

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	19/08/2021 15:45 (SGT)
Date of Accident	19/08/2021 10:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE(TUAS) BEFORE EXIT 26A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7093J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUAH HONG SING
NRIC No	SXXXX963I
Email Address	KUAHHONGSING@GMAIL.COM
Mobile Phone No	(Phone) +65-81182839
Alternative Phone No	(Home) +65-81182839

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119650426
Cover Note Number	-

DRIVER

Name of Driver	KUAH HONG SING
NRIC No	SXXXX963I

Date Of Birth	09/03/1984
Occupation	Outdoor
Date Of Driving Pass	19/07/2005
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81182839
Alt. Phone Number	(Home) +65-81182839
Email Address	KUAHHONGSING@GMAIL.COM
Address	BLK 286B COMPASSVALE CRESCENT
Address complement	#04-91
Postcode	542286
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB HITCH PASSENGER
Gender	Male

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

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5819S
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	KUAH HONG SING
Gender	Male
Phone No	(Phone) +65-81182839
Address	BLK 286B COMPASSVALE CRESENT
Address Complement	#04-91
Post Code	542286
Approximate Age Years Old	37
Injuries Sustained	-
Injured person in which vehicle?	SKW7093J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2


Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKW7093J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE

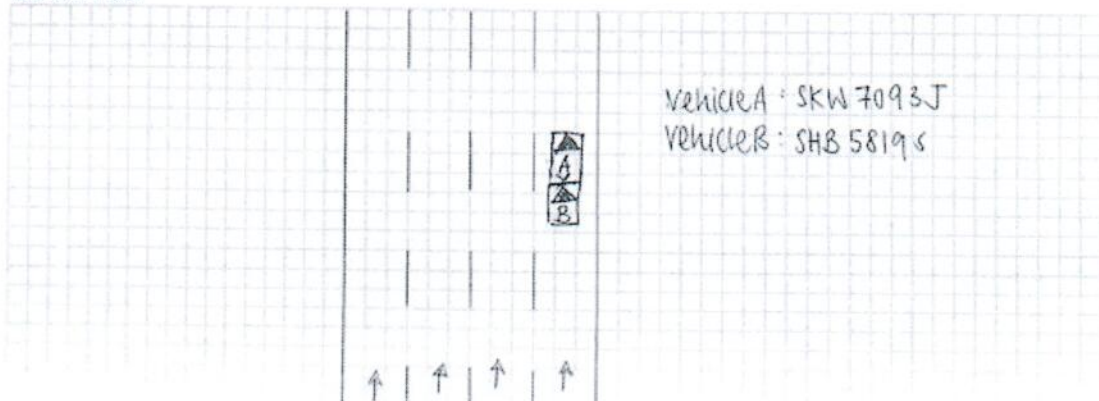
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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



Vehicle A : SKW 7093J
Vehicle B : SHB 58195

The sketch plan shows a grid with four vertical lines and four horizontal lines. At the bottom, there are four upward-pointing arrows. In the center-right area, there is a diagram of two vehicles, labeled A and B, positioned one above the other. Vehicle A is represented by a rectangle with a triangle inside, and Vehicle B is represented by a rectangle with a triangle inside. The vehicles are positioned between the second and third vertical lines from the left.

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling straight on the stated venue. When the vehicle in front of me jammed break, I followed suit without having any collision. Suddenly, I felt a huge impact on the rear of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle.

Declaration

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

Sing

Policyholder's Signature / Date & Time

Sing

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210819/7012

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

1 of 3

Report No. T/20210819/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 12:19		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: KUAH HONG SING		Address: 286B COMPASSVALE CRESCENT #04-91 SINGAPORE 542286	
ID Type / ID No.: NRIC NO / S84069631		Contact No.:	Mobile: 81182839
Nationality: SINGAPORE CITIZEN		Email: KUAHHONGSING@GMAIL.COM	
Sex: Male	Age: 37	Date of Birth: 09/03/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Engineer		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: 19/08/2021 10:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB5819S	Car				Seriously Damaged	1
SKW7093J	Car	HONDA	VEZEL 1.5X A	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210819/7012

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

2 of 3

Report No. T/20210819/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW7093J	NTUC Income Insurance Co-Operative Limited	5119650426	02/11/2020	11/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KUAH HONG SING	ID No.	S8406963I
Related Vehicle	SKW7093J (Car)	Contact No.	81182839
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was doing a grab hitch job with my own vehicle bearing car plate SKW7093J from Tampines towards science park. While travelling along lane 1 on PIE towards Tuas before Clementi Road/Woodlands Road exit I felt a huge impact coming from my rear. I alighted my vehicle and realised that I was rear ended by a taxi bearing car plate SHB5819S. I felt some pain, consulted a doctor and was given medical leave.


**SINGAPORE
POLICE FORCE**


T/20210819/7012

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

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Report No. T/20210819/7012

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:
19/08/2021 12:19

Classification Of Case: