

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	23/07/2024 10:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2024 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7026U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ho Chin Yong
NRIC No	S2133939C
Email Address	RICKY98570703@GMAIL.COM
Mobile Phone No	(Phone) +65-98570703
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5110925235-04

DRIVER

Name of Driver	Ho Chin Yong
NRIC No	S2133939C
Date Of Birth	27/10/1947
Occupation	Indoor

Driving Pass Date	28/11/2007
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98570703
Alt. Phone Number	-
Email Address	RICKY98570703@GMAIL.COM
Address	BLK 311C ANCHORVALE LANE
Address complement	#10-34
Postcode	543311
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	HO SOW HA
Gender	Female

PASSENGER 2

Name	ETHAN HO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT THE TRAFFIC LIGHT AS IT WAS RED, WHEN THE LORRY INFRONT OF ME ROLLED BACK WHEN THE LIGHTS TURNED GREEN.

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	XE1144B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JIMMOL BIN BUNTOL
NRIC No	G7674756W
Contact Number	(Phone) +65-62687711
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

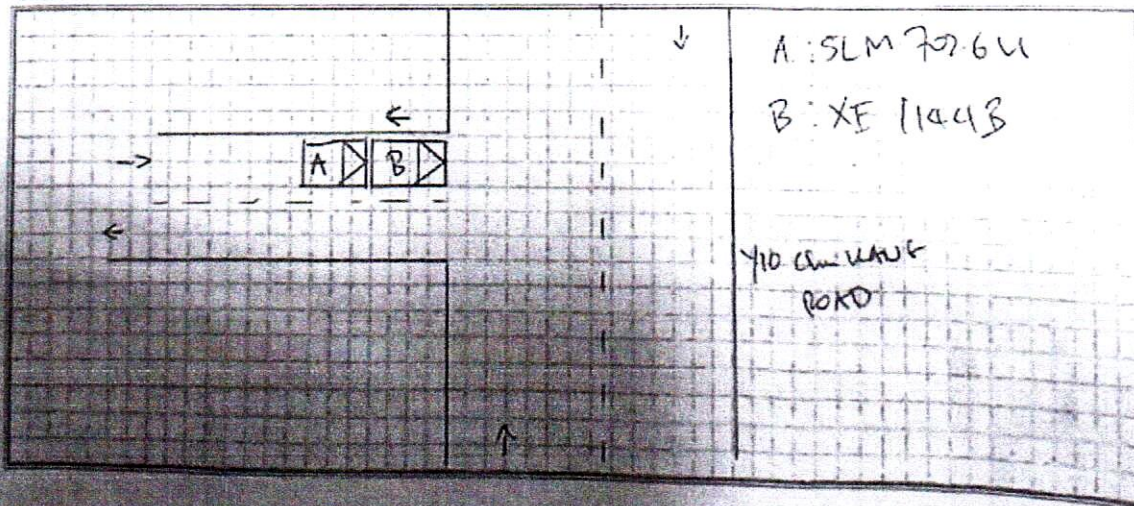
1. Please read the following notice carefully before signing this document.
2. This document is prepared by the Traffic Police Department (A-100) and is for the use of the Traffic Police Department only. It is not to be used for any other purpose.
3. The information provided in this document is for the use of the Traffic Police Department only. It is not to be used for any other purpose.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 - 5.1. The Traffic Police Department is a department of the Singapore Police Force. It is responsible for the investigation of traffic accidents and for the collection of evidence.
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6. **Consent under the Personal Data Protection Act (PDPA)**
 - 6.1. I, the undersigned, hereby agree and consent that:
 - 6.2. My personal data, including my name, address, contact details, and any other personal information provided by me or by any other person, is a personal data as defined in the Personal Data Protection Act (PDPA) and I hereby consent to the collection, use, disclosure, processing, and transfer of my personal data for the purposes of the investigation of traffic accidents and for the collection of evidence.
 - 6.3. I, the undersigned, hereby agree and consent that:
 - 6.4. I, the undersigned, hereby agree and consent that:
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 - 6.100. I, the undersigned, hereby agree and consent that:

Policyholder's Signature, Date & Time

Driver's Signature, Address of the policyholder, Date & Time

Witnessed by Reporting Centre Person, Name of R.C. Officer

Sketch Plan



Describe Circumstance of the Accident

Declaration

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

[Signature] 23/7/20
2105WS
Policyholder's Signature / Date & Time

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

[Signature] 23/7/20
Witnessed by Reporting Centre Personnel
Name as in NRIC card