

## 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 14:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/11/2024 19:30 (SGT)
Exact Location of Accident .....	Yishun, Singapore
Additional Location Information .....	Along Slip road of Yishun Ave 8 towards Yishun Ave 9
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT4012S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Kwek Siew Chuan Jason
NRIC No .....	SXXXX464D
Email Address .....	jason.kwek@outlook.com
Mobile Phone No .....	(Phone) +65-97885881
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D18MPC0003164_05

#### DRIVER

Name of Driver .....	Kwek Siew Chuan Jason
NRIC No .....	SXXXX464D
Date Of Birth .....	12/05/1975
Occupation .....	Indoor
Driving Pass Date .....	28/03/1994
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97885881
Alt. Phone Number .....	-
Email Address .....	jason.kwek@outlook.com
Address .....	Blk 241 Yishun Ring Road #08-1096
Address complement .....	-
Postcode .....	760241
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	5
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	SMN821
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	Wyleen Ang Wee Ching
Gender .....	Female

#### PASSENGER 2

Name .....	Chloe Faith Kewk
Gender .....	Female

#### PASSENGER 3

Name .....	Callie Ann Kwek
Gender .....	Female

#### PASSENGER 4

Name .....	Loo Chwee Ngoh
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

Please refer to Sketch Plan & Police Report No :T/20241104/7000

## 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 ..... SMN821  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Innova  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Black  
 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 ..... Wyleen Ang Wee Ching  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... 37  
 Injuries Sustained ..... Whiplash (Neck & back)  
 Injured person in which vehicle? ..... SLT4012S  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... Loo Chwee Ngoh  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... 60  
 Injuries Sustained ..... Whiplash (Neck & back)  
 Injured person in which vehicle? ..... SLT4012S

Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

I understand, acknowledge, agree and consent that:

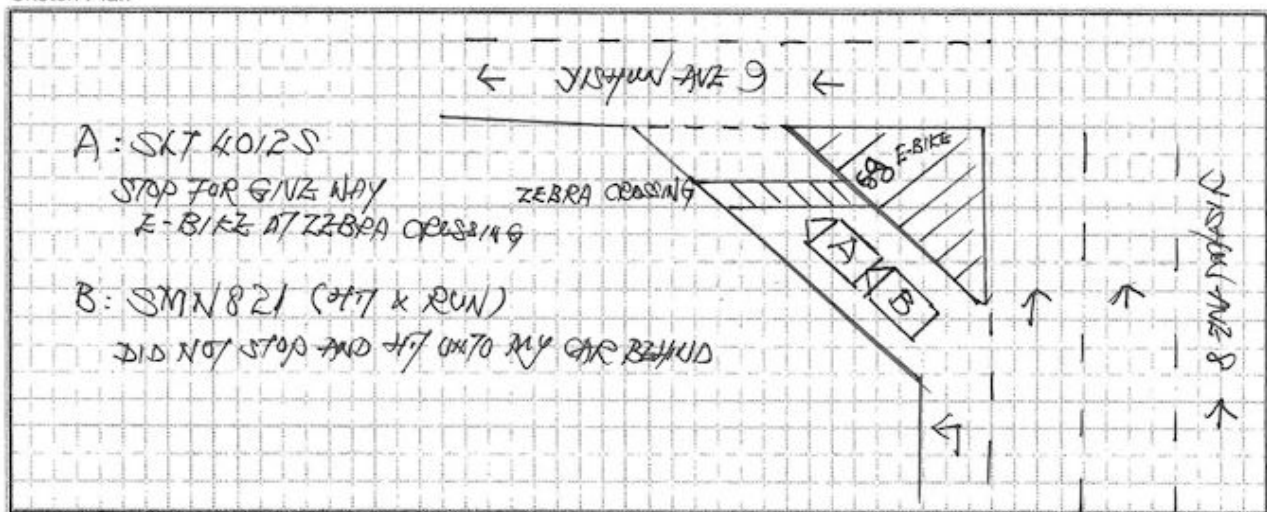
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



vJun2022

1

Describe Circumstance of the Accident

AS POLICE REPORT NO. 7/2026 1104/7000 ENCLARED

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only

Claims OD

Claims TP

Claims OD /TP at other Workshop

✓

## Declaration

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

Policyholder's Signature / Date &amp; Time

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & TimeWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)































































**SINGAPORE  
POLICE FORCE**



T/20241104/7000

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

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Report No. T/20241104/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2024 00:58		Vide Report No.: L/20241103/0136		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KWEK SIEW CHUAN JASON			Address: 241 YISHUN RING ROAD #08-1096 SINGAPORE 760241		
ID Type / ID No.: NRIC NO / S7514464D			Contact No.: Home/Office: Mobile: 97885881		
Nationality: SINGAPORE CITIZEN			Email: JASON.KWEK@OUTLOOK.COM		
Sex: Male	Age: 49	Date of Birth: 12/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Accountant (excluding tax accountant)			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2024 19:30	Type of Location: SLIP ROAD
Location:  YISHUN CLOSE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT4012S	Motor car	TOYOTA	WISH 2.0 AUTO	Brown		0
SMN 821	Motor car	TOYOTA	INNOVA	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLT4012S	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0003164_05	30/12/2023	29/12/2024



**SINGAPORE  
POLICE FORCE**



T/20241104/7000

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

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Report No. T/20241104/7000

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	WYLEEN ANG WEE CHING	ID No.	S8725630H
Related Vehicle	SLT4012S (Motor car)	Contact No.	92974881
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	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
<b>Driver</b>			
Name	KWEK SIEW CHUAN JASON	ID No.	S7514464D
Related Vehicle	SLT4012S (Motor car)	Contact No.	97885881
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

**Brief Details.**

Videos of the accident have been provided to the IO.

Accident occurred at Yishun Ave 8 towards Admiralty Road East at the pedestrian crossing on slip road into Yishun Ave 9 (at lamp post 92S1).

I was slowing down at the pedestrian crossing to observe a pedestrian on a e-scooter who may be crossing the zebra crossing. When I observed that the pedestrian was intending to cross the road, I came to a complete stop at the pedestrian crossing. However, the vehicle behind me (Vehicle B - Malaysia-registered SMN 821) failed to keep a look-out and collided into my rear end. The impact of the collision caused a passenger (WyLeen Ang NRIC: S8725630H) to sustain whiplash injuries. She was treated by a doctor and given 3 days of medical leave. After the collision, my passenger approach the driver of Vehicle B with the intention of exchanging particulars. The driver suggested that we move the vehicles out of the way before discussing further. When we moved the vehicle however, Vehicle B drove off and left the scene of the accident.





**SINGAPORE  
POLICE FORCE**

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



T/20241104/7000

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Report No. T/20241104/7000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD GHAZALI BIN ABDUL RAZAK  
Contact No.: 65476367

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 00:58

Classification Of Case: