

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 Authorised 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 Report	19/10/2020 18:15
Date Of Accident	18/10/2020 22:25
Exact Location Of Accident	HOUGANG AVE 3 BEFORE KIM CHUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6079Z
Insured/Policyholder	
Name Of Registered Owner	HO SWEE PINN
NRIC No	SXXXX788Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834588
Alternative Phone No	OFFICE-93834588

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103669231-02
Cover Note Number	

Driver

Name of Driver	HO SWEE PINN (HE RUIBIN)
NRIC No	SXXXX788Z
Date Of Birth	28/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834588
Fax Number	
Contact Number	OFFICE-93834588
Email Address	NOEMAIL

Address	BLK 43 BEDOK SOUTH ROAD #15-781
Postcode	460043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201019/7025.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW7298Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DERRICK TAY CHOON WEI
NRIC/Passport Number	TXXXX255Z
Contact Number	97779647

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO SWEE PINN (HE RUIBIN)
Approximate Age	
Injuries Sustain	NECK, BACK, WRIST & KNEE
Injured person in which vehicle?	SJH6079Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- d) My Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- e) The information so collected under (d) above may be shared/ disclosed:
 - i. To all insurers and/ or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

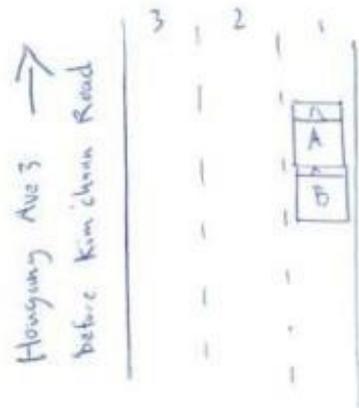
Driver's Signature
(If driver is not policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Accident Sketch Plan

SKETCH PLAN



Veh A: SJH6074Z

Veh B: SSW7298Y

Refer to police report T/20201014/7025

(The rest of the form is crossed out with a large diagonal line.)

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/ FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/7025

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

1 of 3

Report No. T/20201019/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 15:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO SWEE PINN			Address: 43 BEDOK SOUTH ROAD #15-781 SINGAPORE 460043		
ID Type / ID No.: NRIC NO / S7512788Z			Contact No.:		Mobile: 93834588
Nationality: SINGAPORE CITIZEN			Email: ITSWESLEYHO@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 28/04/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab driver		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2020 22:25	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH6079Z	Car	HONDA	AIRWAVE+1 .5M+A	Grey		0
SJW7298Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20201019/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6079Z	NTUC Income Insurance Co-Operative Limited	5103669231-02	14/08/2020	13/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO SWEE PINN	ID No.	S7512788Z
Related Vehicle	SJH6079Z (Car)	Contact No.	93834588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/10/2020	Date	19/10/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I was driving my vehicle SJH6079Z on Hougang ave 3 before Kim Chuan Road on Lane 1 of 3 lanes. Suddenly I felt impact from my rear I alighted my vehicle and realise vehicle SJW7298Y had rear ended my vehicle. After we exchange particular and left the scene shortly. After the accident I felt pain on my neck, back, right wrist and right knee I went to consult a doctor and received 3 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201019/7025

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

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Report No. T/20201019/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
19/10/2020 15:46

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

