

# 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 .....        | 26/06/2024 17:18 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 25/06/2024 18:15 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | LORONG 18 GEYLANG                   |
| Country/State of Loss .....           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SDZ9988G |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | WONG HOY KIM           |
| NRIC No .....                  | SXXXX817J              |
| Email Address .....            | HKWONG9988@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-83339988   |
| Alternative Phone No .....     | -                      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Harrier                   |
| 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 .....   | 1987                      |

### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D22MPC0010068_01                      |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | WONG HOY KIM |
| NRIC No .....        | SXXXX817J    |
| Date Of Birth .....  | 12/07/1957   |
| Occupation .....     | Outdoor      |

|  |                            |
|--|----------------------------|
| Driving Pass Date .....  | 08/01/1990                 |
| Driving experience .....   | 34 YEARS AND 5 MONTHS      |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-83339988       |
| Alt. Phone Number .....  | -                          |
| Email Address .....  | HKWONG9988@HOTMAIL.COM     |
| Address .....  | 215 BIDADARI DRIVE #06-665 |
| Address complement .....   | -                          |
| Postcode .....   | 361215                     |
| 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 .....   | FEMALE |
| 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

#### 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 .....             | SHF48L               |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Taxi                 |
| Name of Driver .....                          | LEE PANG HUAT        |
| NRIC No .....                                 | SXXXX474I            |
| Contact Number .....                          | (Phone) +65-92311881 |
| 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 .....                              | WONG HOY KIM               |
| Gender .....  | Male                       |
| Phone No .....  | (Phone) +65-83339988       |
| Address .....   | 215 BIDADARI DRIVE #06-665 |
| Address Complement .....                                  | -                          |
| Post Code .....   | 361215                     |
| Approximate Age Years Old .....                           | -                          |
| Injuries Sustained .....                                  | 3 DAYS MC                  |
| Injured person in which vehicle? .....                    | SDZ9988G                   |
| Were seat belts worn? .....                               | Yes                        |
| Was this injured conveyed to hospital by ambulance? ..... | No                         |

**SKETCH PLAN**

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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:

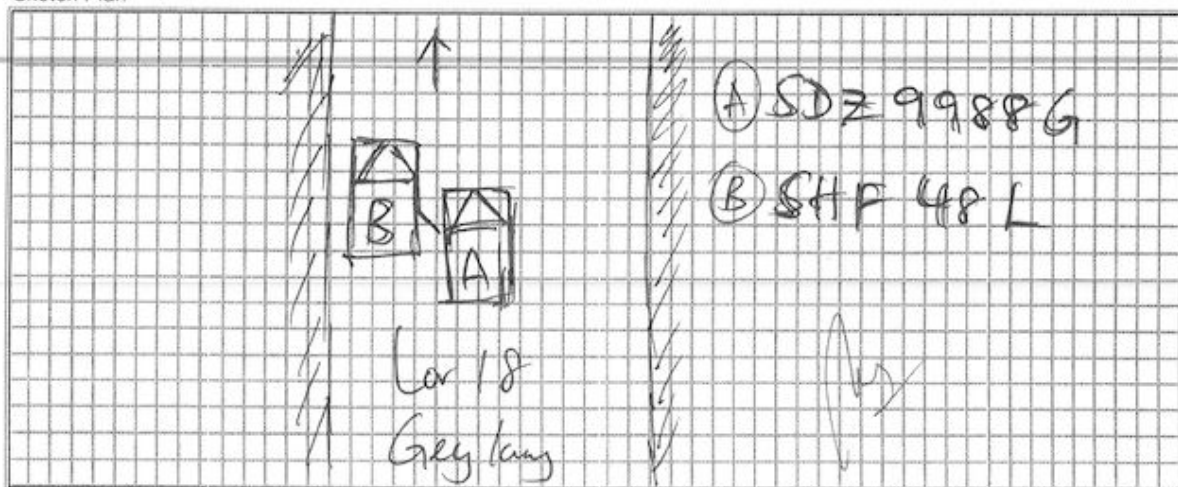
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Describe Circumstance of the Accident

AS per police report no.: T/2024/0626/7033

*[Handwritten signature]*

Declaration

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

*[Handwritten signature]*  
Policyholder's Signature / Date & Time

*[Handwritten signature]*  
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/20240626/7023

1 of 3

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

Report No. T/20240626/7023

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |  |
|--|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made:<br>26/06/2024 11:34 |            | Vide Report No.:             |   | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                              |   |                    |  |
| Name of Informant:<br>WONG HOY KIM         |            |                              | Address:<br>215A BIDADARI PARK DRIVE #06-665 SINGAPORE 361215 |                    |  |
| ID Type / ID No.:<br>NRIC NO / S2599817J   |            |                              | Contact No.:<br>Home/Office: Mobile: 83339988                 |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>HKWONG9988@HOTMAIL.COM                              |                    |  |
| Sex:<br>Male                               | Age:<br>66 | Date of Birth:<br>12/07/1957 | Type of Informant:<br>Driver                                  |                    |  |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                    |  |
| Occupation:<br>Private-hire car driver     |            |                              | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:   |                    |  |

|  |                  |                                    |  |  |
|--|------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>                   |                  |                                    |  |  |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>25/06/2024 18:15 | Type of Location:<br>Straight Road     |
| Location:<br><br>LORONG 18 GEYLANG                           |                  |                                    |  |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  |  |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light               |
| Type of Collision:<br>The Taxi's Passenger open back door RH |                  |                                    |  | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |        |                            |        |                      |                 |
|------------------------------------|-----------|--------|----------------------------|--------|----------------------|-----------------|
| Vehicle No.                        | Type      | Make   | Model                      | Color  | Condition            | No of Passenger |
| SDZ9988G                           | Motor car | TOYOTA | HARRIER M<br>GRADE         | White  | Seriously<br>Damaged | 1               |
| SHF48L                             | Motor car |        | PRIUS<br>HYBRID 1.8<br>CVT | Maroon | Seriously<br>Damaged | 2               |

| <b>Details of Vehicle Insurance</b> |  |               |                |             |
|-------------------------------------|--|---------------|----------------|-------------|
| Vehicle No.                         | Insurance Company                        | Insurance No  | Effective Date | Expiry Date |
| SDZ9988G                            | INDIA INTERNATIONAL INSURANCE PTE<br>LTD | D22MPC0010068 | 28/02/2024     | 27/02/2025  |



**SINGAPORE  
POLICE FORCE**



T/20240626/7023

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

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Report No. T/20240626/7023

CONTINUATION OF REPORT

| Details of Person Involved             |                                |  |                                    |
|--|--------------------------------|--|------------------------------------|
| Any Pedestrian Involved: No            |                                |  |                                    |
| No. of Pedestrians Injured: NIL        |                                | Use of Pedestrian Crossing: NA         |                                    |
| Driver                                 |                                |  |                                    |
| Name                                   | WONG HOY KIM                   | ID No.                                 | S2599817J                          |
| Related Vehicle                        | SDZ9988G (Motor car)           | Contact No.                            | 83339988                           |
| Hospital/Clinic                        | LIFELINE BISHAN MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                         | 26/06/2024                     | Date Discharge                         | 26/06/2024                         |
| No. of Days granted Medical Leave (MC) | NIL                            | Degree of Injury                       | Serious                            |
| Driver                                 |                                |  |                                    |
| Name                                   | LEE PANG HUAT                  | ID No.                                 | S1252474I                          |
| Related Vehicle                        | SHF48L (Motor car)             | Contact No.                            | 92311881                           |
| Hospital/Clinic                        | NIL                            | Class of Driving Licence & Expiry Date | Class: NIL<br>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 25/06/2024 at about 1815hrs, While I was driving my motor vehicle A (SDZ9988G) along Lorong 18 Geylang. A motor vehicle B (SHF48L) Which was stopped at the road side of my left.

Keeping within my lane and I drive passed the taxi. Suddenly I felt an impact from my left side. Afterward I realised that was the vehicle B (SHF48L) passenger open the rear door RH, thus the rear door RH hit onto the left portion of my vehicle A (SDZ9988G).

On the next (26/06/2024) I went for medical checkup and got 3 days MC from the doctor.

I'm lodging this report to claim against the insurer of (SHF48L).

**SINGAPORE  
POLICE FORCE**

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



T/20240626/7023

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Report No. T/20240626/7023

## 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:

26/06/2024 11:34

Officer In Charge Of Case:  
TP / AEIT /  
NORA BTE BACHOK  
Contact No.: 65476172

Classification Of Case:

NP168