

## 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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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)**

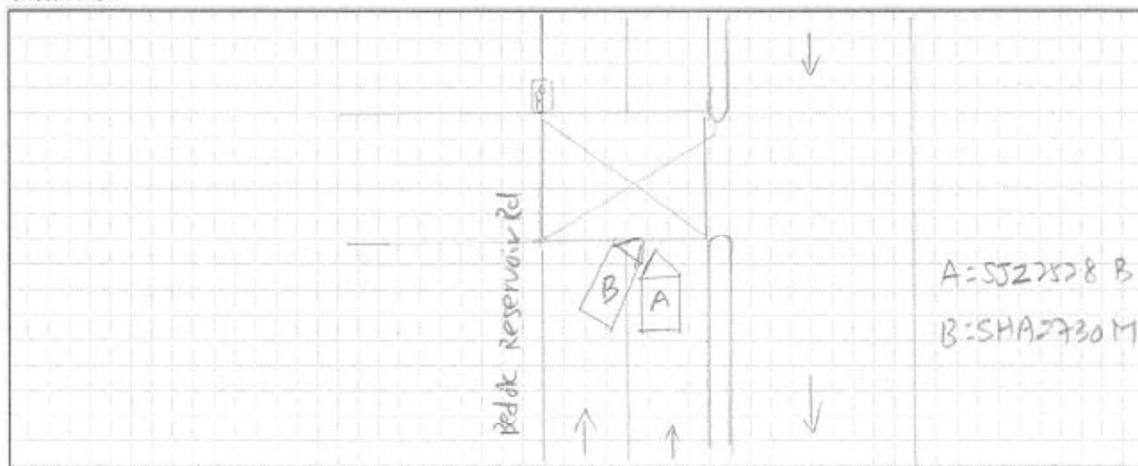
I understand, acknowledge, agree and consent that:

- (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.

*Signature* 18/12/24  
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**

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

**Declaration**

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

*[Signature]* 8/12/24

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)

































**SINGAPORE  
POLICE FORCE**



G/20241218/7030

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**POLICE REPORT (NP299)**

Report No. G/20241218/7030

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

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 Eunost groove SINGAPORE 470611			
ID Type / ID No. NRIC NO / S8105785J		Contact No. 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 EUNOS VISTA SINGAPORE 470121			

**Brief details:**

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**



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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			
<b>Victim</b>			
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.:	



