

# 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 ..... 08/09/2021 10:25 (SGT)  
Date of Accident ..... 07/09/2021 09:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UNITY STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ4863E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HUA HONG PTE. LTD.  
Company Reg No ..... 200900309M  
Email Address ..... claims@huahong.com.sg  
Mobile Phone No ..... (Phone) +65-66619688  
Alternative Phone No ..... (Office) +65-66619688

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5109921641-02  
Cover Note Number ..... drivo CLASSIC

### DRIVER

Name of Driver ..... CHUA SHEW KUN  
NRIC No ..... S1277291B

Date Of Birth .....	27/02/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	10/01/2017
Driving experience .....	4 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86088895
Alt. Phone Number .....	-
Email Address .....	shewkunchua@gmail.com
Address .....	BLK 82A CIRCUIT ROAD #09-74
Address complement .....	-
Postcode .....	371082
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 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 .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	GBH6743J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	LEE KOK SOON
Passport No/FIN .....	G6818328L
Contact Number .....	(Phone) +65-86243859
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHUA SHEW KUN
Gender .....	Male
Phone No .....	(Phone) +65-86088895
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLJ4863E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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 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.
- (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 purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

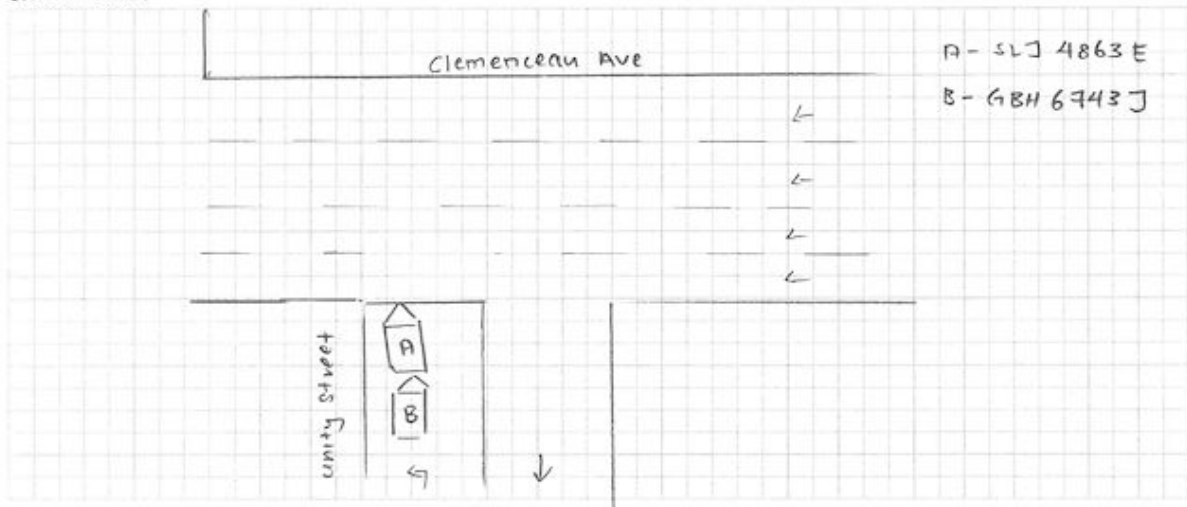


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: 5903561  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 7/9/2021 0955
Accident Location : Unity St towards Clemenceau Ave
As per police report T/20210907/2113 <i>[Signature]</i>
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Claim at other workshop (OD/TP)

DECLARATION

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

\* IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name: S99356  
 NRIC/FIN No.:




**SINGAPORE  
POLICE FORCE**


T/20210907/2113

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20210907/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 19:51		Vide Report No.:		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: CHUA SHEW KUN			Address: APT BLK 82A CIRCUIT ROAD #09-74 SINGAPORE 371082		
ID Type / ID No.: NRIC NO / S1277291B			Contact No.: Home/Office: Mobile: 86088895		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 27/02/1957	Type of Informant: Driver		
Race: Chinese			Language:		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: 07/09/2021 09:55	Type of Location: T-Junction
Location:  UNITY STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
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 Passenger
GBH6743J	Van				Slightly Damaged	0
SLJ4863E	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210907/2113

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Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20210907/2113

## CONTINUATION OF REPORT

Driver			
Name	CHUA SHEW KUN	ID No.	S1277291B
Related Vehicle	SLJ4863E (Car)	Contact No.	86088895
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/09/2021	Date Discharge	07/09/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LEE KOK SOON	ID No.	G6818328L
Related Vehicle	NIL	Contact No.	86243859
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/09/2021 at about 0955hrs. I was checking for oncoming vehicles before turning left into Clemenceau Ave. When I started to move off, I saw a taxi coming from my right and as such, stopped my car. Suddenly, I was rear ended by another vehicle.

I then completed the turn and stopped my car. I exited from my car and noticed that a van bearing vehicle number, GBH6748J had hit onto the rear bumper of my car, causing some damages. I also noticed that the van driver reversing his van till he went behind the stop line. We exchanged our particulars and we went our separate ways.

I then went to Mount Alvernia Hospital as I felt some pain on my back area. There I was given an MC of 7 days. That is all.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999



T/20210907/2113

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Report No. T/20210907/2113

**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  
G /  
Sgt 3 MOHAMAD AKMAL BIN  
MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/09/2021 19:51

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE