# **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.

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   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 29/07/2024 14:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/07/2024 06:45 (SGT) Exact Location of Accident Singapore Additional Location Information KJE TOWARDS PIE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMR4081R

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HUI WEN JIAN** NRIC No SXXXX289A Email Address huiwenjian@gmail.com Mobile Phone No (Phone) +65-92205277 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D24MTPV01000301

### DRIVER

Name of Driver **HUI WEN JIAN** NRIC No SXXXX289A Date Of Birth 04/09/1989 Occupation Indoor

Driving Pass Date 24/05/2010 Driving experience 14 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-92205277 Alt. Phone Number Email Address huiwenjian@gmail.com Address 113 YISHUN RING ROAD #08-467 Address complement Postcode 760113 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 Was anybody injured in the Accident? Yes 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHED POLICE REPORT 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 **SLT2709D** 

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 Gender	HUI WEN JIAN Male
Phone No	(Phone) +65-92205277
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR4081R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. The 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.
- 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)

l 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;
- (ii) 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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

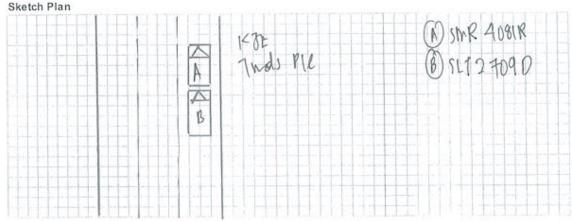
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &

4

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

Time



Describe Circumstances of the Accident more

## Declaration

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

4

Policyholder's Signature / Date &

A

CITY AUTO PTE LTD

Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240729/7036

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2024 11:46		Vide Report No.:	Station Diary No.:	
Informant	's Particular	S		
Name of HUI WEN	Informant: I JIAN		Address: 113 YISHUN RING ROA	AD #08-467 SINGAPORE 760113
ID Type / ID No.: NRIC NO / S8929289A		Contact No.: Home/Office: Mobile: 92205277		
Nationalit SINGAPO	y: DRE CITIZE	N	Email: HUIWENJIAN@GMAIL.0	COM
Sex: Male	Age: 34	Date of Birth: 04/09/1989	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: CRANE OPERATOR		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2024 06:45	Type of Location Straight Road
Location: KRANJI EXPRESS	SWAY	'		
Weather:		Road Surface:		
		Dry		
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled	Tra Hea	ffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLT2709D	Motor car					0
SMR4081R	Motor car	-				0

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLT2709D	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED			
SMR4081R	SOMPO INSURANCE SINGAPORE PTE. LTD.			



T/20240729/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240729/7036

CONTINUATION OF REPORT

Details of Person	Involved				
Any Pedestrian In	volved: No				
No. of Pedestrians	s Injured: NIL	Use of Pedestrian Crossing: NA			
Driver				WEST W	
Name	HUI WEN JIAN		ID No.		S8929289A
Related Vehicle	SMR4081R (Motor car)		Conta	ct No.	92205277
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave (MC) 03	Degree of	Injury	Slight	1

### Brief Details.

On 29.07.2024 at about 0645hrs, I was travelling along KJE Towards PIE. The traffic was on slow move. Ahead of me, there's a vehicle slow down and stop. I follow suit. While waiting, all of a sudden I felt an hard impact from the rear. I alight and realised a vehicle SLT 2709D had collided onto my rear. The impact was hard. I felt pain on my back and neck. I consult a doctor and was given an mcc. That's all.



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



3 of 3 Report No. T/20240729/7036

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: 29/07/2024 11:46
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case: