

## 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 willful 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 .....	18/11/2024 18:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/11/2024 23:00 (SGT)
Exact Location of Accident .....	Near 139 Woodlands Industrial Park E5, Singapore 757506
Additional Location Information .....	BEFORE JUNCTION BETWEEN WOODLANDS IND PARK E5 & N COAST AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC9990M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOHN ONG YUEH HAN
NRIC No .....	SXXXX092C
Email Address .....	neo.derrick@gmail.com
Mobile Phone No .....	(Phone) +65-90385888
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Estima
Variant .....	TOYOTA / ESTIMA AERAS 2.4 CVT ABS D/AIRBAG 2WD
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2362
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	ACR507120881
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5145095615

#### DRIVER

Name of Driver .....	THINESH A/L PURUSOTHMAN
Work Permit No .....	GXXXX265N
Date Of Birth .....	06/09/1989
Occupation .....	Outdoor
Driving Pass Date .....	08/09/2024
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92452569
Alt. Phone Number .....	-
Email Address .....	neo.derrick@gmail.com
Address .....	280 WOODLANDS INDUSTRIAL PARK E5 #02-14
Address complement .....	-
Postcode .....	757322
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	JOHN ONG YUEH HAN
Gender .....	Male

#### 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

On mentioned date and time, traffic light was red and I (SMC9990M) was stationary on the 2nd lane at the traffic junction of Woodlands Industrial Park E5 and North Coast Drive. Suddenly, another vehicle (SNF4418E) rear ended into the left rear portion of my vehicle as he tried to filter left abruptly. We alighted to exchange particulars and left the scene shortly after. Im feeling discomfort and might be seeking medical attention. My vehicle have another passenger on board (John Ong Yueh Han) at time of accident. That is all.

## 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 ..... SNF4418E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 ..... THINESH A/L PURUSOTHMAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMC9990M  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 2

Name of injured person ..... JOHN ONG YUEH HAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMC9990M  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

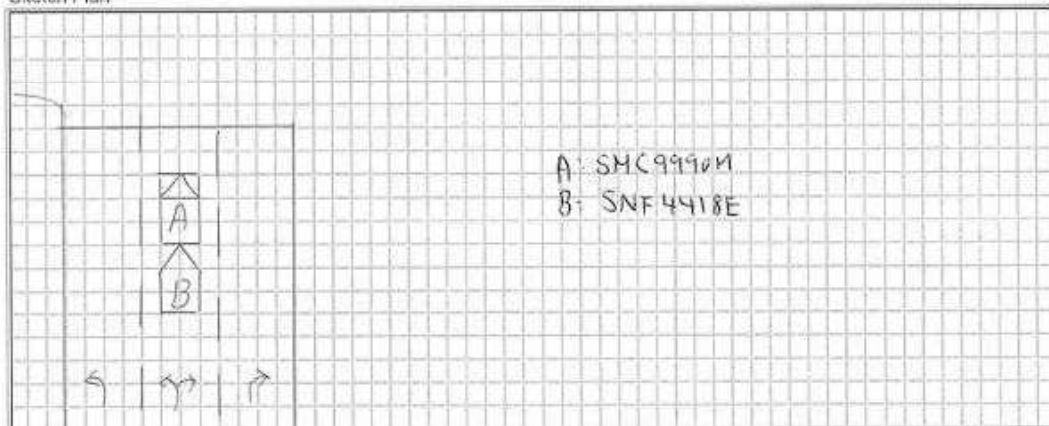
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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7. By the lodgement 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

  
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**



The sketch plan is a large grid. On the left side, there is a diagram of two vehicles, labeled 'A' and 'B', positioned vertically. Vehicle 'A' is above vehicle 'B'. Below the vehicles, there are three arrows pointing left, right, and left again, indicating a path or direction. To the right of the vehicles, the following text is handwritten:

A: SHC9990M  
B: SNF4418E

vJun2022

Describe Circumstance of the Accident

On mentioned date and time, traffic light was red and I (SMC9990M) was stationary on the 2nd lane at the traffic junction of Woodlands Industrial Park E5 and North Coast Drive. Suddenly, another vehicle (SNF4418E) rear ended into the left rear portion of my vehicle as he tried to filter left abruptly. We alighted to exchange particulars and left the scene shortly after. Im feeling discomfort and might be seeking medical attention. My vehicle have another passenger on board (John Ong Yueh Han) at time of accident. That is all.

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

*[Signature]*

June



**SINGAPORE  
POLICE FORCE**



T/20241116/7069

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

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Report No. T/20241116/7069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2024 14:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: THINESH A/L PURUSOTHMAN			Address:		
ID Type / ID No.: FIN NO / G6517265N			Contact No.: Home/Office: Mobile: 92452569		
Nationality: MALAYSIAN			Email: tnesh0609@gamil.com		
Sex: Male	Age: 35	Date of Birth: 06/09/1989	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Other car and light goods vehicle drivers			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: 15/11/2024 23:00	Type of Location:
Location: WOODLANDS INDUSTRIAL PARK E5				
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
SMC9990M	Motor car					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20241116/7069

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

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Report No. T/20241116/7069

CONTINUATION OF REPORT

Driver			
Name	THINESH A/L PURUSOTHMAN	ID No.	G6517265N
Related Vehicle	SMC9990M (Motor car)	Contact No.	92452569
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 ferrying my boss (John Ong Yueh Han) on board vehicle SMC9990M. He was seated behind the front passenger seat and we were all belted.

I was stationary at the rightmost lane along Woodlands Industrial Park E5, T-junction, waiting for the traffic lights to turn green to turn into North Coast ave.

Suddenly vehicle SNF4418E came from behind and hit onto my vehicle's rear left portion.

The impact was great and caused my right knee to hit onto my steering.

My boss left leg hit onto the A-frame and the seat.

We later felt pain on our neck, shoulders and back areas.

Today we proceeded to Norwood Medical Clinic to seek treatment and we were both given 5 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20241116/7069

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Report No. T/20241116/7069

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

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

Date/Time:  
16/11/2024 14:43

Classification Of Case: