

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	04/12/2024 13:00 (SGT)
Reported by	Actual Driver
Date of Accident	04/12/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS PIE LP361F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3425A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JHK AUTO PTE. LTD.
Company Reg No	2XXXXX139N
Email Address	
Mobile Phone No	(Phone)
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 hire
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol
First Registration Date	14/06/2016
Chassis no	RU31203780
Effective Date/Time of Ownership	23/05/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00032-R00

DRIVER

Name of Driver	KAYPERUS BIN MARKEY
NRIC No	SXXXX247E
Date Of Birth	[REDACTED]
Occupation	Outdoor
Driving Pass Date	[REDACTED]
Driving License Pass Class	[REDACTED]
Driving License Validity	Valid
Driving experience	[REDACTED]
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
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	N/A
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG4039C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	-
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG4039C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	-
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD3425A
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 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

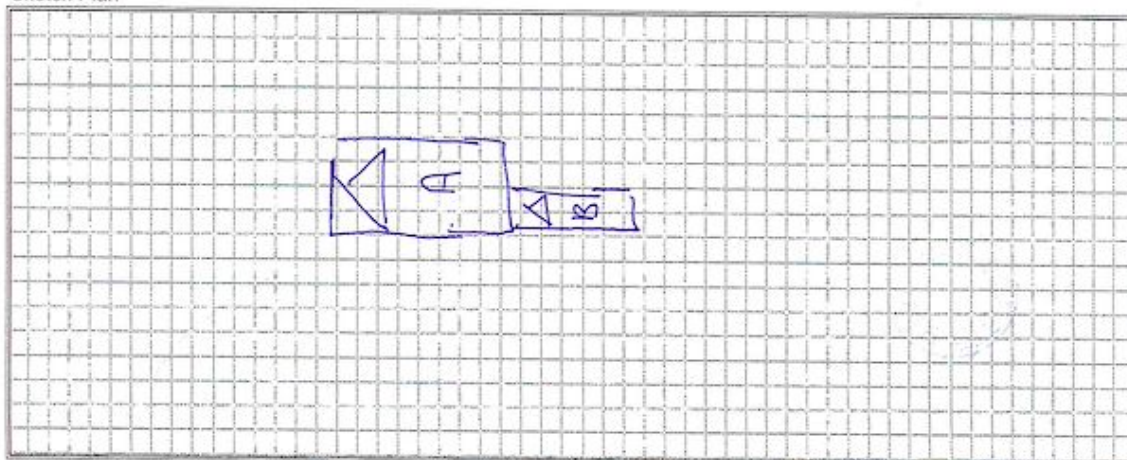
[Handwritten Signature]

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

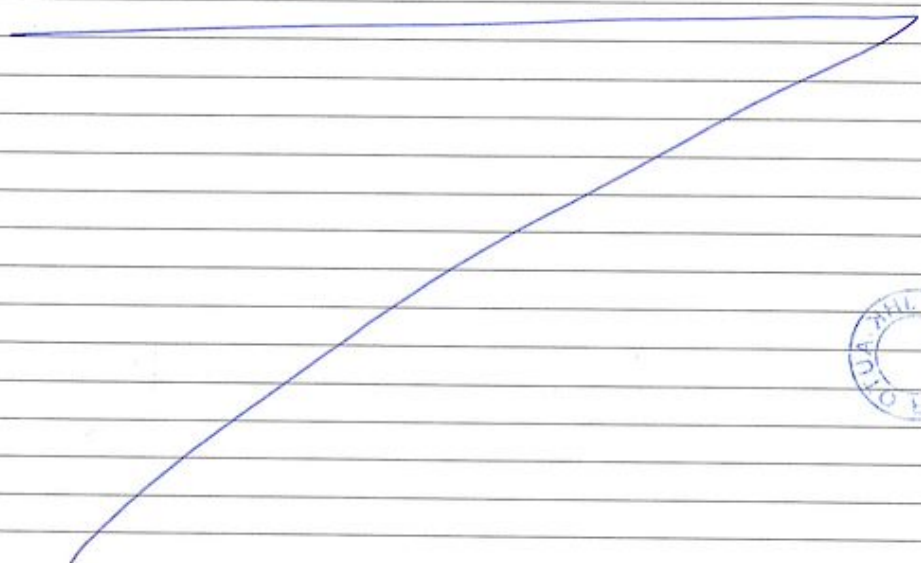


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident	
Date Of Accident :	
Time :	
Location :	
Vehicles Involved	
Vehicle A (Own Car) :	Vehicle B :
Vehicle C :	Vehicle D :
Circumstances of the Accident :	
Ref to police Report	
	

Declaration

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



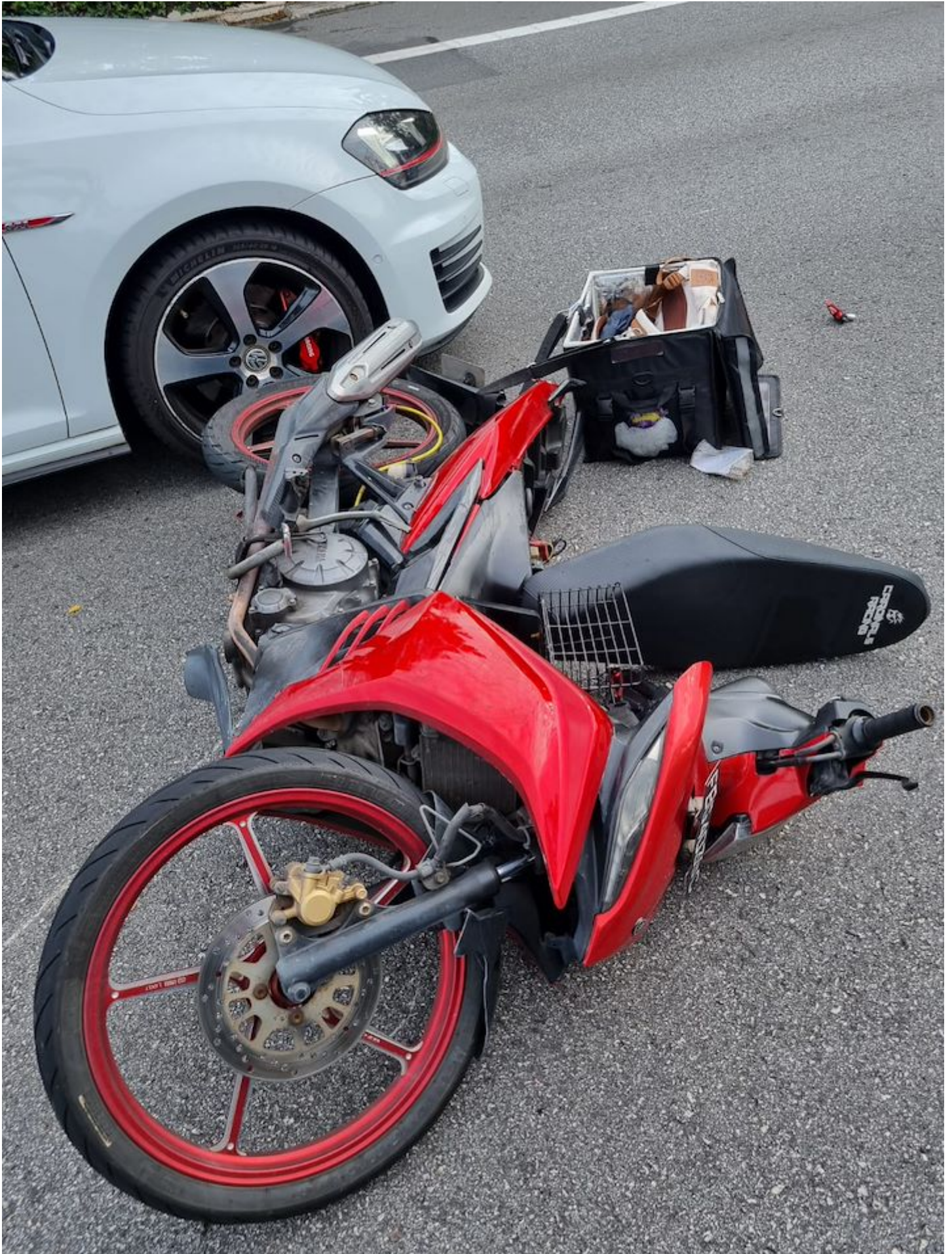
Policyholder's Signature / Date & Time



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

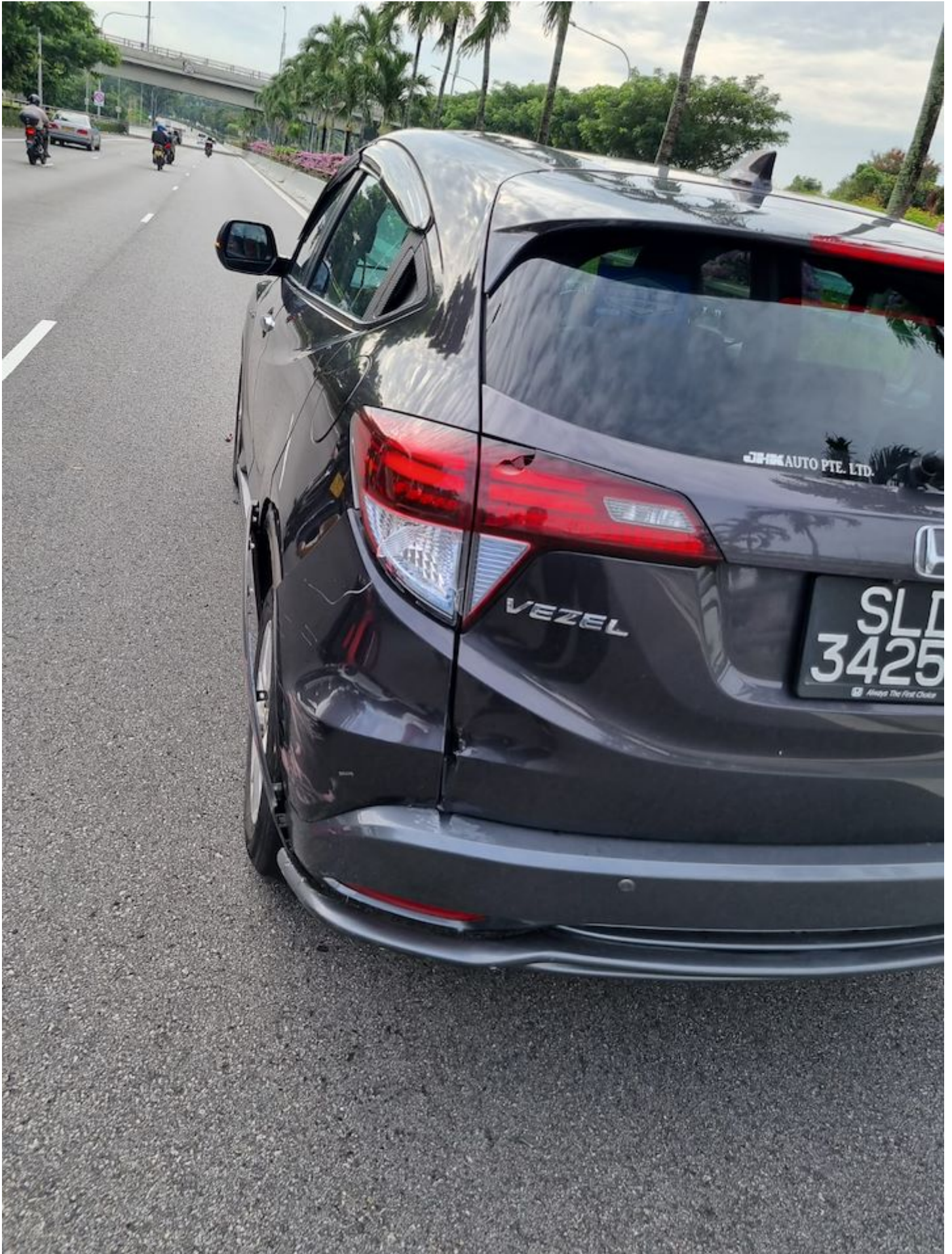


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

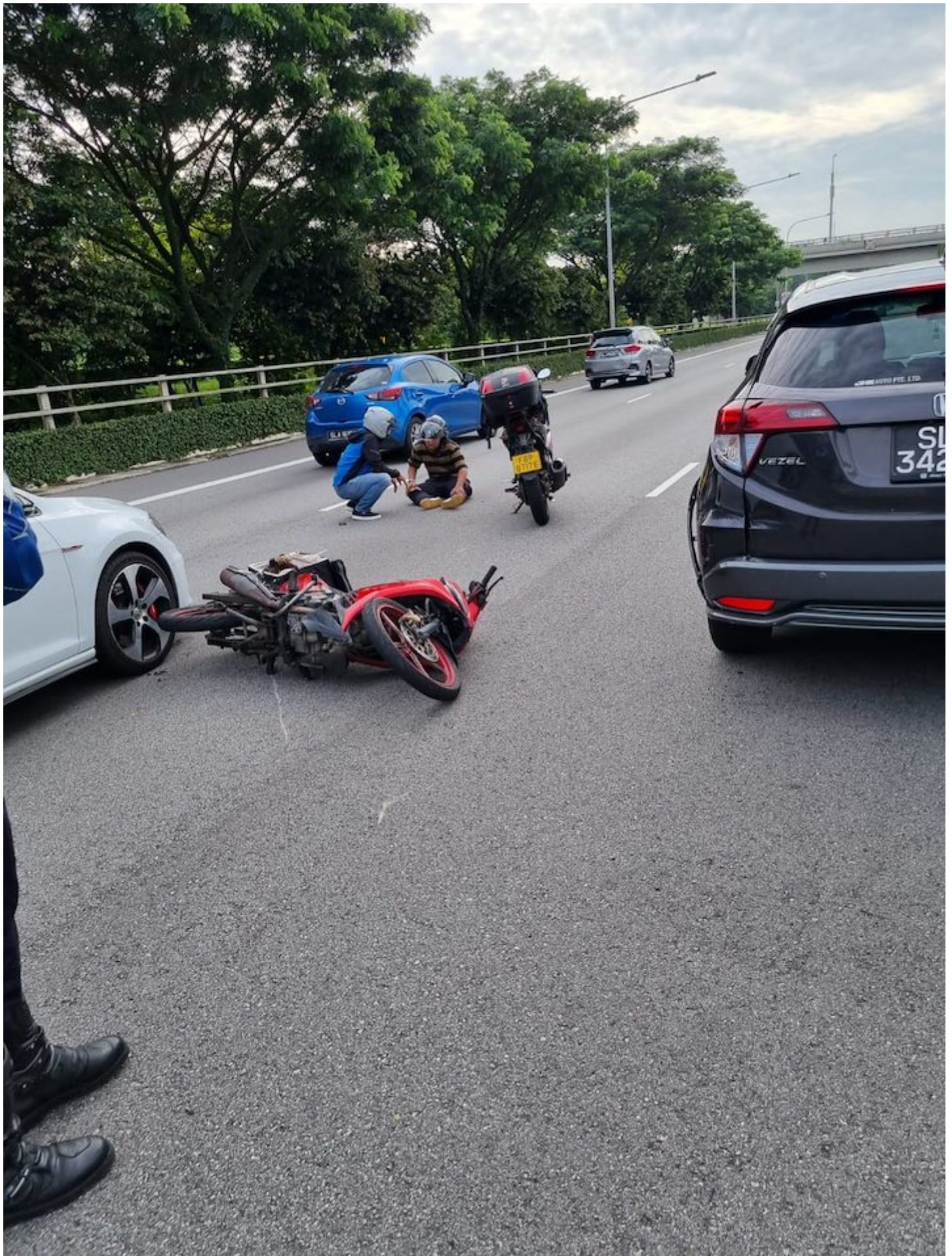


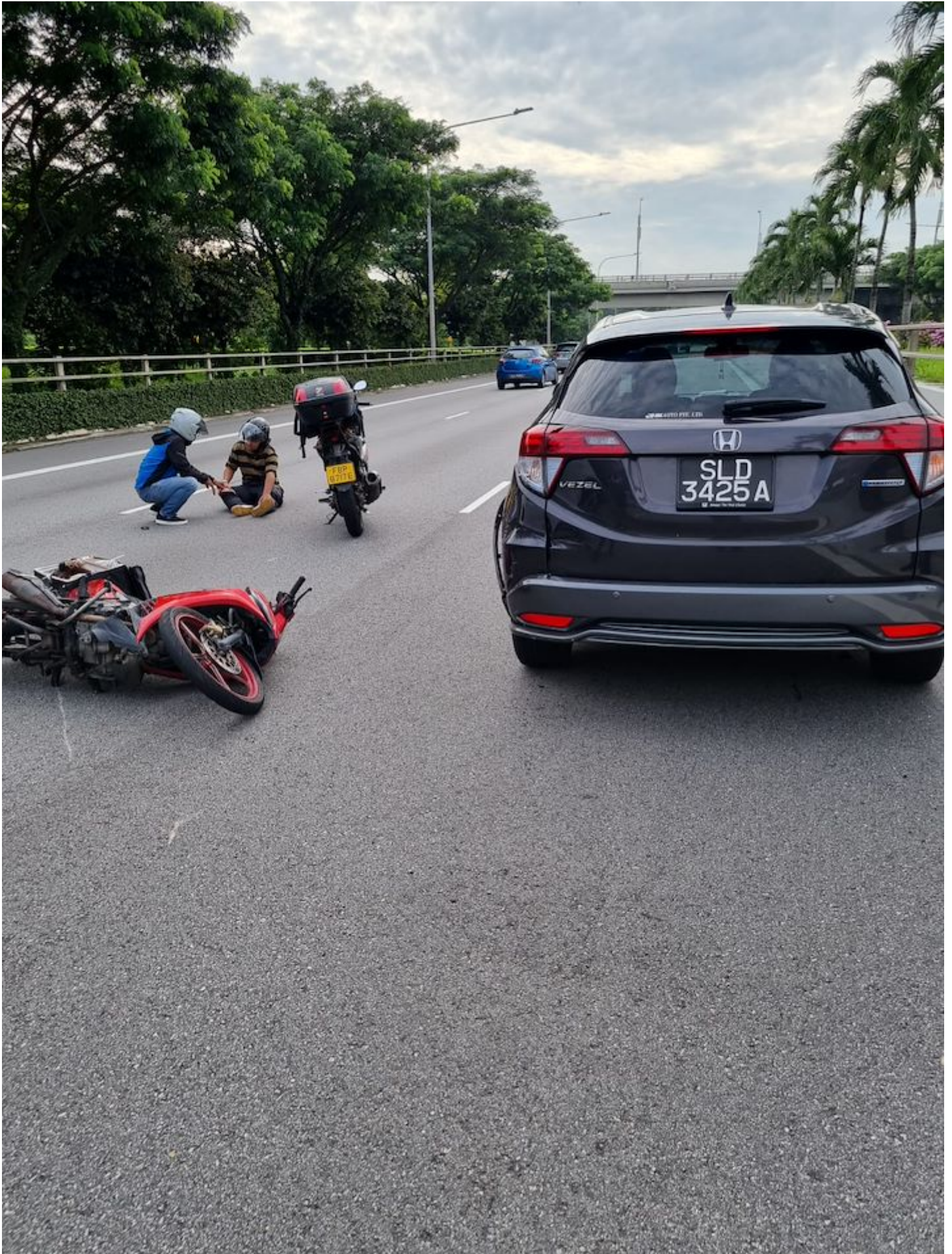


















**SINGAPORE
POLICE FORCE**



F/20241204/7047

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POLICE REPORT (NP299)

Report No. F/20241204/7047

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 04/12/2024 12:20	Vide Report No.	Station Diary No.
Name Of Informant KAYPERUS BIN MARKEY	Address [REDACTED]	
ID Type / ID No. NRIC NO [REDACTED]	Contact No. Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality SINGAPORE CITIZEN	Email Address kayperus.markey@gmail.com	
Occupation Private-hire car driver	Sex Male	Age [REDACTED] Date of Birth [REDACTED] Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 04/12/2024 10:00	Location Of Incident NIL TAMPINES EXPRESSWAY NIL	

Brief details:

I WAS DRIVING MY VEHICLE SLD3425A ALONG TPE TOWARDS PIE. VEHICLE IN FRONT OF ME STOOPED. SO I ALSO STOPPED. SUDDENLY A BIKE FBG4039C HIT ONTO THE REAR OF MY VEHICLE. A LTA OFFICE WAS AT THE SCENE AND CALLED THE AMBULANCE AND TRAFFIC POLICE. RIDER OF THE BIKE WAS SEND TO THE HOSPITAL BY THE AMBULANCE. AFTER THE ACCIDNET I FEEL PAIN ON MY BACK AND WHEN TO SEE DOCTOR AND GIVEN 3 DAYS MC.

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: 04/12/2024 12:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

**SINGAPORE
POLICE FORCE**

F/20241204/7047

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241204/7047

Subjects Involved			
Victim			
Person Name	KAYPERUS BIN MARKEY		
ID Type	NRIC NO	ID No	
Sex	Male	Age	
Nationality	SINGAPORE CITIZEN	Race	Malay
Language	English	Occupation	Private-hire car driver
Address		Mobile No	
Email Address		Is Informant A Victim?	Yes
Person Name	KAYPERUS BIN MARKEY (Informant)		

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: 04/12/2024 12:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: G/2024/204/0079

I, Justis SGT T230103
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 I Road MicroSD Card 32GB
2
3
4
5
6
7
8
9
10

from Kayperus bin Markey S7202247E
(Name, NRIC or Passport No. / Rank and No.)

of 295 A Compassvale Crescent # 02-205
(Address / Police Station / NPC / NPP)

on 4/12/24 at 1000hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
Kayperus
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
Justis
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO Ben 94575539
TPE > PIE 7km 1/3 lane Lp 361F













