

## 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	23/11/2024 11:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/11/2024 12:30 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8150L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG HOCK CHWEE (WANG FUSHUI)
NRIC No	SXXXX629B
Email Address	HENGHOCKCHWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-98357927
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496
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	5072423758-09

### DRIVER

Name of Driver	HENG HOCK CHWEE (WANG FUSHUI)
NRIC No	SXXXX629B
Date Of Birth	03/08/1984
Occupation	Indoor
Driving Pass Date	20/04/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98357927
Alt. Phone Number	-
Email Address	HENGHOCKCHWEE@GMAIL.COM
Address	322 YISHUN CENTRAL
Address complement	#02-251
Postcode	760322
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	NORIZAN BINTE MOHD YUSOF
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 ATTACH

#### 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	YP9832B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	HENG HOCK CHWEE (WANG FUSHUI)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SKT8150L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	NORIZAN BINTE MOHD YUSOF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SKT8150L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

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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 insurers) 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.

王福林  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

[illegible]

## Declaration

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

王福水

Policyholder's Signature & Date & Time

4  
T. 1000

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



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



**SINGAPORE  
POLICE FORCE**



T/20241122/7095

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

1 of 3

Report No. T/20241122/7095

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2024 18:02		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: HENG HOCK CHWEE		Address: 322 YISHUN CENTRAL #02-251 SINGAPORE 760322		
ID Type / ID No.: NRIC NO / S8423629B		Contact No.: Home/Office: Mobile: 98357927		
Nationality: SINGAPORE CITIZEN		Email: HENGHOCKCHWEE@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 03/08/1984	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Tuition Teacher		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 22/11/2024 12:30	Type of Location:
Location:  SELETAR WEST LINK				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT8150L	Motor car	HONDA	VEZEL 1.5G AUTO	Black		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKT8150L	NTUC Income Insurance Co-Operative Limited	5072423758-09	24/06/2024	23/06/2025



**SINGAPORE  
POLICE FORCE**



T/20241122/7095

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

2 of 3

Report No. T/20241122/7095

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HENG HOCK CHWEE	ID No.	S8423629B
Related Vehicle	SKT8150L (Motor car)	Contact No.	98357927
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)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SKT8150L along Seletar West Link towards SLE/CTE with my wife Norizan on board.

Both of us were belted.

I was travelling along the extreme right lane when I had gradually come to stop due to traffic conditions.

I was waiting for the vehicle to move off when a massive impact slammed into the rear of our vehicle.

My wife and I were caught completely off guard as our vehicle surged forward and veered to the left.

Fortunately, we managed to come to a stop at the extreme left lane without much fanfare.

Despite the fact that I was in shock, I checked on my wife and she was complaining to me that her abdomen was in pain.

The glass shards of our shattered rear windscreen also flew all over our bodies and I had a scratch over my left calf as a result.

Upon alighting, I realised that YP9832B, which was still stationary along the extreme right lane, had crashed into the rear of our vehicle.

After the accident, my neck, shoulders and lower back started feeling aches.

My wife also suffered similar symptoms and we decided to seek treatment at our family doctor Caredoc Medical Clinic.

We were given 5 days MC each for injuries caused by the accident.



SINGAPORE  
POLICE FORCE



T/20241122/7095

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

3 of 3  
Report No. T/20241122/7095

## 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: 22/11/2024 18:02
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:

NP168