

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	22/11/2024 16:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/11/2024 18:00 (SGT)
Exact Location of Accident	3 Mount Elizabeth, Singapore 228510
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5479X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO XIANLONG IVAN
NRIC No	SXXXX516H
Email Address	IVAN.HO.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-97211279
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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 hire
Transmission	Auto
CC	1193
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	5120462656

DRIVER

Name of Driver	HO XIANLONG IVAN
NRIC No	SXXXX516H
Date Of Birth	10/10/1981
Occupation	Outdoor
Driving Pass Date	08/10/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97211279
Alt. Phone Number	-
Email Address	IVAN.HO.SG@GMAIL.COM
Address	BLK 161C JALAN TECK WHYE #09-52
Address complement	-
Postcode	683161
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)	2
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20241122/2008

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 SLK2112Y
Vehicle Manufacturer Mercedes
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver WONG CHIUNG ING
Contact Number (Phone) +65-96623112
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 HO XIANLONG IVAN
Gender Male
Phone No (Phone) +65-97211279
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMR5479X
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:

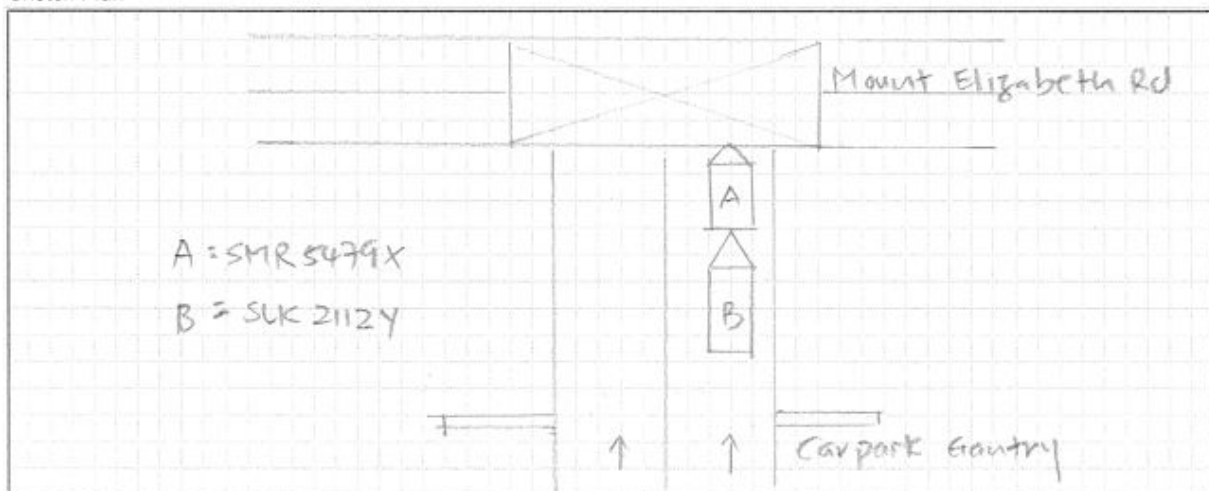
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



vJun2022

1

Describe Circumstance of the Accident

As per police report no. T/2024 1122/2008.

Declaration

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

22/11/2024

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/20241122/2008

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20241122/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2024 02:31	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: HO XIANLONG, IVAN			Address: 161C JALAN TECK WHYE #09-52 SINGAPORE 683161	
ID Type / ID No.: NRIC NO / S8133516H			Contact No.: Home/Office: Mobile: 97211279	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 10/10/1981	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2024 18:00	Type of Location: Car Park
Location: MOUNT ELIZABETH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two 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	Conditio	No of Passenger
SLK2112Y	Motor car	MERCEDES BENZ	GLC300 4M COUPE AMG LN	Blue	Slightly Damaged	0
SMR5479X	Motor car	MITSUBISHI	ATTRAGE 1.2 CVT	Black	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241122/2008

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20241122/2008

CONTINUATION OF REPORT

Driver			
Name	WONG CHIUNG ING	ID No.	S7482723C
Related Vehicle	SLK2112Y (Motor car)	Contact No.	96623112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	HO XIANLONG, IVAN	ID No.	S8133516H
Related Vehicle	SMR5479X (Motor car)	Contact No.	97211279
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/11/2024	Date Discharge	22/11/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 21/11/2024 at about 1800hrs, I was exiting Mount Elizabeth Hospital carpark driving vehicle license plate bearing SMR5479X intending to turn right to Mount Elizabeth Road. I exited the gantry and stopped my vehicle while looking out for oncoming traffic waiting for traffic to clear.

It was at this juncture, the vehicle license plate bearing SLK2112Y who was behind me rear ended me. I then exchanged particulars with her. Traffic police and ambulance was not at scene.

I wish to state that I have an in-vehicle camera which recorded the incident. I also wish to state that my vehicle suffered serious damages while her vehicle suffered minor damages.

Later when I got home, my neck felt stiff and pain on my shoulder hence I visited National University Hospital and was given 3 days MC from 22/11/2024 to 24/11/2024.

I am lodging this report for investigation purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20241122/2008

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Report No. T/20241122/2008

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 1 AHMAD SHAQEEL BIN
MOHD ADAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
22/11/2024 02:31

Classification Of Case:

NP168

