

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	11/11/2024 15:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/11/2024 20:40 (SGT)
Exact Location of Accident	Airport Blvd., Singapore
Additional Location Information	TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM6006K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA KOK KEONG (CAI GUOQIANG)
NRIC No	S7336556B
Email Address	NOWIGOTEMAIL@GMAIL.COM
Mobile Phone No	(Phone) +65-98892332
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Serena
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200
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	5138577942-01

DRIVER

Name of Driver	CHUA KOK KEONG (CAI GUOQIANG)
NRIC No	S7336556B
Date Of Birth	02/10/1973
Occupation	Outdoor
Driving Pass Date	28/02/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98892332
Alt. Phone Number	-
Email Address	NOWIGOTEMAIL@GMAIL.COM
Address	BLK 18 JALAN TENTERAM #26-134
Address complement	-
Postcode	321018
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)	3
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
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: T/20241110/7017.

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	FBG2034D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA KOK KEONG (CAI GUOQIANG)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNM6006K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the details of the General Insurance (GI) and the Traffic Police process.
2. Your report will be prepared by the Traffic Police and submitted to the relevant authorities.
3. Any information provided must be at traffic@nra.org.sg or traffic@nra.org.sg. Any false information provided will constitute a breach of the insurance policy and may result in the policy being voided.
4. The issue and completion of the General Insurance process is subject to the availability of policyholders and the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. The report will be forwarded by the insurer to the GI Record Management Centre established by the General Insurance Association of Singapore (GIAS) on an ongoing basis and that copies of the report will also be made available upon application to interested parties.
7. By the lodgement of this report to the insurer, you hereby consent to the disclosure of this report to the centre and to copies of the report being made available elsewhere.
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 (GIAS) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided to me or possessed by my insurer collectively the "Personal Information", and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurers who have insured vehicles 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 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 insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms may be 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 GIAS to their third-party service providers or agents (including their lawyers/law firms) which may be based outside of Singapore, for one or more of the above Purposes.



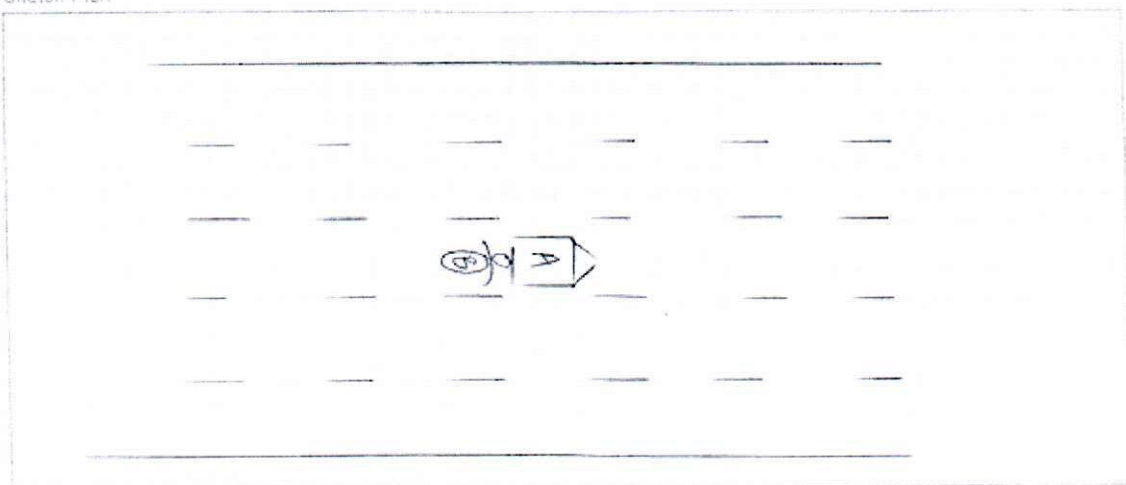
Police Officer Signature (Date & Time)



Driver's Signature (Indemnify for the policyholders) (Date & Time)

Witness Signature (Reporting Centre Response) (Name & ID Number)


Sketch Plan



Consolidated Incident Statement of the Accident

ATTACHED TP REPORT.

7/2024 1110/7017



Declaration

I/We declare the following facts/figures are true and correct.



Name: [Signature] Date: [Signature]



Name: [Signature] Date: [Signature]

Signature of the Investigator

Signature of the Investigator



**SINGAPORE
POLICE FORCE**



T/20241110/7017

1 of 3

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

Report No. T/20241110/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2024 10:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA KOK KEONG			Address: 18 JALAN TENTERAM #26-134 SINGAPORE 321018		
ID Type / ID No.: NRIC NO / S7336556B			Contact No.: Home/Office: Mobile: 98892332		
Nationality: SINGAPORE CITIZEN			Email: NOWIGOTEMAIL@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 02/10/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2024 20:40	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2034D	Motorcycle			Black		0
SNM6006K	Motor car	NISSAN	SERENA 1.2L HIGHWAY STAR PREMIUM E- POWER	Grey		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241110/7017

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

Report No: T/20241110/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM6006K	NTUC Income Insurance Co-Operative Limited	5138577942-01	23/08/2024	22/08/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBG2034D (Motorcycle)	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	CHUA KOK KEONG	ID No.	S7336556B
Related Vehicle	SNM6006K (Motor car)	Contact No.	98892332
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time,
I was driving PH vehicle SNM6006K with 2 passengers travelling along airport boulevard towards PIE at lane 3, the road have 5 lane.
Front vehicle slowed down and stopped.
I followed stopped, a motorcycle plate no.FBG2034D didn't stopped and collided onto my vehicle from the rear.
Ambulance arrived, rider conveyed ambulance to hospital.
On 10/11/2024 I felt unwell, I went to care medical Pte Lte consult and was given 5 days MC.



SINGAPORE
POLICE FORCE

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



T/20241110/7017

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Report No: T/20241110/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD AZHAR BIN ANUAR
Contact No.: 96191462

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
10/11/2024 10:58

Classification Of Case: