

## 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 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
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Axio
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 .....	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 .....	S 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? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	4
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

#### 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? ..... Yes  
 Was there any video captured by Car Camera? ..... 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 ..... -  
 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 ..... 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**

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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.



Policyholder's Signature / Date & Time

*[Signature]* 10/1/23

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**

Upper Bukit Timah Rd.

A = SIG 2169E  
B = SUN 6927X

vJun2022

1

**Describe Circumstance of the Accident**

As per Police Report No. T/2023 0708/2035

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 10/1/23

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/20230708/2035

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

Report No. T/20230708/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/07/2023 12:00	Vide Report No.:	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: WANG FOOT SOON			Address:	
ID Type / ID No.: NRIC NO / S 8015B			Contact No.: Home/Office:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2023 08:10	Type of Location: T-Junction
Location:  UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLG2169E	Car				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





**SINGAPORE  
POLICE FORCE**



T/20230708/2035

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

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Report No. T/20230708/2035

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WANG FOOT SOON		ID No. S 1015B
Related Vehicle	SLG2169E (Car)		Contact No.
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	08/07/2023	Date Discharge	08/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of 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.



**SINGAPORE  
POLICE FORCE**



T/20230708/2035

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

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Report No. T/20230708/2035

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 Mohammad Adam Lim Bin  
Mohd Amran

Signature Of Informant:

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

