

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	18/12/2024 14:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/12/2024 09:10 (SGT)
Exact Location of Accident	121 Bedok Reservoir Rd, Block 121, Singapore 470121
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2528B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SHEN YU
NRIC No	SXXXX785J
Email Address	VINCENTCHUASHENYU@GMAIL.COM
Mobile Phone No	(Phone) +65-93646349
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5138322303

DRIVER

Name of Driver	CHUA SHEN YU
NRIC No	SXXXX785J
Date Of Birth	22/02/1981
Occupation	Outdoor
Driving Pass Date	22/04/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93646349
Alt. Phone Number	-
Email Address	VINCENTCHUASHENYU@GMAIL.COM
Address	BLK 611 BEDOK RESERVOIR RD #05-1136
Address complement	-
Postcode	470611
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 - Change/cross lane
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	LEJION CHUA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. G/20241218/7030

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 SHA2730M
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 CHUA SHEN YU
Gender Male
Phone No (Phone) +65-93646349
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJZ2528B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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)

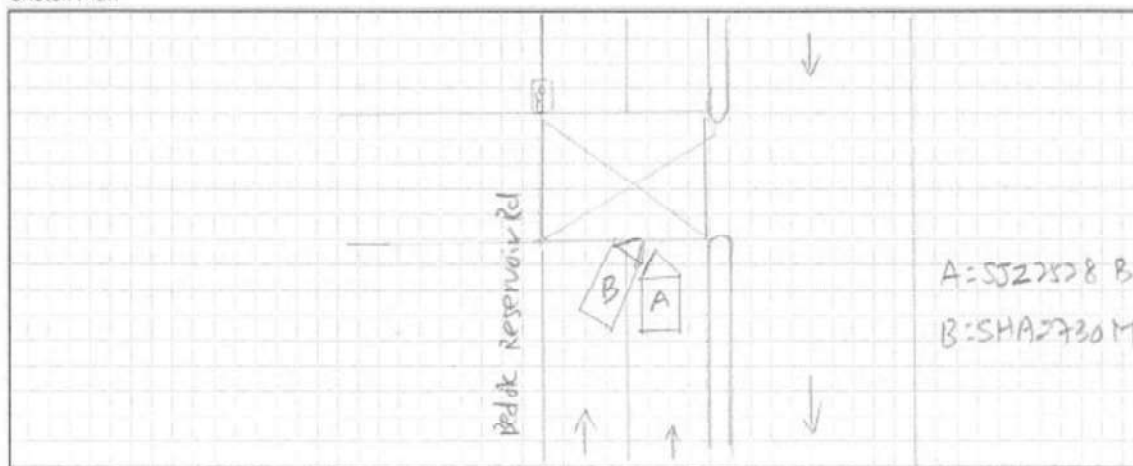
I understand, acknowledge, agree and consent that:

- (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.

[Signature] 18/12/24
Policyholder's Signature / Date & Time

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

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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

As per police report no. G/2024 1218 / 7030.

Declaration

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

[Signature] 6/12/24

Policyholder's Signature / Date & Time

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

[Signature]

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



1 of 3

Report No. G/20241218/7030

Date/Time Report Made 18/12/2024 11:08		Vide Report No.		Station Diary No.	
Name Of Informant Chua Shen yu		Address 611 Bedok reservoir road #05-1136 Eunoss groove SINGAPORE 470611			
ID Type / ID No.		Contact No.			
NRIC NO / S8105785J		Home/Office:		Mobile: 93646349	
Nationality		Email Address vincentchuashenyu@gmail.com			
Occupation Private-hire car driver		Sex Male	Age 43	Date of Birth 22/02/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 18/12/2024 09:09 - 18/12/2024 09:20		Location Of Incident 121 BEDOK RESERVOIR ROAD EUNOSS VISTA SINGAPORE 470121			

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: 18/12/2024 11:08
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



G/20241218/7030

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241218/7030

On 18/12/2024 a car accident occurred between 909-915am along Bedok reservoir road (near blk 121 coffee shop), the comfort taxi driver, SHA 2730M made a abruptly changing of lane without signal and resulting caused his rear boot hit onto my left front boot. (as shown on video)
He refused to showed how driving license and mobile number and personal detail. He then drive away after taking photos.

He never asked or show any kind of concerned after committing the accident.

This Incident has caused my child a grievous shock and currently on observation. And my neck, wrist and back has cause a pained.

My car front light and boot has cracked.

I have called 999 for assistance.

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: 18/12/2024 11:08
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



G/20241218/7030

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241218/7030

Subjects Involved			
Victim			
Person Name	Chua Shen yu		
ID Type	NRIC NO	ID No	S8105785J
Sex	Male	Age	43
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	611 Bedok reservoir road #05-1136 Eunos groove SINGAPORE 470611
Mobile No	93646349	Email Address	vincentchuashenyu@gmail.com
Is Informant A Victim?	Yes		
Person Name	Lejion Chua		
ID Type	NRIC NO	ID No	T2014344J
Sex	Male	Age	4
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	Chinese	Address	611 Bedok reservoir road #05-1136 Eunos groove SINGAPORE 470611
Mobile No	93646349	Relation To Informant	Son
Person Name	Chua Shen yu (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: 18/12/2024 11:08
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	