

# 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 .....	12/12/2024 17:05 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/12/2024 18:40 (SGT)
Exact Location of Accident .....	Keppel Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV2285Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YUE HENG KEONG
NRIC No .....	
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
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 .....	1800
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2008882147-01

### DRIVER

Name of Driver .....	YUE HENG KEONG
NRIC No .....	[REDACTED]
Date Of Birth .....	[REDACTED]
Occupation .....	Outdoor
Driving Pass Date .....	[REDACTED]
Driving License Pass Class .....	Valid
Driving License Validity .....	29 YEARS AND 3 MONTHS
Driving experience .....	Male
Gender .....	[REDACTED]
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	[REDACTED]
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	[REDACTED]
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 .....	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 .....	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

REFER POLICE REPORT - T/20241212/7062

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHB5852U  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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 ..... YUE HENG KEONG  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLV2285Z  
Were seat belts worn? ..... -  
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.

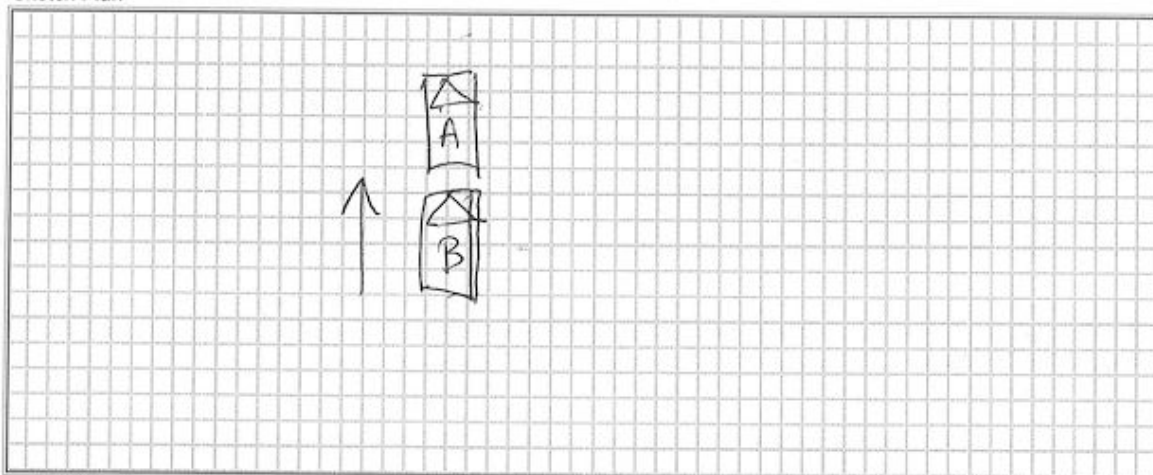
*Handwritten signature*

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



vJun2022

1

Describe Circumstance of the Accident

refer to police report

Declaration

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

*Heaton*

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)







































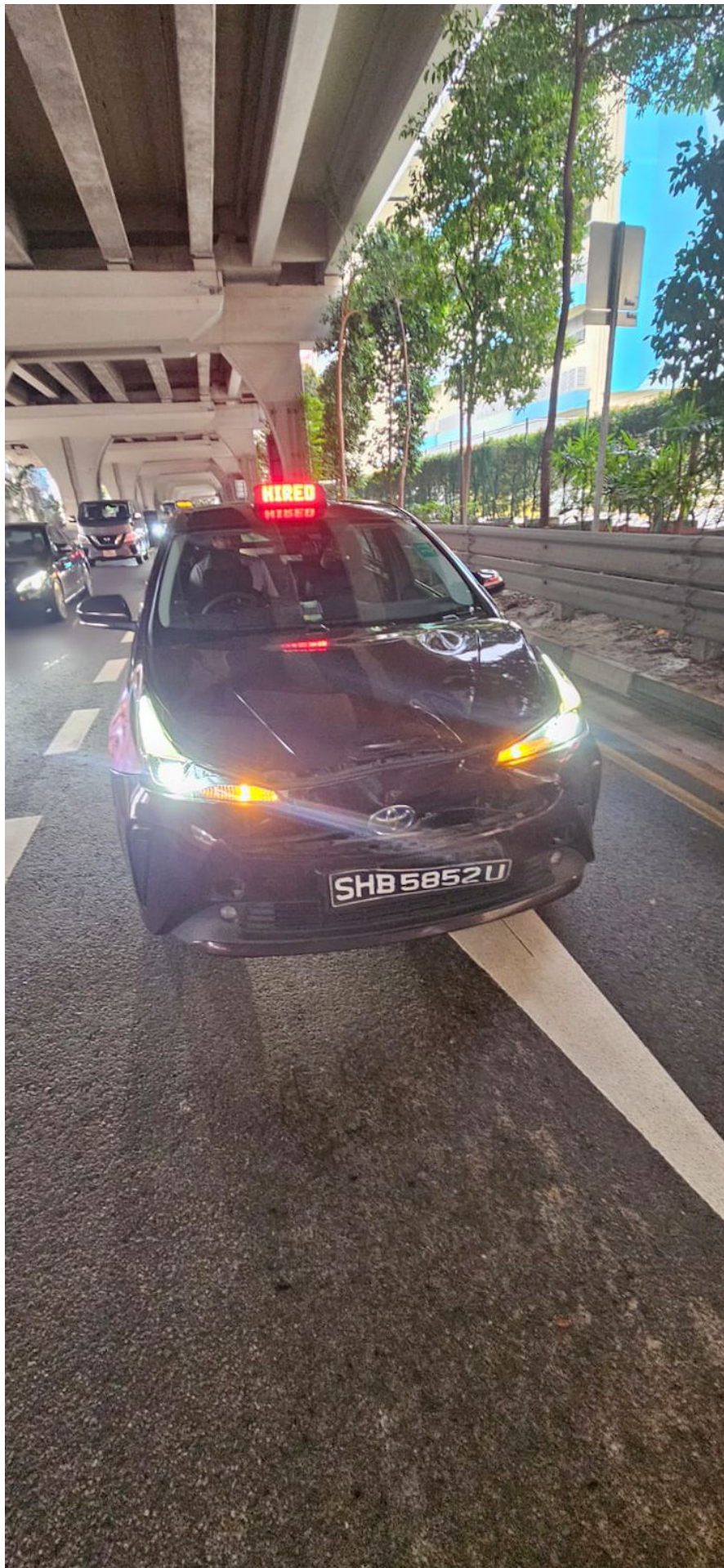














**SINGAPORE  
POLICE FORCE**



T/20241212/7062

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

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Report No. T/20241212/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2024 15:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YUE HENG KEONG			Address: [REDACTED]		
ID Type / ID No.: NRIC N [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email: JY [REDACTED]		
Sex: Male	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Driver			Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]		

**General Information of the Accident**

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2024 18:40	Type of Location: Straight Road
Location:  KEPPEL ROAD			
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
SHB5852U	Motor car					0
SLV2285Z	Motor car	TOYOTA	C-HR HYBRID 1.8G CVT	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLV2285Z	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2008882147	27/12/2023	26/12/2024



**SINGAPORE  
POLICE FORCE**



T/20241212/7062

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

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Report No. T/20241212/7062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YUE HENG KEONG	ID No.	
Related Vehicle	SLV2285Z (Motor car)	Contact No.	
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)	03	Degree of Injury	Slight

**Brief Details.**

I was traveling along Keppel road towards aye. The car in front of me stop, I followed to stop. Suddenly I felt a huge impact from the rear of my vehicle. I got down and realised vehicle b(SHB5852U) had hit onto the rear portion of my vehicle.





**SINGAPORE  
POLICE FORCE**

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



T/20241212/7062

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Report No. T/20241212/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
BOON YEN KIAN  
Contact No.: 65472079

NP168

Signature Of Informant:

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

Date/Time:  
12/12/2024 15:40

Classification Of Case:

