

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	11/11/2024 15:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/11/2024 17:50 (SGT)
Exact Location of Accident	Raffles Ave., Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8091Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HO COPH
Company Reg No	53351955A
Email Address	PETER_HO_53@ICLOUD.COM
Mobile Phone No	(Phone) +65-90072688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2400
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	5087329472-01

DRIVER

Name of Driver	HO WAH JUAN
NRIC No	S0162069Z
Date Of Birth	03/05/1951
Occupation	Indoor
Driving Pass Date	10/05/1972
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	52 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90072688
Alt. Phone Number	-
Email Address	PETER_HO_53@ICLOUD.COM
Address	BLK 299B COMPASSVALE STREET #05-102
Address complement	-
Postcode	542299
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	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 TO POLICE REPORT: T/20241111/7036

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 SLR8074Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number (Phone) +65-87934410
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HO WAH JUAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKA8091Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

HO COPH

CP No: 53351955A

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

Raffles Ave

(A) SKA8091Z
(B) SLR8074Y

Describe Circumstance of the Accident

ATTACHED
TP REPORT:
T/20241111/7036

GA.

Declaration

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

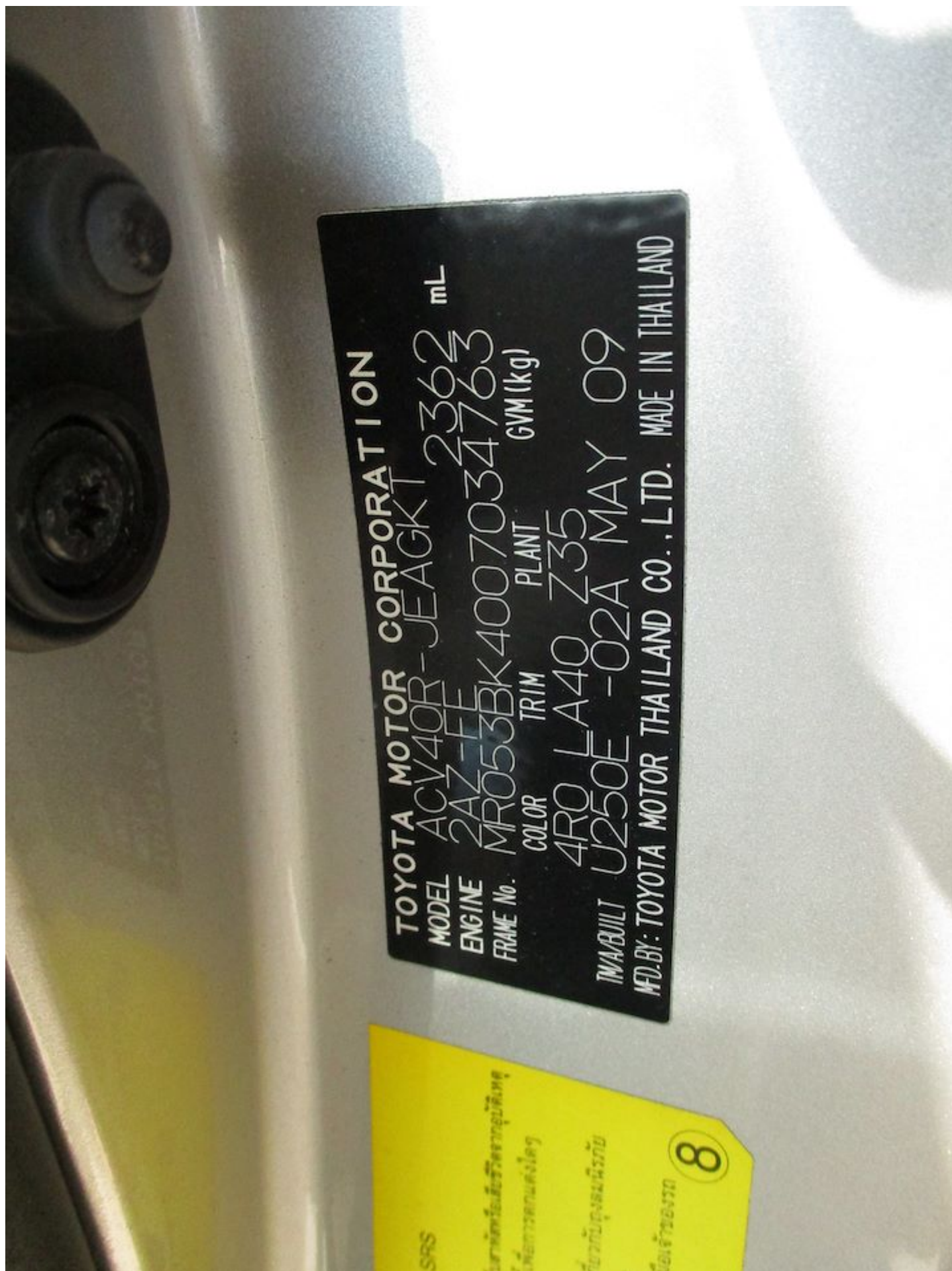
HO COPH
Co Reg No: 53351955A

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)























**SINGAPORE
POLICE FORCE**



T/20241111/7036

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

1 of 3

Report No. T/20241111/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 11:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO WAH JUAN			Address: 299B COMPASSVALE STREET #05-102 SINGAPORE 542299		
ID Type / ID No.: NRIC NO / S0162069Z			Contact No.: Home/Office: Mobile: 90072688		
Nationality: SINGAPORE CITIZEN			Email: peter_Ho_53@icloud.com		
Sex: Male	Age: 73	Date of Birth: 03/05/1951	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: 08/11/2024 17:50	Type of Location: Straight Road
Location: RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA8091Z	Motor car			Silver		1
SLR8074Y	Motor car			Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241111/7036

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

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Report No. T/20241111/7036

CONTINUATION OF REPORT

Driver			
Name	HO WAH JUAN		ID No. S0162069Z
Related Vehicle	SKA8091Z (Motor car)		Contact No. 90072688
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLR8074Y (Motor car)		Contact No. 87934410
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 date and time,
I was driving(own car) PH vehicle plate no.
SKA8091Z with 1 passenger travelling straight along Raffles Ave towards Stamford Road at lane 3, the road have 4
lane, front vehicle stopped ,I followed stopped, suddenly a vehicle Plate no.SLR8074Y didn't stopped and collided
onto my vehicle from the rear. After accident I felt unwell ,
On 11/11/2024 I went to W Y Teh family and surgery consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20241111/7036

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Report No: T/20241111/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

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

Date/Time:
11/11/2024 11:49

Classification Of Case:

BUSINESS PROFILE**REQUEST CRITERIA**

(You have requested to search on the following)

Date of Request :	03/01/2017
Name of Requestor :	INDEX CREDIT PTE LTD
Requested Entity Name :	HO CPH
Requested Entity Number :	53351955A
File Reference Number :	

SEARCH RECORD

Entity Name :	1) HO CPH
Entity Number :	53351955A

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF BUSINESS

Entity Name:	HO CPH
Entity Number:	53351955A
Date Of Registration (dd/mm/yyyy):	09/12/2016
Commencement Date:	09/12/2016
Certificate Renewal Date:	-
Expiry Date:	09/12/2017
Renewal via Giro:	-
Date Of Change Of Name:	-
Former Name:	-
Type:	SOLE-PROPRIETOR
Status:	LIVE
Status Date:	09/12/2016
Principal Place Of Business:	299B COMPASSVALE STREET #05-102 COMPASSVALE GREEN SINGAPORE 542299
Date Of Change Of Address:	-
Principal Activity / Activities:	1)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)

PARTICULARS OF AUTHORISED REPRESENTATIVE(S)

Name ID	Address	Nationality	Date Of Appointment	Date Of Cessation
-				

EXISTING SOLE-PROPRIETOR/PARTNER(S)

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www.QuestNet.sg

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Name ID	Nationality	Address	Date Of Change Of Address	Date Of Entry / Position
HO WAH JUAN S0162069Z	SINGAPORE CITIZEN	299B COMPASSVALE STREET #05-102 SINGAPORE 542299	15/06/2014	09/12/2016 OWNER

WITHDRAWN OWNER(S)

Name ID	Nationality	Address	Date Of Entry / Position	Date Of Withdrawal

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 03/01/2017
PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE
AUTHORITY

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