

UKC

SINGAPORE ACCIDENT STATEMENT

UKC

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 10:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/11/2024 15:40 (SGT)
Exact Location of Accident	Draycott Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8065K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DOMINIC SOH HENG CHUAN
NRIC No	S9336810Z
Email Address	DOMINICSHC24@GMAIL.COM
Mobile Phone No	(Phone) +65-81382002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500
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	5149224407

DRIVER

Name of Driver	DOMINIC SOH HENG CHUAN
NRIC No	S9336810Z
Date Of Birth	24/09/1993
Occupation	Outdoor
Driving Pass Date	15/11/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-81382002
Alt. Phone Number	-
Email Address	DOMINICSHC24@GMAIL.COM
Address	14A LOR 7 TOA PAYOH #13-229
Address complement	-
Postcode	311014
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	Side Swipe
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	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 POLICE REPORT - T/20241110/7026

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	SMU2921P
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	DOMINIC SOH HENG CHUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMD8065K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

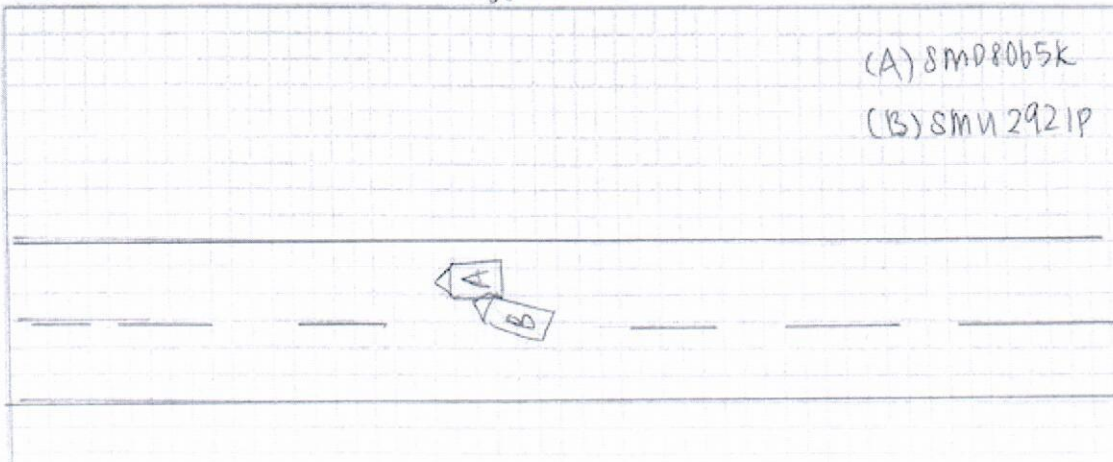

Policyholder's Signature / Date & Time


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

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

Sketch Plan

Oraycott Drive



(A) 8MD8065K
(B) 8MV 2921P

Describe Circumstance of the Accident

ATTACHED TP REPORT
NO. T/20241110/7026



Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)



**SINGAPORE
POLICE FORCE**



T/20241110/7026

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

1 of 3

Report No: T/20241110/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2024 12:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DOMINIC SOH HENG CHUAN			Address: 14A LORONG 7 TOA PAYOH #13-229 SINGAPORE 311014		
ID Type / ID No.: NRIC NO / S9336810Z			Contact No.: Home/Office: Mobile: 81382002		
Nationality: SINGAPORE CITIZEN			Email: DOMINICSHC24@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/09/1993	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 Others	Drink Drive: No	Date/Time of Accident: 09/11/2024 15:40	Type of Location: Straight Road
Location: DRAYCOTT DRIVE			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD8065K	Motor car	HONDA	FREED HYBRID 1.5G AUTO	White		1
SMU2921P	Motor car			Grey		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMD8065K	NTUC Income Insurance Co-Operative Limited	5149224407	12/09/2024	11/09/2025



**SINGAPORE
POLICE FORCE**



T/20241110/7026

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

2 of 3

Report No: T/20241110/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DOMINIC SOH HENG CHUAN	ID No.	S9336810Z
Related Vehicle	SMD8065K (Motor car)	Contact No.	81382002
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	Slight
Driver			
Name	SUBARU BIN SAKIMIN	ID No.	S1186306Z
Related Vehicle	SMU2921P (Motor car)	Contact No.	98453606
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.

On the above mentioned data and time,

I was driving (own car) PH vehicle SMD8065K with 1 passenger travelling straight along Draycott Drive at Extreme right lane 1.

The road have 2 lane, a vehicle plate no. SMU2921P was travelling on my left at lane 2. Suddenly encroached into my lane and collided onto my left front and back doors dented. after accident I felt unwell.

On 10/11/2024 I went to care medical Pte Lte consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20241110/7026

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

3 of 3

Report No. T/20241110/7026

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:
10/11/2024 12:40

Officer In Charge Of Case:
TP / HRT /
CHUA KUAN TOONG, KENNY
Contact No.: 65476141

Classification Of Case:

NP168