

#### 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 witholding 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 Submission 10/07/2023 16:39 (SGT) Reported by **Actual Driver** Date of Accident 08/07/2023 08:10 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLG2169E** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KENT AUTO SERVICES Company Reg No 52974332M Email Address Mobile Phone No

# VEHICLE PARTICULARS

Manufacturer Toyota Axio Exact purpose for which vehicle was being used at time of

Alternative Phone No

accident Private hire Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto 1496

### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5129022390

### DRIVER

Name of Driver WANG FOOT SOON NRIC No 015B Date Of Birth 05/04/1967 Occupation Outdoor

Date Of Driving Pass 14/04/1986 Driving experience 37 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **PASSENGER** Gender Female PASSENGER 3 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230708/2035

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident WITH OWNER

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLN6927X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver NEO AIK THAI Contact Number Address Address complement 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	WANG FOOT SOON
Gender	Male
Phone No	(Phone) +65
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SLG2169E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### 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.
- 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 Traffic Police Department for investigation.

- 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.
- 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:

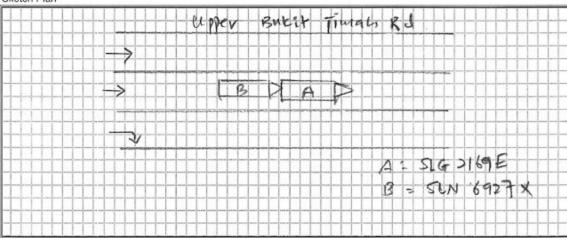
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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.

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

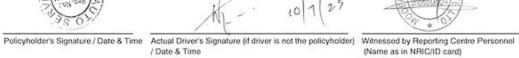


vJun2022

ibe Circumstance of the Accident				
As	Pev	Police	Report No. 7/2023 0708/2035	
			7	

Declaration

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



vJun2022

2

























Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3 Report No. T/20230708/2035

REPORT C	F A TRAFFIC	CACCIDENT					
Date/Time Report Made: 08/07/2023 12:00			Vide Report No.:	Station Diary No.			
Informa	nt's Particu	ulars		THE RESERVE OF THE PARTY OF THE			
	Informant: OOT SOO	N	Address:				
ID Type / ID No.: NRIC NO / S B015B			Contact No.: Home/Office: Mobile:				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Male 56 05/04/1967			Type of Informant: Driver				
Race: Chinese			Language:				
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 3,4 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2023 08:10	Type of Location: T-Junction
Location: UPPER BUKI Weather: Clear	IT TIMAH ROAD	Road Surface:		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Worl	king	Traffic Volume: Moderate
3	sion:			Anyone conveyed by

Vehide No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2169E	Car	ALIES SERVICES			Slightly Damaged	1
SLN6927X	Car				Slightly Damaged	1

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





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 3 Report No. T/20230708/2035

### CONTINUATION OF REPORT

Driver						
Name	WANG FOOT SOO		ID No.		S 1015B	
Related Vehicle	SLG2169E (Car)		Conta	ct No.		
Hospital/Clinic	MOUNT ALVERNIA	Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL		
Date Treatment	08/07/2023		Date Disc	ate Discharge 08/07		//2023
No. of Days gran	ted Medical Leave	05	Degree of	Degree of Injury Sligh		
Driver			長經過時間			
Name	NEO AIK THAI			ID No.		S1530667Z
Related Vehicle	NIL		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL .	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

# Brief Details.

On 08/07/2023 at about 0810hrs, I was driving my car (SLG2169E) along Upp Bukit Timah Rd towards Dairy farm on the 2nd lane with a passenger in my car. As the junction was green, the car diagonally in front of me in the right lane wanted to turn left into my lane and hence, I slowed down and suddenly, I felt an impact from behind. I came down to make a check and noticed that another car (SLN6927X) had hit onto the rear of my car. I managed to exchange particulars with the driver of the said vehicle. The rear bumper of my car was dented inwards, and my boot cover was also dented inwards and could not be closed. The rear brake lights were peeled outwards, and the plastic cover broke too. The rear sides of my car were also dented inwards. Subsequently, I felt pain at my neck and rear part of my body and as such, went to see a doctor and was given an Outpatient Sick Leave for 5 days. I have an in-car camera that captured the incident and it is with the car rental company.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Report No. T/20230708/2035

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 2 Mohammad Adam Lim Bin Mohd Amran	M/3:
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2023 12:00
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

