

# 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 .....	14/03/2022 12:10 (SGT)
Date of Accident .....	12/03/2022 20:30 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GT3554K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HO SERVICES
Company Reg No .....	4XXXX400L
Email Address .....	selphk38@gmail.com
Mobile Phone No .....	(Phone) +65-81266460
Alternative Phone No .....	+65-81266460

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MCV0002956
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HO KOK PERN(HE GUOPENG)
NRIC No .....	SXXXX621Z

Date Of Birth .....	20/07/1991
Occupation .....	Indoor
Date Of Driving Pass .....	04/12/2009
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81266460
Alt. Phone Number .....	-
Email Address .....	selphk38@gmail.com
Address .....	NO 1 SOPHIA ROAD
Address complement .....	#01-38 PEACE CENTRE
Postcode .....	228149
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	MANAGER
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 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 .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
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:T/20220313/2000

#### 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 .....	FW1369M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	HAFIZ
Contact Number .....	(Phone) +65-92402477
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS




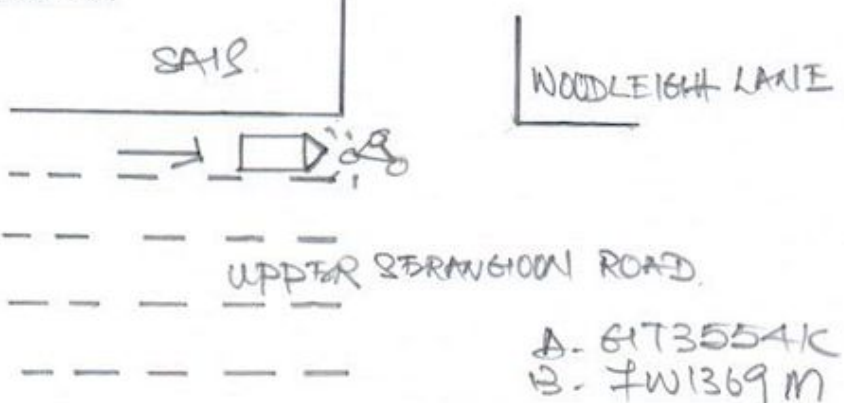
### INJURED 1

Name of injured person .....	HAFIZ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	FW1369M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	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
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>Sketch Plan</b></p>  </div> <div style="width: 30%; text-align: center;"> <p>SAIS</p> </div> <div style="width: 30%; text-align: center;"> <p>WOODLEIGH LANE</p> </div> </div>		
<p style="text-align: center;">UPPER SERANGOON ROAD</p> <p style="text-align: right;">A- 6T3554K B- 7W1369M</p>		

## Describe Circumstances of the Accident

REFER TO POLICE REPORT. T/2022 03/13/2000

## 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

shym 14/03/22

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220313/2000

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20220313/2000

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	HAFIZ	ID No.	NIL
Related Vehicle	FW1369M (Motorcycle)	Contact No.	92402477
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
<b>Driver</b>			
Name	HO KOK PERN	ID No.	S9124621Z
Related Vehicle	GT3554K (Van)	Contact No.	81266460
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 the above mentioned date, time and location I was driving along Upp Serangoon Rd heading towards Serangoon Central on the most left of 4 lanes. The motorcycle in front had signal to turn left towards Woodleigh Lane and attempted to overtake a female cyclist but he jammed brake instead because he was unable to overtake the forward riding cyclist. I jammed brake as well but still collided onto the rear of the said motorcyclist. The female cyclist did not stop to render help and continued cycling. She was wearing a black attire. I immediately alighted from my vehicle to render assistance. Fortunately a traffic police was nearby thus the officer came to assist. I was given a case card and advised to lodge a police report. The injury to the motorcyclist was quite bad and he was then conveyed to the hospital. An eyewitness at the traffic junction did approached the traffic police officer to tell what he had witness.

























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POLICE FORCE**



T/20220313/2000

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20220313/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2022 00:00	Vide Report No.: F/20220312/0227	Station Diary No.: 1
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**Informant's Particulars**

Name of Informant: HO KOK PERN	Address: APT BLK 636 BEDOK RESERVOIR ROAD #10-31 SINGAPORE 410636		
ID Type / ID No.: NRIC NO / S9124621Z	Contact No.: Home/Office: Mobile: 81266460		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 30	Date of Birth: 20/07/1991	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Chief operating officer/General Manager	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2022 20:30	Type of Location: T-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FW1369M	Motorcycle	HONDA				0
GT3554K	Van	NISSAN		Red	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/20220313/2000

Police Station Of Origin:  
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30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20220313/2000

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	HAFIZ	ID No.	NIL
Related Vehicle	FW1369M (Motorcycle)	Contact No.	92402477
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
<b>Driver</b>			
Name	HO KOK PERN	ID No.	S9124621Z
Related Vehicle	GT3554K (Van)	Contact No.	81266460
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 the above mentioned date, time and location I was driving along Upp Serangoon Rd heading towards Serangoon Central on the most left of 4 lanes. The motorcycle in front had signal to turn left towards Woodleigh Lane and attempted to overtake a female cyclist but he jammed brake instead because he was unable to overtake the forward riding cyclist. I jammed brake as well but still collided onto the rear of the said motorcyclist. The female cyclist did not stop to render help and continued cycling. She was wearing a black attire. I immediately alighted from my vehicle to render assistance. Fortunately a traffic police was nearby thus the officer came to assist. I was given a case card and advised to lodge a police report. The injury to the motorcyclist was quite bad and he was then conveyed to the hospital. An eyewitness at the traffic junction did approached the traffic police officer to tell what he had witness.

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T/20220313/2000

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Tel No: 1800-2449999

3 of 3

Report No. T/20220313/2000

**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 / Other ANWAR MUSHADAD  
BIN ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/03/2022 00:00

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT ROIZMAN BIN MOHAMED  
POSARI  
Contact No.: 65476131

Classification Of Case:

NP168