

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	30/12/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	24/12/2024 03:25 (SGT)
Exact Location of Accident	Bencoolen St, Singapore
Additional Location Information	CROSS JUNCTION OF BENCOOLEN ST AND MIDDLE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7939G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHNG WEE POO
NRIC No	SXXXX946A
Email Address	VICTOR.CHNG.92@GMAIL.COM
Mobile Phone No	(Phone) +65-97698853
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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 car
Transmission	Auto
CC	1500
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	5053747162-12

DRIVER

Name of Driver	CHNG ZHI KAI, VICTOR
NRIC No	SXXXX547E
Date Of Birth	14/09/1992
Occupation	Indoor
Driving Pass Date	13/12/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-92212556
Alt. Phone Number	-
Email Address	VICTOR.CHNG.92@GMAIL.COM
Address	BLK 723 TAMPINES ST 72
Address complement	#15-03
Postcode	520723
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	3
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	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
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 ATTACH

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 SHC2284Z
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 DRIVER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 5 DAYS MC
Injured person in which vehicle? SJW7939G
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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.

CHNG

Policyholder's Signature / Date & Time

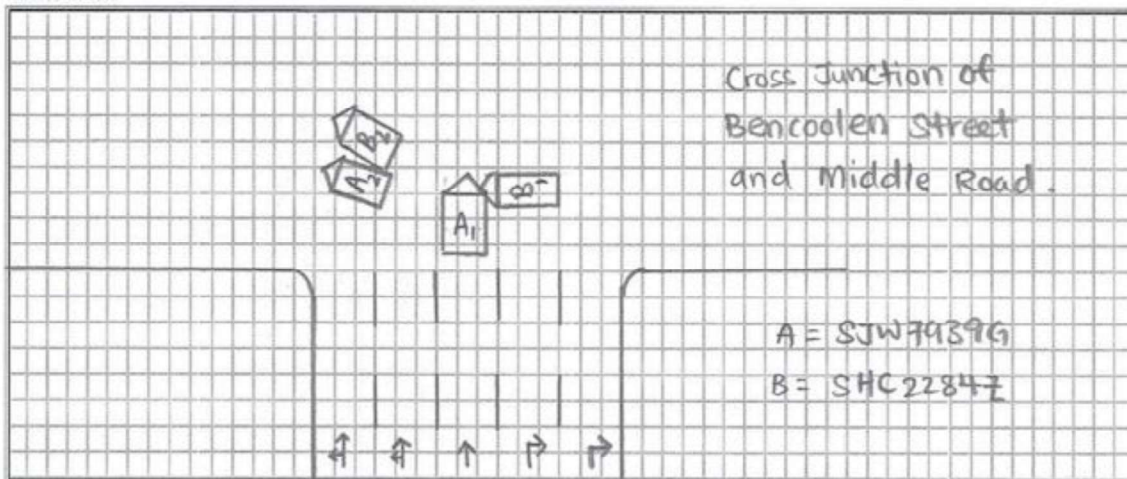
[Signature]

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



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report

T/20241228/7058

Declaration

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

CHNE

Policyholder's Signature / Date & Time

[Signature]

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



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

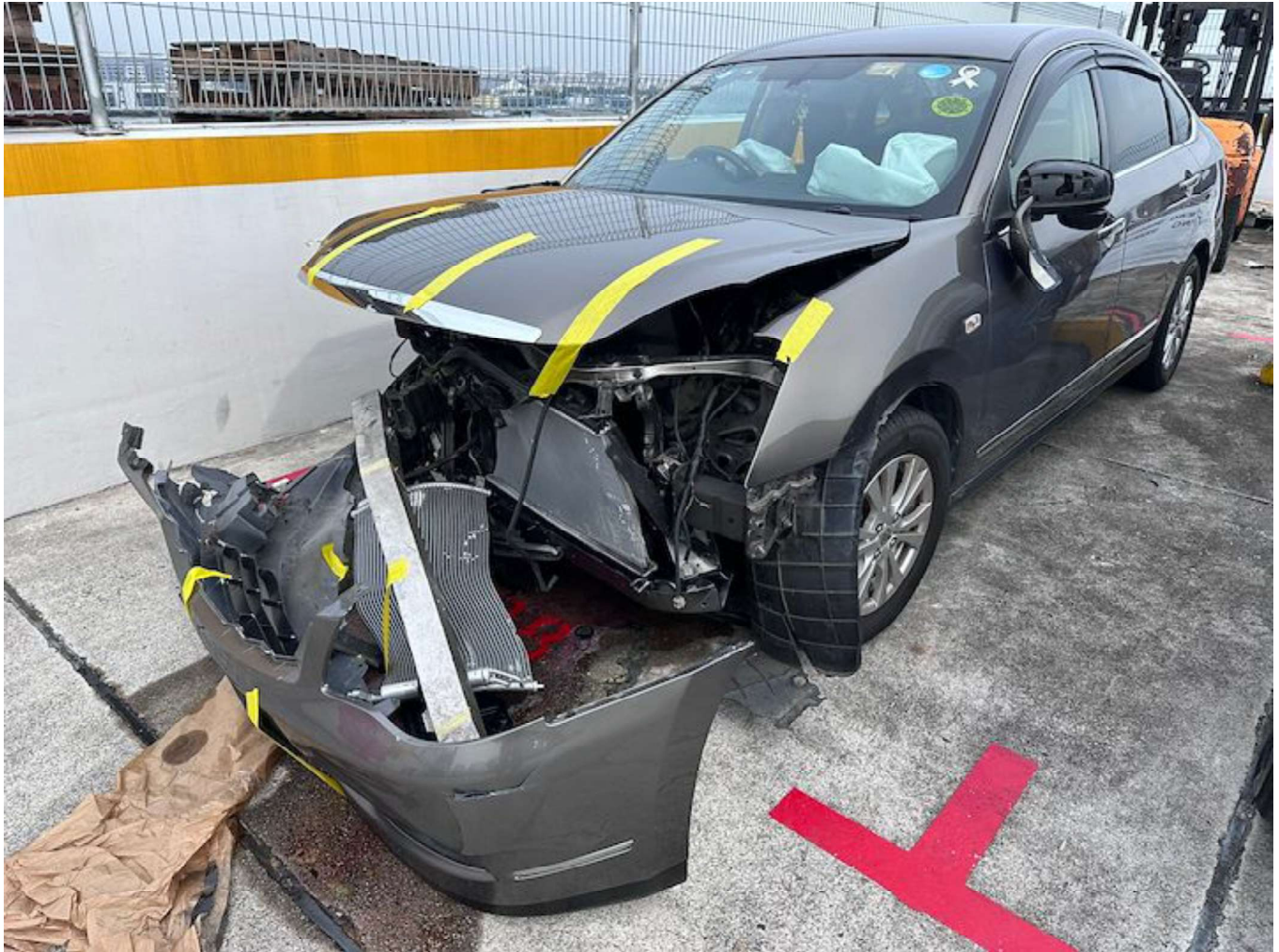


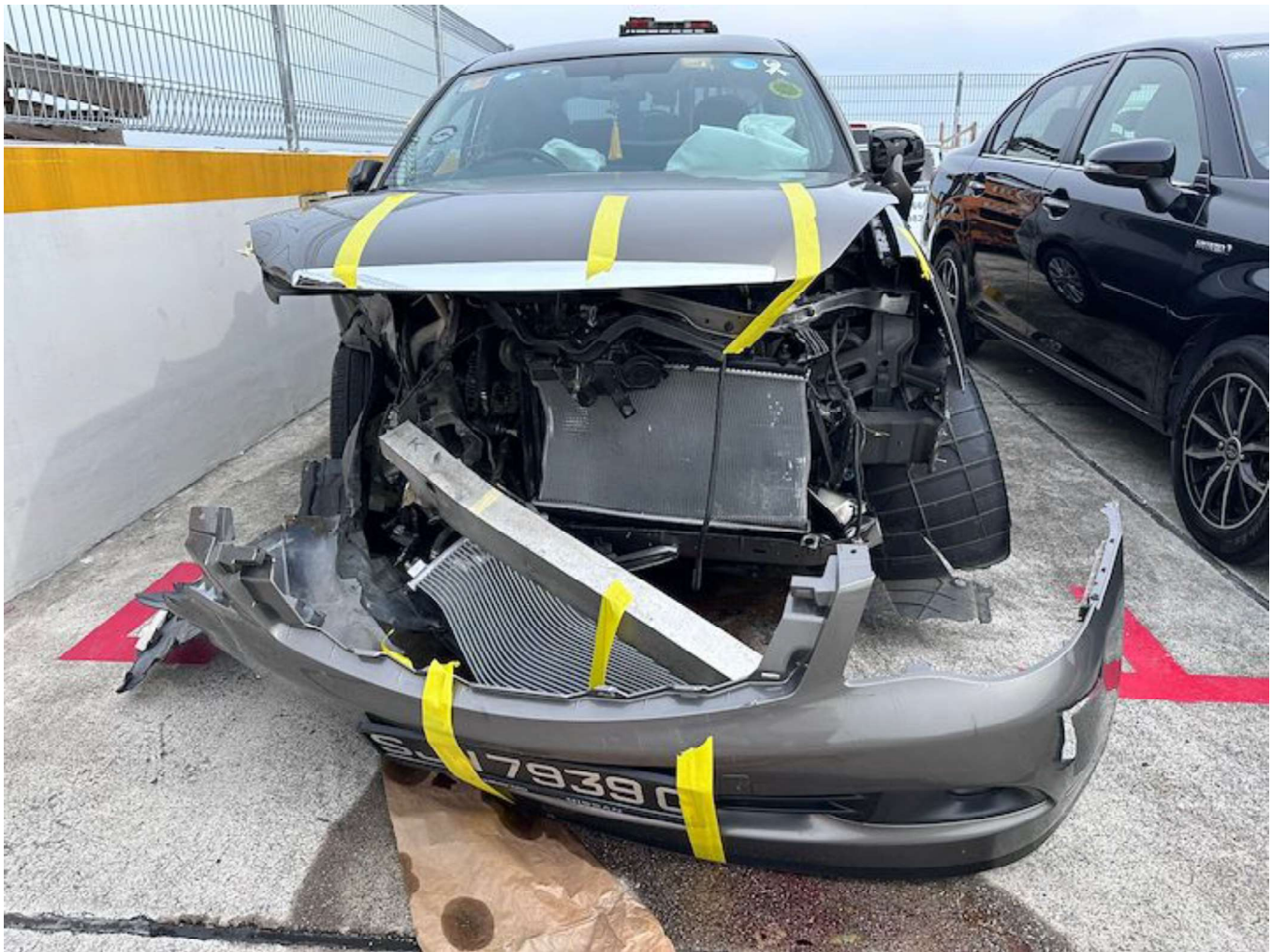
















**SINGAPORE
POLICE FORCE**



T/20241228/7058

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

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Report No. T/20241228/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2024 17:28		Vide Report No.: A/20241224/0019		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHNG ZHI KAI, VICTOR			Address: 723 TAMPINES STREET 72 #15-03 SINGAPORE 520723		
ID Type / ID No.: NRIC NO / S9234547E			Contact No.: Home/Office: Mobile: 92212556		
Nationality: SINGAPORE CITIZEN			Email: VICTOR.CHNG.92@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 14/09/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: IT support technician			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2024 03:30	Type of Location: Straight Road
Location: BENCOOLEN STREET				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Faulty		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2284Z	Taxi					0
SJW7939G	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20241228/7058

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

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Report No. T/20241228/7058

CONTINUATION OF REPORT

Driver			
Name	CHNG ZHI KAI, VICTOR		ID No. S9234547E
Related Vehicle	SJW7939G (Motor car)		Contact No. 92212556
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/12/2024		Date Discharge 24/12/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

I was driving my car on the said location, travelling straight.

As I approached the junction, I proceeded with caution as the traffic light was down.

Suddenly, I felt a huge impact from the side.
My airbags were deployed.

I alighted to make a check, it was a taxi bearing the registration plate SHC2284Z that collided onto my vehicle.

I noticed that the traffic lights were not in use due to a previous accident, it was ran down by another car.

I have 2 passengers on board my vehicle that was conveyed to hospital by ambulance.

Name : NGUYEN THI MINH TRANG
Mc days : 3 DAYS
Injuries : Both Hands, Both Legs, Left knee, Left Hip, Spine, Pelvis.

Name : TRAN THI KHANH LINH
Mc days : 3 DAYS
Injuries : Head, Both Legs, and Right hand.

Subsequently, I went to consult a doctor as well as I felt pain on my head, neck, shoulder, arm, stomach and ribs, I was given 5 days of MC.

I am making this report for insurance and record purposes.

I wish to state that I crossed the junction with extreme caution but the taxi DID NOT slow down when approaching UNCONTROLLED junction.

I also wish to state that I was hit by the taxi front portion.



**SINGAPORE
POLICE FORCE**

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



T/20241228/7058

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Report No. T/20241228/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HAFIZAH BINTE HARUN
Contact No.: 96334622

NP168

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

Date/Time:
28/12/2024 17:28

Classification Of Case: