

# 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 .....	24/07/2024 15:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/07/2024 16:30 (SGT)
Exact Location of Accident .....	Bishan Rd, Singapore
Additional Location Information .....	SLIP RD TO BISHAN ST 14
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN8187B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KHIN MAUNG TUN
NRIC No .....	SXXXX119E
Email Address .....	KMTSIN@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97834966
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5122099946-03

### DRIVER

Name of Driver .....	MOE KYI KO
NRIC No .....	SXXXX120I
Date Of Birth .....	12/05/1966
Occupation .....	Indoor

Driving Pass Date .....	21/02/2009
Driving experience .....	15 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92317425
Alt. Phone Number .....	-
Email Address .....	KMTSIN@GMAIL.COM
Address .....	216 BISHAN ST 23
Address complement .....	#03-329
Postcode .....	570216
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) .....	3
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 .....	MOE NANDAR
Gender .....	Female

#### PASSENGER 2

Name .....	SAN SAN HTAY
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

#### REFER TO ATTACH

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKB7675R
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOE KYI KO
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SLN8187B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MOE NANDAR
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SLN8187B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	SAN SAN HTAY
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SLN8187B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstance of the Accident

To refer to police report attached

7/20240723/2094

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**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

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



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**





# SINGAPORE POLICE FORCE



T/20240723/2094

1 of 4

Report No. T/20240723/2094

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2024 23:40		Vide Report No.:		Station Diary No.: 74
<b>Informant's Particulars</b>				
Name of Informant: MOE KYI KO		Address: 216 BISHAN STREET 23 #03-329 SINGAPORE 570216		
ID Type / ID No.: NRIC NO / S27451201		Contact No.: Home/Office: 97834966      Mobile: 92317425		
Nationality: MYANMAR		Email:		
Sex: Female	Age: 58	Date of Birth: 12/05/1966	Type of Informant: Driver	
Race: Burmese		Language:		
Occupation: Housewife		Driving Licence Information: Class: 3      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2024 16:30	Type of Location: X-Junction
Location:  BISHAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB7675R	Motor car					1
SLN8187B	Motor car					2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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**SINGAPORE  
POLICE FORCE**



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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/20240723/2094

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOE KYI KO	ID No.	S27451201
Related Vehicle	SLN8187B (Motor car)	Contact No.	97834966
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	23/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	SAN SAN HTAY	ID No.	S6966223D
Related Vehicle	SLN8187B (Motor car)	Contact No.	96433384
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	MOE NANDAR	ID No.	MF304573
Related Vehicle	SLN8187B (Motor car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 23/07/2024 at about 1630hrs, I was traveling (SLN8187B) along Bishan Road towards Toa Payoh at the junction of Bishan St 14. I was turning left into Bishan St 14.

I was approaching the slip road to turn left into Bishan St 14. I made a check for the traffic from the right, and I stopped my vehicle. Suddenly, I felt an impact from the rear. I alighted from my vehicle to make a check. No police or ambulance was activated. No one was injured.

I took some photos of the accident and exchange contact details with the driver.

After the accident, I felt pain on my back and hands area. As such, I went to see a doctor and gotten 3 days of medical certification. My two passengers also felt pain and they went to see a

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**SINGAPORE  
POLICE FORCE**



T/20240723/2094

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Report No. T/20240723/2094

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

CONTINUATION OF REPORT

doctor.

Particulars of the driver:  
Mr Lee HP: 97872384

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