

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 | 10/06/2024 16:36 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 09/06/2024 21:23 (SGT) |
| Exact Location of Accident | Punggol E, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SME4881S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | NG WEI BING |
| NRIC No | S8525716A |
| Email Address | ALVINCHUACSJ@GMAIL.COM |
| Mobile Phone No | (Phone) +65-92469455 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Civic |
| 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 | 1597 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5121643306 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | CHUA CHIH JIE |
| NRIC No | S8022583J |
| Date Of Birth | 02/08/1980 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Driving Pass Date | 18/09/2002 |
| Driving experience | 21 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92469455 |
| Alt. Phone Number | - |
| Email Address | ALVINCHUACSJ@GMAIL.COM |
| Address | BLK 619B PUNGGOL DRIVE #09-771 |
| Address complement | - |
| Postcode | 822619 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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) | 2 |
| 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 |

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

AS PER POLICE REPORT NO. T/20240610/7075

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 | SLX2250M |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SEW JUNE SUNG |
| Contact Number | (Phone) +65-96922994 |
| 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 | CHUA CHIH JIE |
| Gender | Male |
| Phone No | (Phone) +65-92469455 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SME4881S |
| 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

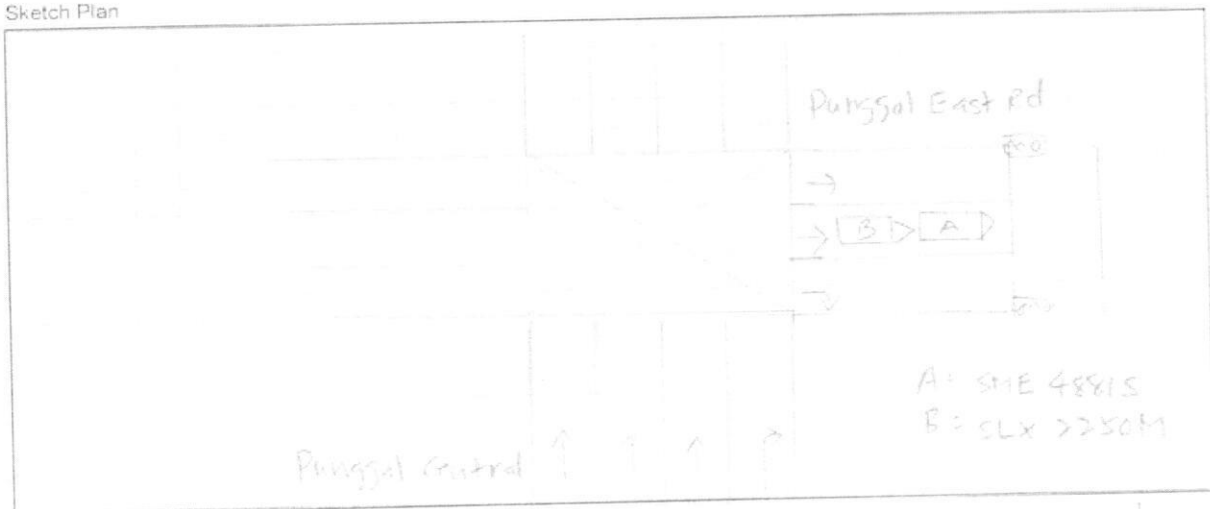
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Describe Circumstance of the Accident

Accident Report No. 11/2024-6616/3075

Declaration

(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) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NR/CID card)





**SINGAPORE
POLICE FORCE**



T/20240610/7075

1 of 4

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

Report No: T/20240610/7075

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 10/06/2024 15:42 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|-----------------|
| Name of Informant: CHUA CHIH JIE (CAI SHIJIE) | | | Address: 619B PUNGGOL DRIVE #09-771 PUNGGOL BREEZE SINGAPORE 822619 | | |
| ID Type / ID No.: NRIC NO / S8022583J | | | Contact No.: Home/Office: Mobile: 92469455 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: alvinchuacsj@gmail.com | | |
| Sex: Male | Age: 43 | Date of Birth: 02/08/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: LOGISTICS | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|---|--|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/06/2024 21:23 | Type of Location: X-Junction |
| Location: PUNGGOL EAST ROAD TOWARDS PUNGGOL DRIVE | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: MOVING VEHICLE AGAINST - STATIONARY CAR | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------|---------|---------|-------|------------------|-----------------|
| SLX2250M | Motor car | HYUNDAI | ELANTRA | Grey | Slightly Damaged | 1 |
| SME4881S | Motor car | HONDA | CIVIC | Blue | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
|-------------|-------------------|--------------|----------------|-------------|
| SME4881S | NTUC INCOME | | | |



**SINGAPORE
POLICE FORCE**



T/20240610/7075

2 of 4

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

Report No. T/20240610/7075

CONTINUATION OF REPORT

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SEW JUNE SUNG | ID No. | S2564453J |
| Related Vehicle | SLX2250M (Motor car) | Contact No. | 96922994 |
| 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 | CHUA CHIH JIE (CAI SHIJIE) | ID No. | S8022583J |
| Related Vehicle | SME4881S (Motor car) | Contact No. | 92469455 |
| Hospital/Clinic | ADVANCE CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/06/2024 | Date Discharge | 10/06/2024 |
| No. of Days granted Medical Leave (MC) | 05 | Degree of Injury | Slight |
| Passenger | | | |
| Name | FEMALE PASSENGER | ID No. | NIL |
| Related Vehicle | SME4881S (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 |

Brief Details.

I am working as a part-time private hire driver for Tada.

On 09/06/2024 at around 920pm, I was driving along Punggol East Road with one female passenger seated on the rear passenger seat as I was ferrying her to Punggol Drive.

At around 923pm, I had completed my right turn from Punggol Central into Punggol East Road when I observed that there was a red traffic light just shortly after completing my turn hence I came to a stop.

Suddenly, I felt an impact from the rear of my car. After the impact, both of our cars alighted and made a check on



SINGAPORE
POLICE FORCE



T/20240610/7075

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Report No: T/20240610/7075

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

CONTINUATION OF REPORT

our respective passengers wellbeing

I managed to exchange contact with the other driver that had collided into my car with his car bearing plate number: SLX2250M.

The next day I felt discomfort in my back thus I went to consult a doctor and was given 5 days of Medical Certificate (MC) from 10/06/2024 to 14/06/2024 at Advance Clinic & Surgery Pte Ltd (Ubi).

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**

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



T/20240610/7075

4 of 4

Report No: T/20240610/7075

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
10/06/2024 15:42

Classification Of Case:

This report is lodged at Tampines NPC Kiosk 1
NP168