

## 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 Submission	08/02/2021 14:16 (SGT)
Date of Accident	05/02/2021 12:45 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 4, Singapore
Additional Location Information	CHOA CHU KANG AVENUE 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE348R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO CHIN ONN
NRIC No	SXXXX517H
Email Address	albertho@smjf.com.sg
Mobile Phone No	(Phone) +65-96640673
Alternative Phone No	+65-96640673

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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?	Yes
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100287731
Cover Note Number	-

#### DRIVER

Name of Driver	HO TAT CHUAN,JUSTIN
NRIC No	SXXXX752E
Date Of Birth	04/04/1985
Occupation	Indoor

Date Of Driving Pass .....	29/04/2005
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96266279
Alt. Phone Number .....	-
Email Address .....	XANDEN85@YAHIOO.COM SG
Address .....	BLK 219A JURONG EAST STREET 21 #07-581
Address complement .....	-
Postcode .....	601219
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Was any other material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT  
COLLISION-HEAD TO SIDE

ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1:**

Vehicle Registration Number .....	PC2078H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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 .....  
 Address .....  
 Address Complement .....  
 Post Code .....  
 Approximate Age Years Old .....  
 Injuries Sustained .....  
 Injured person in which vehicle? .....  
 Were seat belts worn? .....  
 Was this injured conveyed to hospital by ambulance? .....

HO TAT CHUAN JUSTIN  
 -  
 -  
 -  
 -  
 SCALP HAEMATOMA & FEW CUTS ON MY FACE  
 SKE348R  
 Yes  
 Yes

**SKETCH PLAN**

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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)**

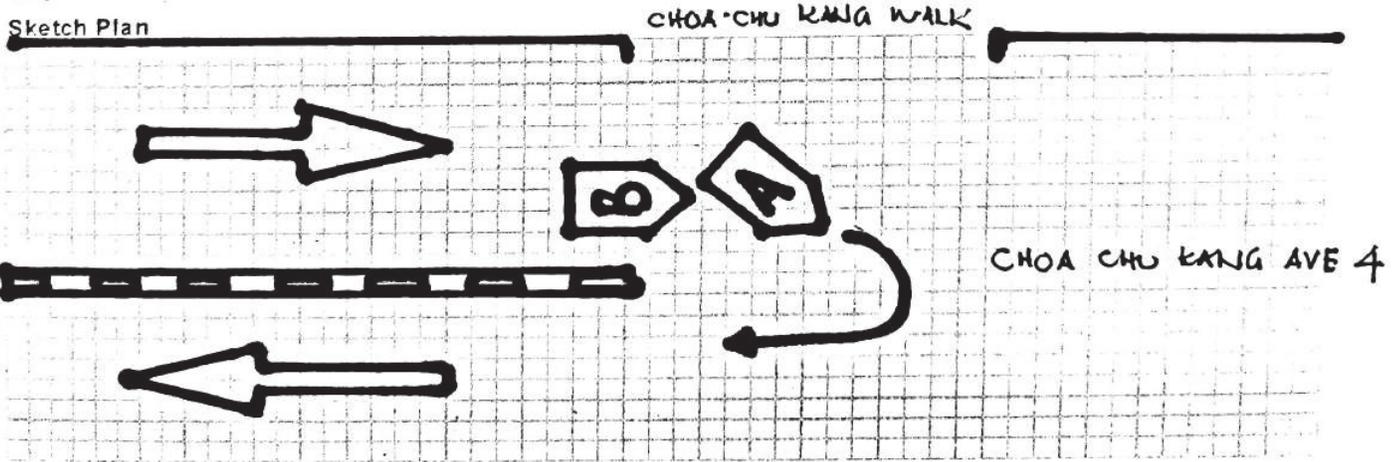
I understand, acknowledge, agree and consent that :

- (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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer to POLICE report attachment.

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



**SINGAPORE  
POLICE FORCE**



T/20210206/2035

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Report No. T/20210206/2035

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

<b>REPORT OF A TRAFFIC ACCIDENT</b>		Vide Report No.: J/20210205/0074	Station Diary No.: 18
Date/Time Report Made: 06/02/2021 11:54			
<b>Informant's Particulars</b>			
Name of Informant: HO TAT CHUAN, JUSTIN		Address: APT BLK 219A JURONG EAST STREET 21 #07-581 SINGAPORE 601219	
ID Type / ID No.: NRIC NO / S 752E		Contact No.:	Mobile: 96266279
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Male		Email:	
Age: 35	Date of Birth: 04/04/1985	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:
Occupation: TEACHER		Driving Licence Information: Class: 3	
		Date of Expiry:	

<b>General Information of the Accident</b>				Type of Location: T-Junction
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/02/2021 12:45	
Location: CHOA CHU KANG AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PC2078H	Van			White	Seriously Damaged	0
SKE348R	Car	KIA	Cerato Frote	Grey	Seriously Damaged	0

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



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Report No. T/20210206/2035

**CONTINUATION OF REPORT**

Driver			
Name	HO TAT CHUAN, JUSTIN	ID No.	S 752E
Related Vehicle	SKE348R (Car)	Contact No.	96266279
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	06/02/2021
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

On 05/02/2021 at about 1245hrs, I was leaving Bukit Panjang Government High School towards Choa Chu Kang Ave 4, I was driving my father's vehicle (Ho Chin Onn, S1234517H) bearing registration number (SKE348R). While travelling along Choa Chu Kang Ave 4 at the Junction of Choa Chu Kang Way initially I wanted to filter to the right lane and exit towards Choa Chu Kang Way but I decided to make a u turn as I saw there was no car on the opposite side. I am unsure if there is a U-Turn sign. When I was about to turn I made a brief check on my blind spot but did not spot any car, while I was turning back towards Choa Chu Kang Ave 4 at the center of the junction a white van bearing registration number (PC2078H) collided on to my driver's side door and my rear bumper was damaged and dented. I was knocked out and conveyed to Ng Teng Fong General Hospital and I was admitted to the Emergency Department from 05/02/2021 at 1418hrs to 06/02/2021 0844hrs. I was also given 4 days of MC from 05/02/2021 to 08/02/2021 and suffered from scalp haematoma and a few cuts on my face due to the accident. Traffic Police was also at scene. I wish to inform that my vehicle was installed with dashcam and the video footage was handed over to Traffic Police. I am not sure the other party injuries and the damaged of his car. That's all.



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T/20210206/2035

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Tel No: 1800-8999999

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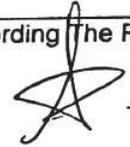
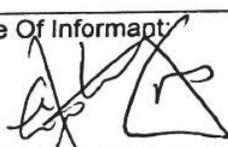
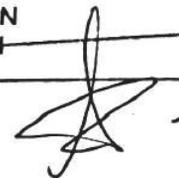
Report No. T/20210206/2035

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 1 LIM SHENG XIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2021 11:54
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No: 65476311	Classification Of Case:
Authentication Stamp   SN 34 SIGNATURE	