

# 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 .....	31/07/2024 11:54 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/07/2024 13:00 (SGT)
Exact Location of Accident .....	W Coast Hwy, Singapore
Additional Location Information .....	CROSS WHOLESALE CENTRE TRAFFIC JUNCTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGW8977A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA KEE HAN
NRIC No .....	S8274508D
Email Address .....	HAN6560@LIVE.COM
Mobile Phone No .....	(Phone) +65-92252884
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5138058139

### DRIVER

Name of Driver .....	CHUA KEE HAN
NRIC No .....	S8274508D
Date Of Birth .....	30/08/1982
Occupation .....	Outdoor

Driving Pass Date .....	19/07/2016
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92252884
Alt. Phone Number .....	-
Email Address .....	HAN6560@LIVE.COM
Address .....	812B CHOA CHU KANG AVE 7
Address complement .....	#04-641
Postcode .....	682812
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
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 .....	SMM7544D
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 .....	CHUA KEE HAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SGW8977A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.

**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.

*[Signature]*

Policyholder's Signature / Date & Time

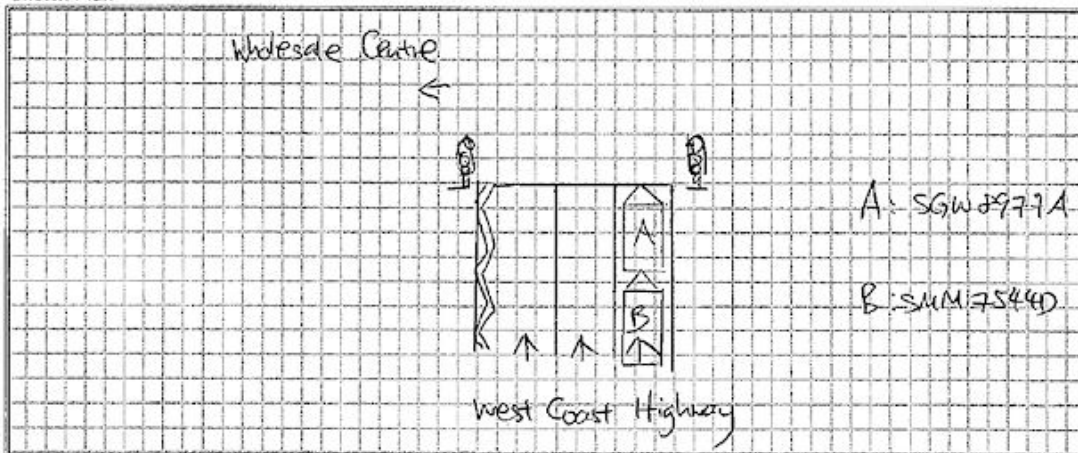
*[Signature]*

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



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

**Sketch Plan**




Describe Circumstance of the Accident

Please refer to Police Report: D/20240731/7009

**Declaration**

I/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)



























**SINGAPORE  
POLICE FORCE**



D/20240731/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240731/7009

Subjects Involved:			
Victim:			
Person Name	CHUA KEE HAN		
ID Type	NRIC NO	ID No	S8274508D
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Administration manager	Address	812B CHOA CHU KANG AVENUE 7 #04-641 SINGAPORE 682812
Mobile No	92252884	Is Informant A Victim?	Yes
Person Name	CHUA KEE HAN (Informant)		

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: 31/07/2024 10:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20240731/7009

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**POLICE REPORT (NP299)**

Report No. D/20240731/7009

Police Station Of Origin  
Clementi Division HQ  
6 Lempeng Drive SINGAPORE 128496  
Tel No:1800-7740000

Date/Time Report Made 31/07/2024 10:10		Vide Report No.		Station Diary No.	
Name Of Informant CHUA KEE HAN		Address 812B CHOA CHU KANG AVENUE 7 #04-641 SINGAPORE 682812			
ID Type / ID No. NRIC NO / S8274508D		Contact No. Home/Office:                      Mobile: 92252884			
Nationality MALAYSIAN		Email Address HAN6560@LIVE.COM			
Occupation Administration manager		Sex Male	Age 41	Date of Birth 30/08/1982	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/07/2024 13:00 - 30/07/2024 13:15		Location Of Incident WEST COAST HIGHWAY			

**Brief details.**

On 30-07-24, I was driving my car Toyota Vios, SGW8977A along West Coast Highway. It was red light and I was on the first lane and my car was stationery. Vehicle, SMM7544D hit onto my vehicle rear potion, he came down and ask me to claim his insurance. My vehicle rear portion was badly damaged. I felt pain on my neck and i went to CGH to consult a doctor and was given 2 days MC.

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: 31/07/2024 10:10
Officer In-Charge Of Case:	Classification Of Case: