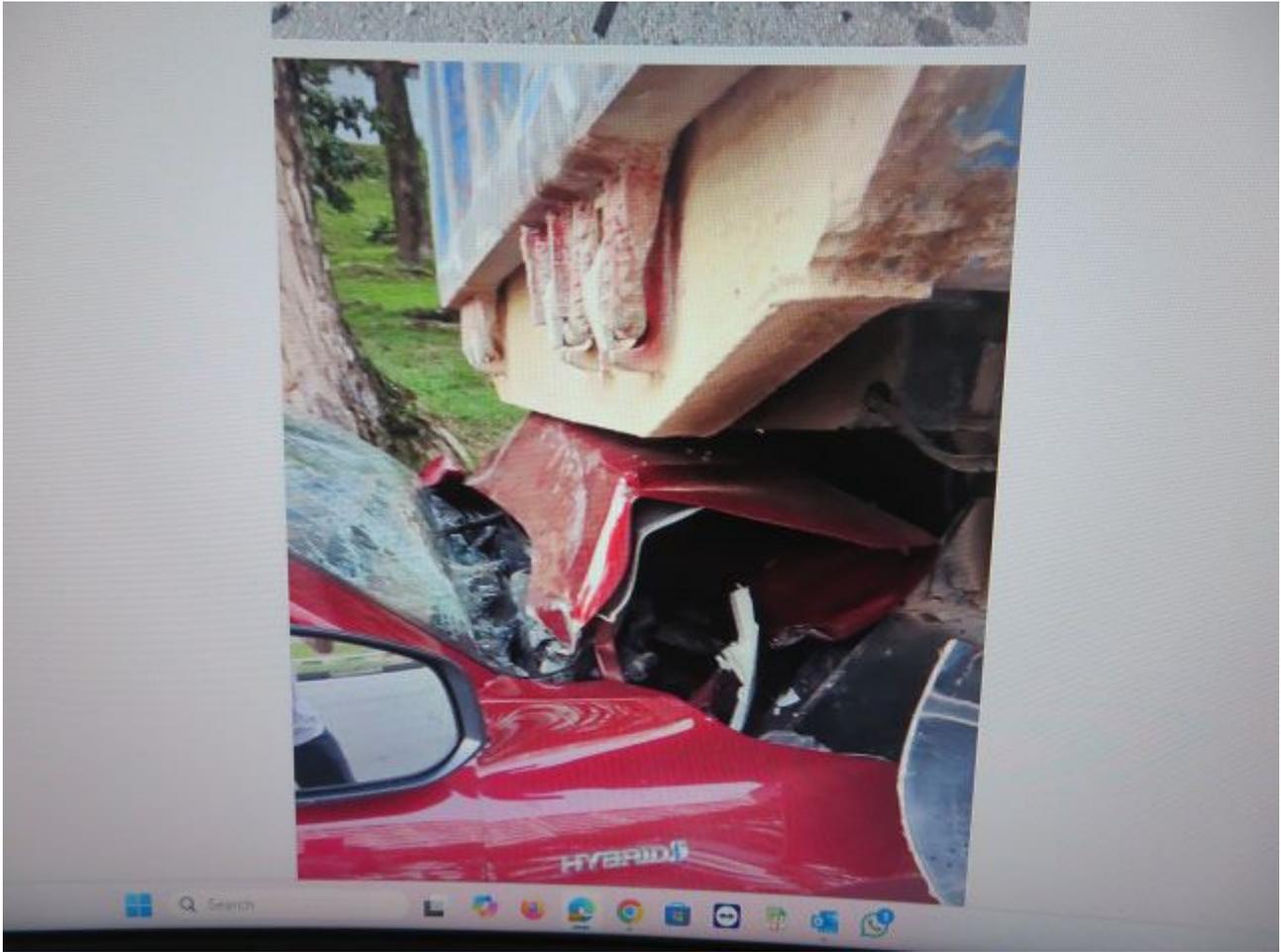
28/10/24

Recording Centre Personnel's Signature

























**SINGAPORE
POLICE FORCE**



T/20241027/2055

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20241027/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2024 17:44	Vide Report No.: G/20241027/0050	Station Diary No.: 51
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Informant's Particulars

Name of Informant: NEO ENG GUAN		Address: 29 NEW UPPER CHANGI ROAD #09-754 SINGAPORE 464029	
ID Type / ID No.: NRIC NO / S1410276J		Contact No.:	Mobile: 96863999
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 08/12/1958	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: DRIVER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2024 04:50	Type of Location: Straight Road
Location: BEDOK SOUTH ROAD			
Weather:		Road Surface:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNB4160T	Motor car				Seriously Damaged	0
XD7177Y	Tipper/truck				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241027/2055

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 489676
Tel No: 1800-2449999

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Report No. T/20241027/2055

CONTINUATION OF REPORT

Driver			
Name	NEO ENG GUAN		ID No. S1410276J
Related Vehicle	XD7177Y (Tipper/truck)		Contact No. 96863999
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I am working as a driver for my company Soon Seng Kim Training and Transport Pte Ltd. I would often drive my company's tipper truck back and parked at the parallel parking lots meant for heavy vehicle along Bedok South Rd opposite Blk 40.

On 26/10/2024, at about 8pm, as per usual I had parked my company's tipper truck one white in color Mitsubishi bearing plater number XD7177Y along Bedok South Rd. After parking the truck, I then proceeded back home. On 27/10/2024, at about 4.50am, I received a call from one of my friend informing me that my truck was involved in an accident. I immediately cycled down to the location where I had parked my truck.

Upon reaching the location, I saw that there was traffic police at the location. I also saw that one red in color Honda car bearing plate number SNB4160T had hit onto the rear of my truck. the front part of the car was already underneath the rear of my truck. The car's front portion was badly damaged and I also made a check on my truck. There are some damages to the rear of truck as there are some dents on my rear plate, dislodged signal lights and some of the metals were damaged. I am not sure what had happened and the traffic police had took down my particulars.

My supervisor had advised me to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20241027/2055

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20241027/2055

CONTINUATION OF REPORT

Signature of Officer Recording The G / SGT 3 KHAIRUL ILYAS BIN ISHAK		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 27/10/2024 17:44	
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252		Classification Of Case:	

NP168

