

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	04/11/2024 20:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/11/2024 00:18 (SGT)
Exact Location of Accident	Near 160 Orchard Rd, Orchard Point, Singapore 238842
Additional Location Information	KOEK ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8769Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH KIAN HOCK
NRIC No	SXXXX578E
Email Address	BEMAP2179@GMAIL.COM
Mobile Phone No	(Phone) +65-87174664
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	A7
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	1395
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	WVWZZZAUZFW193527
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0003984_01

DRIVER

Name of Driver	PEH KIAN HOCK
NRIC No	SXXXX578E
Date Of Birth	08/12/1976
Occupation	Outdoor
Driving Pass Date	17/03/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87174664
Alt. Phone Number	-
Email Address	BEMAP2179@GMAIL.COM
Address	BLK18 HOUGANG AVE 3
Address complement	#02-179
Postcode	530018
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 POLICE REPORT NO: T/20241104/7033

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	SMA8124P
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PEH KIAN HOCK
Gender	Male
Phone No	(Phone) +65-87174664
Address	BLK 18 HOUGANG AVE 3
Address Complement	#02-179
Post Code	530018
Approximate Age Years Old	48
Injuries Sustained	-
Injured person in which vehicle?	SMU8769Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5 **Any false reporting may be referred to the Traffic Police Department for Investigation.**
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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 purposes(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/are 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.

[Signature]

Policyholder's Signature / Date & Time

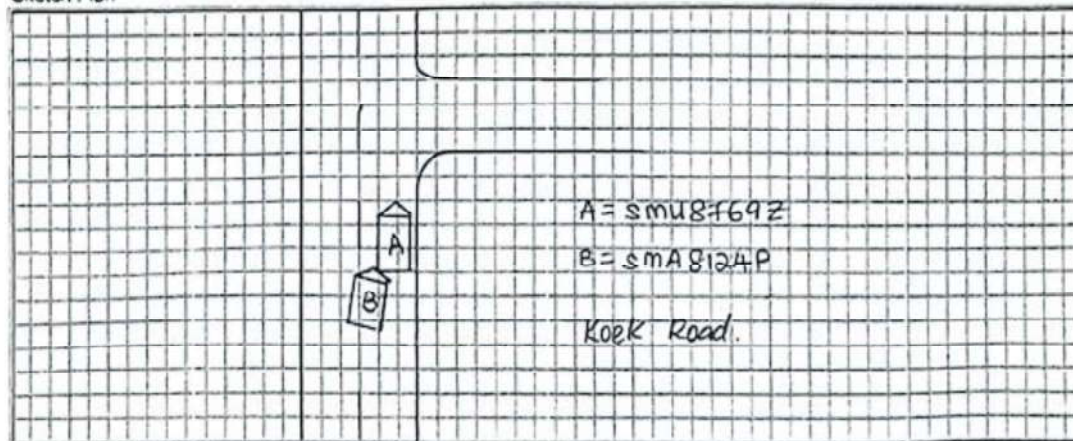
[Signature]

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



Witnessed by Road Transport Department Personnel
(Name as in NRIC/ID card)

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20241104/7033

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

1 of 3

Report No. T/20241104/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2024 12:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PEH KIAN HOCK			Address: 18 HOUGANG AVENUE 3 #02-179 SINGAPORE 530018		
ID Type / ID No.: NRIC NO / S7638578E			Contact No.: Home/Office:		Mobile: 87174664
Nationality: SINGAPORE CITIZEN			Email: BEMAP2179@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 08/12/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Grab			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2024 00:15	Type of Location: Straight Road
Location: KOEK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA8124P	Sedan car					0
SMU8769Z	Motor car	VOLKSWAGON	GOLF A7 1.4 TSI AT 5G13GZ W/O HID	Silver	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMU8769Z	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MPC0003984_01	26/05/2024	25/05/2025	



**SINGAPORE
POLICE FORCE**



T/20241104/7033

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

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Report No. T/20241104/7033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH KIAN HOCK	ID No.	S7638578E
Related Vehicle	SMU8769Z (Motor car)	Contact No.	87174664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/11/2024	Date Discharge	03/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 03/11/2024 at around 1215am. I was travelling along Koek road, I need to drop a passenger at cuppage plaza. My vehicle was stationary when I felt a huge impact from the rear. I alighted and realised that vehicle SMA8124P had collided onto my vehicle rear portion. I took photos and proceeded to file a report. After the incident I felt pain and discomfort and consulted a doctor near my residence and was given 3 days mc for the injuries.



**SINGAPORE
POLICE FORCE**

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



T/20241104/7033

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Report No. T/20241104/7033

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:
04/11/2024 12:12

Classification Of Case:

Describe Circumstance of the Accident

Refer to Police Report

T/2024-1104/7033

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
(Name as in NR/CID card)

SINGAPORE ACCIDENT STATEMENT

Accident Date:	03/11/2024	Time:	00 : 18	(hh:mm) 24 hr format
Location	KoeK Road towards Orchard Road			
Vehicle Number	SMU8769Z			
Insured Name	Peh Kian Hock			
NRIC / FIN	S7638578E	Contact Number	8717 4664	
Make	Volkswagen	Model	Golf A7	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	India International			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	D23MPC0003984_01			
Name of Driver	(/) Same as Insured			
NRIC / FIN	Contact Number 8717 4664			
Date of Birth	08/12/1976			
Driving Pass Date	17/03/2010			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	bemap2179@gmail.com () NO EMAIL			
Address of Driver	18 Hougang Avenue 3 #02-179 S(530018)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? (/) Yes () No				
If yes, injured detail Driver - 3 MC Days				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? (/) Yes () No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SMA8124P			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger: 1) Grab Passenger (M)