

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	06/07/2024 12:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2024 23:05 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM450L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HUI KIONG
NRIC No	S7078645A
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(Phone) +65-97424017
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00196001

DRIVER

Name of Driver	SOH YUXUAN
NRIC No	T0119798Z
Date Of Birth	03/07/2001
Occupation	Indoor

Driving Pass Date	05/07/2020
Driving experience	4 YEARS
Gender	Female
Mobile Number	(Phone) +65-97673738
Alt. Phone Number	-
Email Address	XDETOX32@GMAIL.COM
Address	39 YISHUN STREET 51 #11-39
Address complement	-
Postcode	767994
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	Chain Collision
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)	1
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	-

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 POLICE REPORT: T/20240706/7031.

ATTACHMENT(S)

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	SH8780L
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	VEHICLE B
No. Of Passenger (Including Driver)	5

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF1984E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOH YUXUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMM450L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

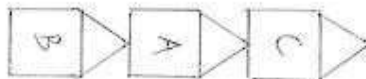
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Yishuan Ave 8

Vehicle A: SMM 450L
Vehicle B: SH 8780 L
Vehicle C: SLF 1984 E



Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

EF

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not you)

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20240706/7031

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

1 of 3

Report No: T/20240706/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2024 11:19		Vide Report No.: L/20240705/0134		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH YU XUAN			Address: 39 yishun street 51 #11-39 signature SINGAPORE 767994		
ID Type / ID No.: NRIC NO / T0119798Z			Contact No.: Home/Office: Mobile: 97673735		
Nationality: SINGAPORE CITIZEN			Email: yuxuan_soh@hotmail.com		
Sex: Female	Age: 23	Date of Birth: 03/07/2001	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2024 23:00	Type of Location: Straight Road
Location: YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8780L	Motor car				Seriously Damaged	0
SLF1984E	Motor car				Seriously Damaged	0
SMM450L	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/20240706/7031

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

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Report No. T/20240706/7031

CONTINUATION OF REPORT

Driver			
Name	MANI GOPINATH		ID No. S7969805I
Related Vehicle	SH8780L (Motor car)		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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	S SHANMUGAM SUBRAMANIAM		ID No. S8460131D
Related Vehicle	SLF1984E (Motor car)		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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SOH YU XUAN		ID No. T0119798Z
Related Vehicle	SMM450L (Motor car)		Contact No. 97673735
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	06/07/2024	Date Discharge	06/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

ON THE ABOVE STATED TIME AND DATE, I WAS DRIVING MY VEHICLE SMM450L TRAVELLING ALONG YISHUN AVE 8 TOWARDS ADMIRALTY ROAD. WHEN APPROACHING THE TRAFFIC LIGHT, IT WAS RED SO I CAME TO A STOP. AFTER A FEW SECONDS A HUGE IMPACT CAME FROM THE REAR OF MY VEHICLE WHICH CAUSED MY VEHICLE TO COLLIDE INTO THE VEHICLE (SLF1984E) IN FRONT OF ME. I CAME DOWN AND REALISED THAT A TAXI SH8780L HAD COLLIDED ONTO MY VEHICLE. THE POLICE CAME AND AMBULANCE CAME. I WAS INJURED AND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I WAS AWARDED 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20240706/7031

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Report No. T/20240706/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476083

NP168

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

Date/Time:
06/07/2024 11:19

Classification Of Case: