# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 07/06/2024 16:19 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/06/2024 12:25 (SGT) Exact Location of Accident Singapore Additional Location Information UPPER BOON KENG ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SLD2704B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NAM SEA YONG NRIC No SXXXX848E Email Address SEAYONG88@GMAIL.COM Mobile Phone No (Phone) +65-83234742 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Harrier 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

#### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5135989100

#### DRIVER

Name of Driver NAM SEA YONG NRIC No SXXXX848E Date Of Birth 14/06/1962 Occupation Indoor

Driving Pass Date 19/01/1984 Driving experience 40 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-83234742 Alt. Phone Number Email Address SEAYONG88@GMAIL.COM Address BLK 518B #10-68 TAMPINES CENTRAL 7 SINGAPORE 522518 Address complement Postcode 522518 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 Collided into Parked Vehicle 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? No 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? Nο 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SHA4748A** 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)	-

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

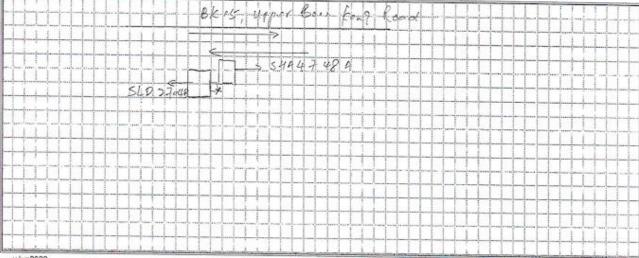
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, Jin

Policyholder's Signature / Date & Time Actu

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

Witnessed by Reporting Centre Personnel (Name as in NRICH) card)

#### Sketch Plan



vJun2022

Describe Circumstance of the Accident	4
Describe Circumstance of the Accident  On 6 Jun 24 a6 about 1225 les while 4 Des loading growle on  the right Not presentes sont, bunfort Took hearing livere place SHE 4+48  Collided into My door while nextoring into the Garding les adjaces to  the 16 where 9 Prochood my Col.  9 that filed a Rolice negert against the 9/2007 for  rash a act. Placence See Rolice seport.	PA
the 1-6 where I Packed my Col.  9 Rod filed a Golice regard against the others for	
rash a act. Plesale see Police Jepart.	

Declaration

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

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

| Actual Driver's Signature (if driver is not the policyholder) | Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240606/7079

# REPORT OF A TRAFFIC ACCIDENT

06/06/2024 16:59		ade:	Vide Report No.:	Station Diary No.:		
Informan	t's Particular	S				
Name of Informant: NAM SEA YONG			Address: 518B TAMPINES CENTRAL 7 #10-68 SINGAPORE 522518			
ID Type / ID No.: NRIC NO / S1550848E			Contact No.: Home/Office: Mobile: 83234742			
Nationali SINGAP	ty: ORE CITIZE	N	Email: SEAYONG88@GMAIL.COM	M		
Sex:         Age:         Date of Birth:           Male         61         14/07/1962			Type of Informant: Pedestrian			
Race: Chinese			Language: English			
Occupation: Office supervisor			Driving Licence Information Class:	: Date of Expiry:		

General Information	of the Accident				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/06/2024 12:25	Type of Location: Car Park	
Location:					
Weather:	NG ROAD	Road Surface:			
Clear		Dry			
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Ag	ainst - Pedestrian	-1,		one conveyed by oulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA 4748A (Not Accurate)	Motor car	HYUNDAI	loniq	Blue	Slightly Damaged	3
SLD 2704B	Motor car	TOYOTA	HURRIER	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLD 2704B	NTUC			



T/20240606/7079

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240606/7079

#### CONTINUATION OF REPORT

Details of Person	Involved	600 mm		STATE OF		
Any Pedestrian In	volved: Yes					
No. of Pedestrians	Use of Peo	Use of Pedestrian Crossing: Not Used				
Pedestrian		521 S 111	SALES NO DEST			
Name	NAM SEA YONG			ID No		S1550848E
Related Vehicle	NIL			Conta	ct No.	83234742
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL D		Date Discl	harge	NIL	
No. of Days granted Medical Leave (MC) NIL			Degree of	Degree of Injury NIL		

#### Brief Details.

I parked my vehicle SLD 2704B in front Blk 15, Upper Boon Keng Road and proceeded to purchase prayer items. I returned to my car and was loading the items to the right rear passenger seat. When I was positioning the items, I suddenly felt my right hip was being squeezed by the door and I instinctively jumped out of the car. I noticed Comfort Taxi bearing licence plate SHA 4748A had knocked onto my rear right door and caused scratches and dent on the door panel corner. The male taxi driver instead of apologizing, accused me of opening the door when he was reversing to the adjacent parking lot. I wish to say that there was no vehicle parked at the said lot when I was loading my goods, and there was no car reversing to the lot. I felt angry as I was almost injured as a result of his rash act and he has the audacity to wrong me. I then challenged him to check his rear indoor camera to see who's at fault. He started shouting loudly and swearing vulgarities at my mother. He even came very close to me challenging me to a fight. I felt threatened but I didn't want to disturb public peace with such a person who has anger management problem. He left hurriedly when I threatened to call the police. I have no chance to obtain his particulars as he was very aggressive and left hurriedly asking me to claim insurance. I only took photos of his vehicle licence plate and the damages on his left rear side of his vehicle. He didn't even bother to take pictures of my vehicle and damage caused.



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



3 of 3 Report No. T/20240606/7079

CONTINUATION OF REPORT

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: 06/06/2024 16:59
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:
NP168	



