

# 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 ..... 30/03/2021 17:05 (SGT)  
Date of Accident ..... 29/03/2021 07:50 (SGT)  
Exact Location of Accident ..... Pasir Ris Dr 8, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJB7917E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK HONGYI CALUM  
NRIC No ..... SXXXX077A  
Email Address ..... CALUMQHY@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91262489  
Alternative Phone No ..... +65-91262489

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118675401  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK HONGYI CALUM  
NRIC No ..... SXXXX077A

Date Of Birth .....	11/07/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	19/06/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91262489
Alt. Phone Number .....	+65-91262489
Email Address .....	CALUMQHY@GMAIL.COM
Address .....	BLK 605C TAMPINES ST 61
Address complement .....	#03-342
Postcode .....	523605
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 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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20210329/7050

#### 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 .....	SJH5632H
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 .....	QUEK HONGYI CALUM
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,BACK,CHEST & RIGHT ELBOW
Injured person in which vehicle? .....	SJB7917E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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## **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

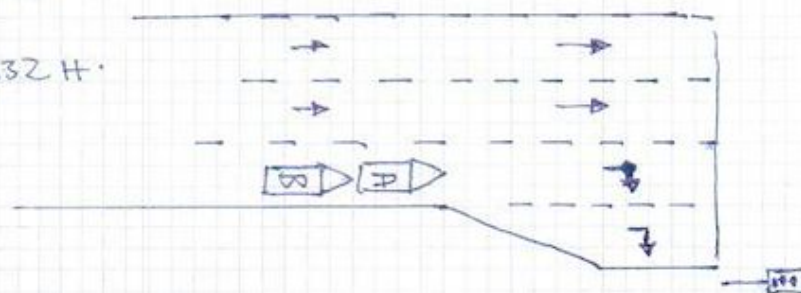
  
Witnessed by Reporting Centre Personnel

Sketch Plan

PASIR RIS DRIVE 8 — PASIR RIS DRIVE 1

VEH A = SJB 7917 E

VEH B = SJH 5632 H



## Describe Circumstances of the Accident


On the stated date and time. I was driving vehicle A along the stated venue. I was stationary at the traffic light for 5 seconds. Suddenly I felt a great impact, and vehicle B had collided onto the rear of my vehicle.


refer to police report. G/20210329/7050

## 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**



G/20210329/7050

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20210329/7050

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/03/2021 18:05	Vide Report No.	Station Diary No.
Name Of Informant QUEK HONGYI CALUM	Address 605C TAMPINES STREET 61 #03-342 SINGAPORE 523605	
ID Type / ID No. NRIC NO / S9123077A	Contact No. Home/Office:	Mobile: 91262489
Nationality SINGAPORE CITIZEN	Email Address CALUMQHY@GMAIL.COM	
Occupation Aircraft pilot (except commercial airline and air force)	Sex Male	Age 29
	Date of Birth 11/07/1991	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 29/03/2021 07:50	Location Of Incident PASIR RIS DRIVE 8	

**Brief details.**

On the stated date and time I vehicle SJB7917E was stationary on the stated venue. Suddenly vehicle SJH5632H came from behind and hit onto my vehicle rear portion. The impact was so great that I suffered neck, back, chest pain and I hit my right elbow on my car door. I then proceeded to Our Family Physician clinic and surgery to seek treatment and was given 5 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: 29/03/2021 18:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	























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G/20210329/7050

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