

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	16/09/2024 13:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1752G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI LING HUI EVENLYN
NRIC No	S8408369J
Email Address	evenlyncai@gmail.com
Mobile Phone No	(Phone) +65-91779177
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2000
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	5147067404

DRIVER

Name of Driver	CAI LING HUI EVENLYN
NRIC No	S8408369J
Date Of Birth	31/03/1984
Occupation	Indoor
Driving Pass Date	28/12/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91779177
Alt. Phone Number	-
Email Address	evenlyncai@gmail.com
Address	15 YISHUN ST 51 THE CRITERION
Address complement	07-29
Postcode	767973
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

PASSENGER 1

Name	CHUA ENG HOCK
Gender	Male

PASSENGER 2

Name	THUM SOO WAH
Gender	Female

PASSENGER 3

Name	KELLYN
Gender	Female

PASSENGER 4

Name	ELLYN
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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Advice Oi to sent to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR1891B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	KHOO CHIN HENG
NRIC No	S7929882D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.



16/09/2024
1324HRS

Policyholder's Signature / Date & Time

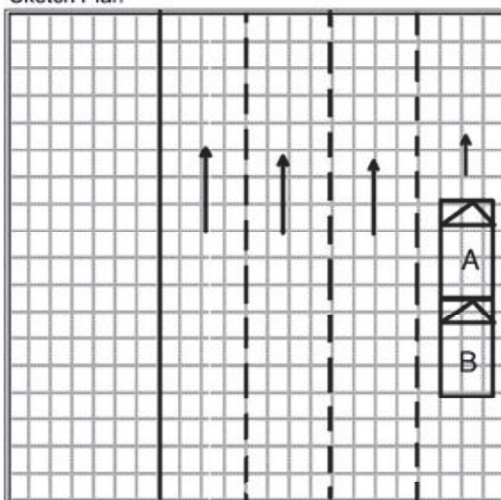
Driver's Signature (if driver is not the policyholder) / Date & Time



NUR ASYRAF BIN ZAINAL
S997042

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

		<p>A: SMD1752G</p> <p>B: SLR1891B</p> <p>CTE TOWARDS WOODLANDS</p>
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Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



16/09/2024
1324HRS

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

NUR ASYRAF BIN ZAINAL
S997042

























**SINGAPORE
POLICE FORCE**



T/20240915/7059

1 of 5

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

Report No. T/20240915/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 18:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: Cai Linghui Evenlyn		Address: 15 YISHUN STREET 51 #07-29 THE CRITERION SINGAPORE 767973		
ID Type / ID No.: NRIC NO / S8408369J		Contact No.: Home/Office: Mobile: 91779177		
Nationality: SINGAPORE CITIZEN		Email: evenlyncai@gmail.com		
Sex: Female	Age: 40	Date of Birth: 31/03/1984	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: ICT business process consultant/business analyst		Driving Licence Information: Class: 3 Date of Expiry: 15/09/2024		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/09/2024 16:30	Type of Location: Straight Road
Location: CTE, just before AMK ITE, towards Woodlands				
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
SLR1891B	Motor car	HONDA	Shuttle	White	Seriously Damaged	1
SMD1752G	Motor car	MITSUBISHI	Outlander	White	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMD1752G	NTUC Income	5147067404	06/08/2024	05/08/2025



**SINGAPORE
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T/20240915/7059

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

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Report No. T/20240915/7059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHOO CHIN HENG (QIU JINXING)	ID No.	S7929882D
Related Vehicle	SLR1891B (Motor car)	Contact No.	90103935
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
Passenger			
Name	CHUA ENG HOCK	ID No.	S0050268E
Related Vehicle	SMD1752G (Motor car)	Contact No.	90080888
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
Passenger			
Name	THUM SOO WAH	ID No.	S0145047F
Related Vehicle	SMD1752G (Motor car)	Contact No.	91379137
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



**SINGAPORE
POLICE FORCE**



T/20240915/7059

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20240915/7059

CONTINUATION OF REPORT

Passenger			
Name	HUANG YU XUAN ELLYN	ID No.	T15196911
Related Vehicle	SMD1752G (Motor car)	Contact No.	NIL
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
Driver			
Name	CAI LINGHUI EVENLYN	ID No.	S8408369J
Related Vehicle	SMD1752G (Motor car)	Contact No.	91779177
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 15/09/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	HUANG YU EN KELLYN	ID No.	T1306046G
Related Vehicle	SMD1752G (Motor car)	Contact No.	NIL
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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20240915/7059

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Report No. T/20240915/7059

CONTINUATION OF REPORT

Brief Details.

The vehicle in front of me stopped abruptly and I had to brake hard in order not to hit the car in front of me. Soon after my car came to a stationary position, the car behind me hit onto my car.



**SINGAPORE
POLICE FORCE**



T/20240915/7059

Police Station Of Origin:
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Report No. T/20240915/7059

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:
15/09/2024 18:01

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP168