

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	05/11/2024 16:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/10/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT ALONG PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7972L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO WAI LOON, KELVIN
NRIC No	SXXXX402J
Email Address	CONTACTANSHINM@GMAIL.COM
Mobile Phone No	(Phone) +65-97950209
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AD AVANTE 1.6 GLS (A) ELITE
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	1591
Vehicle Fuel	Petrol
First Registration Date	25/04/2019
Chassis no	KMHD841CMKU878976
Effective Date/Time of Ownership	16/03/2022 12:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126292890-02

DRIVER

Name of Driver	HO WAI LOON, KELVIN
NRIC No	SXXXX402J
Date Of Birth	26/02/1980
Occupation	Indoor
Driving Pass Date	29/09/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97950209
Alt. Phone Number	-
Email Address	CONTACTANSHINM@GMAIL.COM
Address	BLK 46 CEYLON ROAD 05-06 SINGAPORE 429634
Address complement	-
Postcode	-
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 - Major/Minor Rd
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)	4
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	N/A
Gender	Female

PASSENGER 2

Name	N/A (KIDS)
Gender	Male

PASSENGER 3

Name	N/A (KIDS)
Gender	Male

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? No
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP185Z
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 -
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMK7972L
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person -
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMK7972L
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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

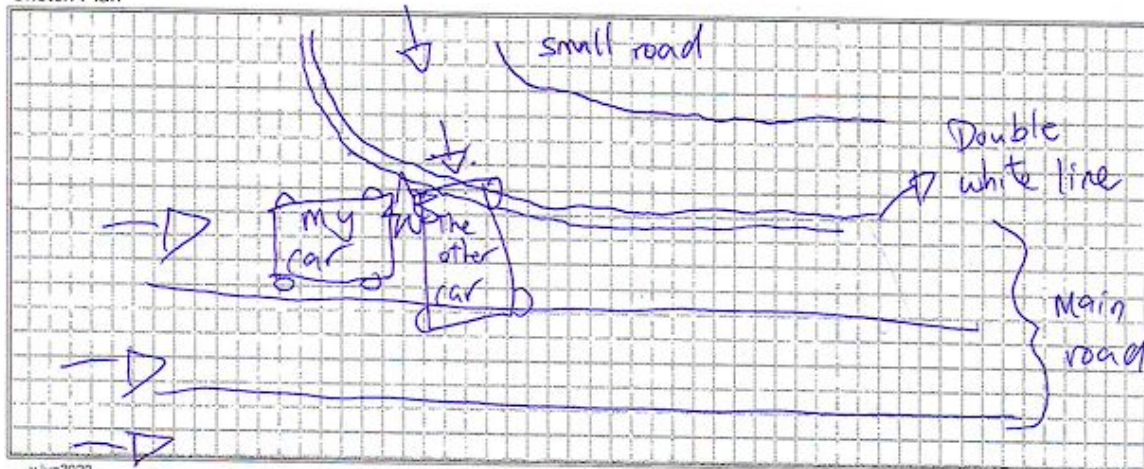
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

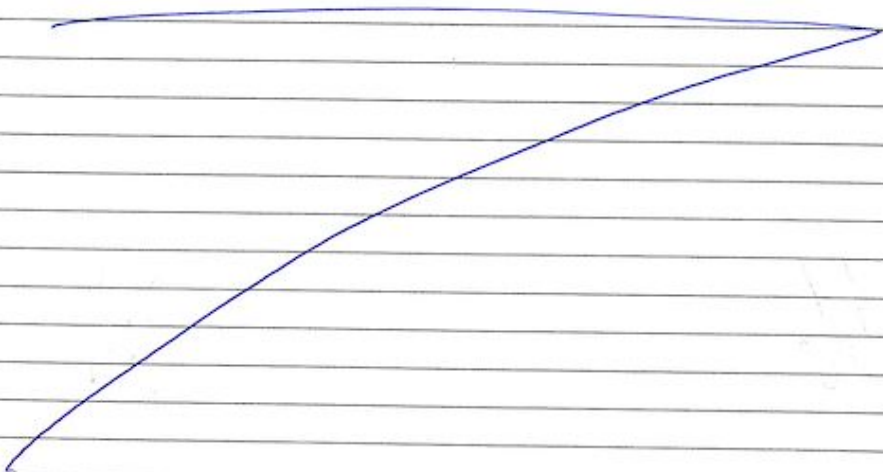
Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident	
Date Of Accident :	31/10/2024
Time :	4.30pm
Location :	Paya Lebar Road
Vehicles Involved	
Vehicle A (Own Car) :	Smk 7972L
Vehicle B :	SLP185Z
Vehicle C :	
Vehicle D :	
Circumstances of the Accident :	
Please refer to police report	
	

Declaration

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

[Signature]

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)



**SINGAPORE
POLICE FORCE**



T/20241101/7076

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

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Report No. T/20241101/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 16:03		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: HO WAI LOON, KELVIN		Address: 46 CEYLON ROAD #05-06 SINGAPORE 429634		
ID Type / ID No.: NRIC NO / S8006402J		Contact No.: Home/Office: Mobile: 97950209		
Nationality: SINGAPORE CITIZEN		Email: CONTACTANSHINM@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 26/02/1980	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Accountant (excluding tax accountant)		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2024 16:31	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP185Z	Motor car	MAZDA	3	Silver		0
SMK7972L	Motor car	HYUNDAI	Avante	Red		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMK7972L	Income	5126292890-02	25/04/2024	25/04/2025



**SINGAPORE
POLICE FORCE**



T/20241101/7076

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

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Report No. T/20241101/7076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO WAI LOON, KELVIN	ID No.	S8006402J
Related Vehicle	SMK7972L (Motor car)	Contact No.	97950209
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/11/2024	Date Discharge	01/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	NIL
Passenger			
Name	MS HING	ID No.	S7680921F
Related Vehicle	SMK7972L (Motor car)	Contact No.	98163913
Hospital/Clinic	MEDILINE WEI MIN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2024	Date Discharge	31/10/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	MR KAELEN HO	ID No.	T1135148J
Related Vehicle	SMK7972L (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



**SINGAPORE
POLICE FORCE**



T/20241101/7076

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

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Report No. T/20241101/7076

CONTINUATION OF REPORT

Passenger			
Name	MR KAEDE HO	ID No.	T1606702J
Related Vehicle	SMK7972L (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	KELVIN HO WAI LOON	ID No.	S8006402J
Related Vehicle	NIL	Contact No.	97950209
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/11/2024	Date Discharge	01/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	DAI CHUPENG	ID No.	S9477990A
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

Brief Details.

The 3rd party car was entering paya lebar road from a slip road. There is a double white line to the lane he will be entering which means he is not supposed to cross to filter. The 3rd party driver did not slow down or kept within his lane, instead he just drove out to cut across multiple lanes without looking. I was driving at the 3rd lane at about speed 30km and he drove right across me suddenly, causing me to hit his rear driver side of car, even though i tried to brake but was too late for his abrupt action. After hitting, 3rd party driver was apologetic and came to me to say sorry. Reporting this traffic accident as i am suffering from whiplash (seen doc) and have been advised by my insurer to make a police report first.