

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 08/07/2021 14:40 (SGT)
Date of Accident 07/07/2021 17:00 (SGT)
Exact Location of Accident Ubi Rd 3, Singapore
Additional Location Information TOWARDS UBI AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK8606A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO SENG CHUAN @ LIM SENG POH
NRIC No SXXXX446G
Email Address hscbenson66@gmail.com
Mobile Phone No (Phone) +65-94664567
Alternative Phone No +65-94664567

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028398
Cover Note Number -

DRIVER

Name of Driver HO SENG CHUAN @ LIM SENG POH
NRIC No SXXXX446G

Date Of Birth	16/11/1966
Occupation	Indoor
Date Of Driving Pass	31/07/1993
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-94664567
Alt. Phone Number	+65-94664567
Email Address	hscbenson66@gmail.com
Address	55 UPPER SERANGOON VIEW #2-09
Address complement	-
Postcode	534018
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 - Major/Minor Rd
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

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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210708/7005

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	SLV1592T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	REANEY PEH TIAN HOON
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	HO SENG CHUAN @ LIM SENG POH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK8606A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

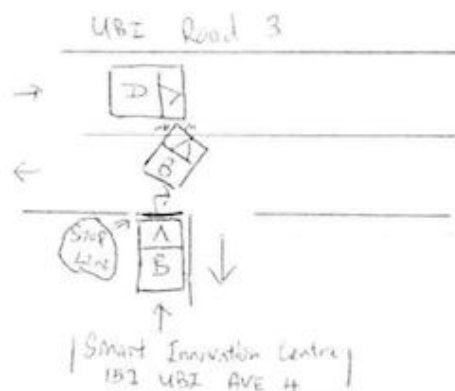
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Sketch Plan



Veh A - SLK8606A
Veh B - SLV1592T

Describe Circumstances of the Accident

As above mentioned date and time, I was driving along Uthmaniyah Ave 3 towards VBI Ave 3. Suddenly in front of Smart Innovation Centre 152 Uthmaniyah Ave 4, I was driving straight and Veh (B) suddenly turned right from Smart Innovation Centre without checking oncoming vehicles and collided into my vehicle right hand side portion. After the accident, we exchanged particulars and left the scene.

Veh A - 8EX 8606A

Veh B - SLV 1592T

POLICE REPORT 1/20/20/08/2005

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




















**SINGAPORE
POLICE FORCE**

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



T/20210708/7005

1 of 3

Report No. T/20210708/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 11:25		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: HO SENG CHUAN		Address: 55 UPPER SERANGOON VIEW #02-09 SINGAPORE 534018	
ID Type / ID No.: NRIC NO / S1764446G		Contact No.: Home/Office: Mobile: 94664567	
Nationality: SINGAPORE CITIZEN		Email: hscbenson66@gmail.com	
Sex: Male	Age: 54	Date of Birth: 16/11/1966	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Management executive		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: 07/07/2021 17:00	Type of Location: Straight Road
Location: UBI ROAD 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK8606A	Car	HONDA	Honda City	Grey	Seriously Damaged	0
SLV1592T	Car	BYD	BYD	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210708/7005

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

Report No. T/20210708/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8606A	LONPAC INSURANCE BHD.	Z21VP05028398	01/02/2021	31/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	HO SENG CHUAN	ID No.	S1764446G
Related Vehicle	SLK8606A (Car)	Contact No.	94664567
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/07/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	REANEY PEH TIAN HOON	ID No.	NIL
Related Vehicle	SLV1592T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving my vehicle (SLK8606A) along Ubi Road 3 towards Ubi Ave 3 on a single lane dual carriageway. Somewhere after Honda Service centre entrance, a vehicle (SLV1592T) turned right from Smart Innovation Centre with a Stop-Line signage, without checking oncoming vehicles and collided onto my vehicle Right Hand side portion. We exchange particulars and left the scene accordingly. I felt unwell after the accident therefore i seek medical attention at Mount Alvernia A&E.



**SINGAPORE
POLICE FORCE**

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



T/20210708/7005

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Report No. T/20210708/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/07/2021 11:25

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921780009 Vehicle Registration No: SLK 8606A
 Name (as shown in NRIC): Ho Seng Chuan NRIC/FIN/Passport No: SXXXX466G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9466 4567
 Email Address: _____
 Date of Accident: 01/07/2021 Time of Accident: 17:00
 Place of Accident: UB1 ROAD 3 Towards UBI INTERCHANGE 3
 Insurance Company: LOH

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS To hsc.benson66@gmail.com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Resh