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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 29/06/2022 17:26 (SGT) Reported by Date of Accident 08/04/2021 12:20 (SGT) Exact Location of Accident Old Airport Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SLP7507H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SNG KIM CHOON(SUN JINCHUN) NRIC No SXXXX612G Email Address sngkimcchoon@gmail.com Mobile Phone No (Phone) +65-96260650 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM120034701801

DRIVER

Name of Driver SNG KIM CHOON(SUN JINCHUN) NRIC No SXXXX612G Date Of Birth 16/09/1953 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	13/08/1971 49 YEARS AND 8 MONTHS Male (Phone) +65-96260650 - sngkimcchoon@gmail.com 122 ONAN ROAD - 424534 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Bicyclist Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Joo Chiat Neighbourhood Police Post (Phone) +65-18003459999 (Fax) +65-64474181 267 Onan Road Singapore 424773 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20210408/2051	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Vehicle Model

Vehicle Variant Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CYCLIST
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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

Driver's Signature (if driver is not the policyholder) / Date (Name as in NRIC/ID card) 3 9 / 0 6 / 33

Sketch Plan

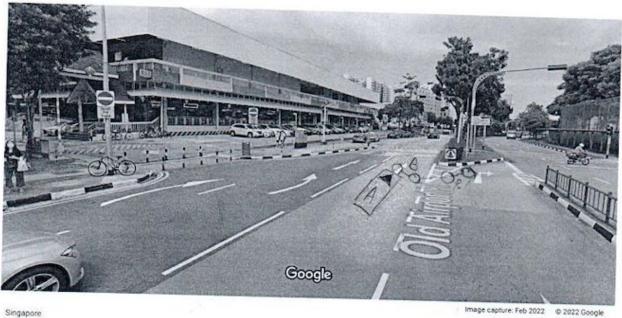
(Kame as in NRC/ID card), 3, 9, 6, 6, 3, 3

1

6/29/22, 3:52 PM

39 Old Airport Rd - Google Maps

Google Maps 39 Old Airport Rd



Singapore

Google

Street View - Feb 2022

Cassia Cies t Road Foods Dakoti Vaterbai kota 🧲 en Hei Centre Geylang Rive

A-SLP7507H B-CYCLIST

ribe Circi	umstance of the Accid	dent				
12/5	refer of	to the	police	report:	7/20210408/	2051
						_
_						
_						
			-			

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 8 Time

ROSLINDA BINTE A.WAHAB

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 29/06/32

2





2 of 3 Report No. T/20210408/2051

CONTINUATION OF REPORT

Brief Details.

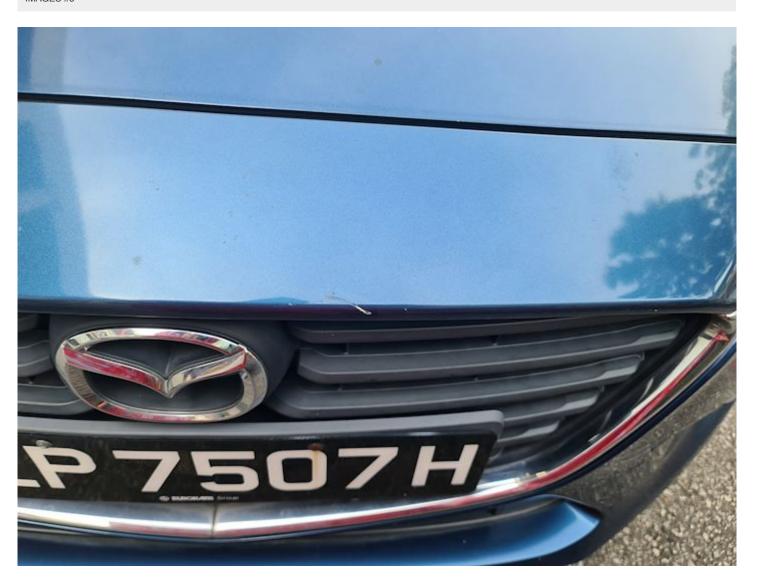
On 8th April 2021 at about 1220hrs, I was driving along Old Airport Road towards Dunman Road. I was driving on the right lane. Suddenly, as I was driving, there was a cyclist who appeared from my left side and crossed my path. The cyclist appeared to be heading towards Jalan Enam direction. I horned and pressed my brake, however could not stop in time. Thus, I hit the cyclist's backwheel. The cyclist then fell and landed on the road. I came out from my car and call 911. A few passer-by also assisted us.

Shortly after, paramedics and police came and attended to us. The cyclist was then conveyed to hospital. I have an in-car camera which recorded the incident and the SD card was given to the police. I did not suffer any injuries and I am not sure what's the injuries on the cyclist. But the cyclist was not wearing a

There is a small scratch on the front bonnet of my car.





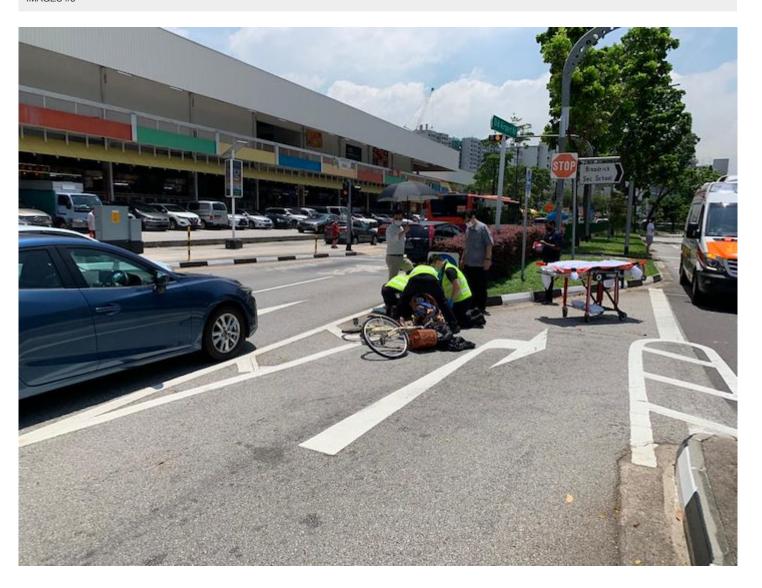


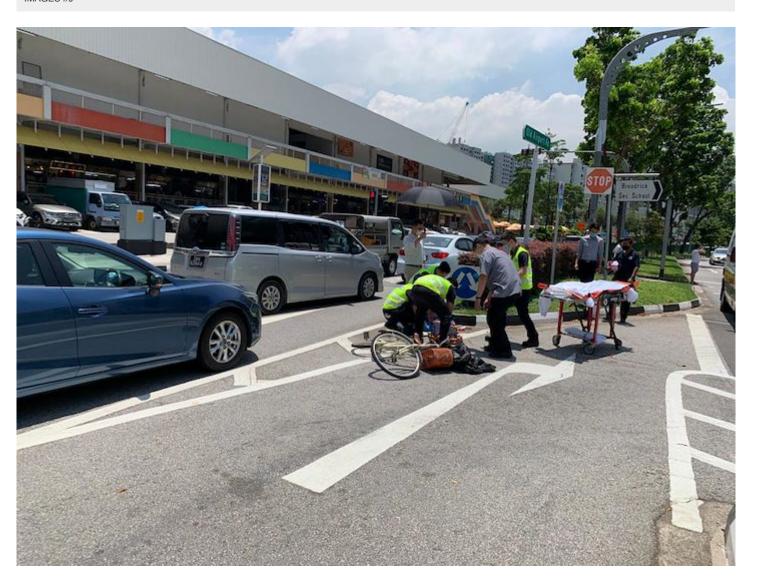


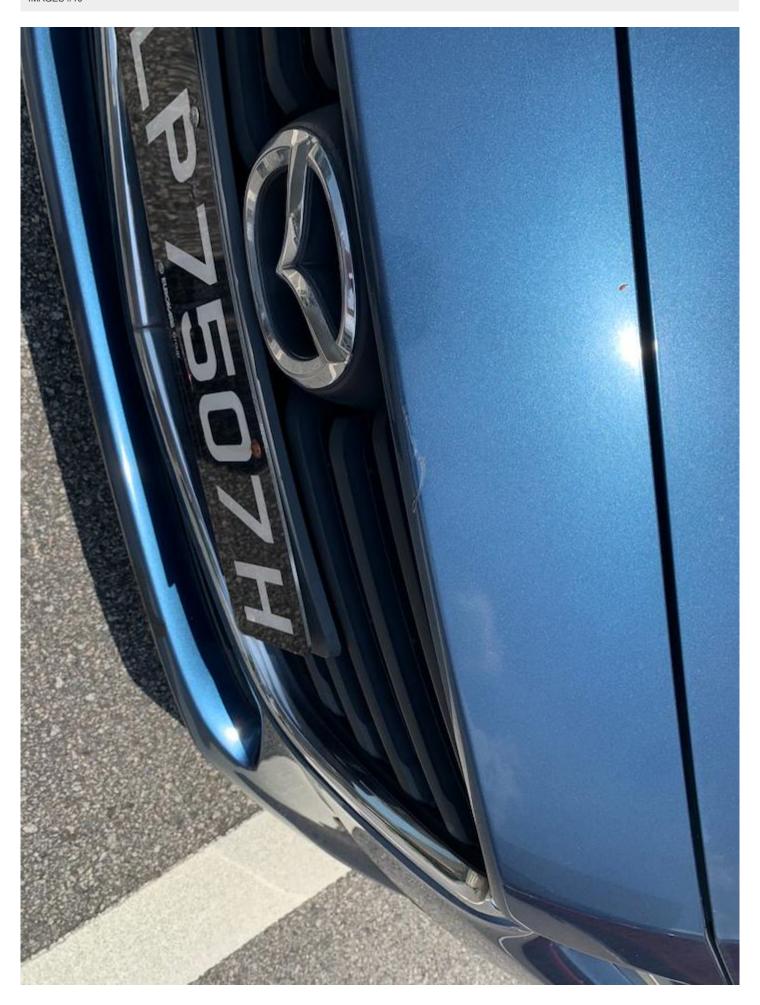




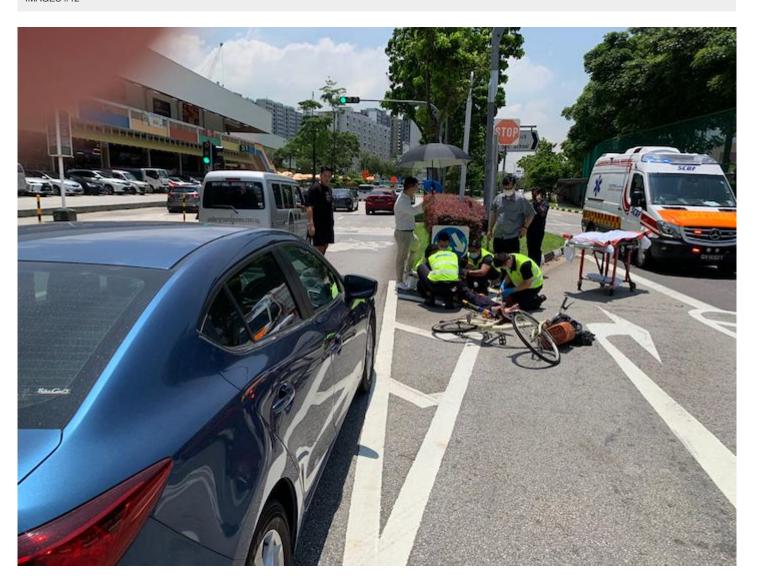
















1 of 3 Report No. T/20210408/2051

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made:		Vide Report No.:	Station Diary No.:	
	08/04/2021 14:25		G/20210408/0101	9	
Informa	nt's Partic	ulars			
Name of Informant:			Address:		
SNG KIM CHOON			122 ONAN ROAD SINGAPORE 424534		
ID Type / ID No.:			Contact No.:		
NRIC NO / S0087612G			Home/Office: Mobile: 96260650		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	67	16/09/1953	Driver		
Race: Chinese		11.	Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2021 12:20	Type of Location	
Location: OLD AIRPOR	RT ROAD				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
	sion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLP7507H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7507H	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200347018 01	16/06/2020	15/06/2022



2 of 3 Report No. T/20210408/2051

CONTINUATION OF REPORT

Brief Details.

On 8th April 2021 at about 1220hrs, I was driving along Old Airport Road towards Dunman Road. I was driving on the right lane. Suddenly, as I was driving, there was a cyclist who appeared from my left side and crossed my path. The cyclist appeared to be heading towards Jalan Enam direction. I horned and pressed my brake, however could not stop in time. Thus, I hit the cyclist's backwheel. The cyclist then fell and landed on the road. I came out from my car and call 911. A few passer-by also assisted us.

Shortly after, paramedics and police came and attended to us. The cyclist was then conveyed to hospital. I have an in-car camera which recorded the incident and the SD card was given to the police. I did not suffer any injuries and I am not sure what's the injuries on the cyclist. But the cyclist was not wearing a

There is a small scratch on the front bonnet of my car.





3 of 3 Report No. T/20210408/2051

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 MUHAMMAD IDRIS BIN MOHD ISMAIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2021 14:25
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	

SIGNATURE





Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel::6547 0000 Fax::6547 6259

Your Ref :

Our Ref : TP/IP/17599/2021

SNG KIM CHOON 122 ONAN ROAD SINGAPORE 424534

Date: 09 Apr 2021

հոկեցիերիլլՈրհիցիկեցի

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT INVOLVING SLP7507H ALONG OLD AIRPORT ROAD ON 08 APR 2021 @ 12.25 PM

000079

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- 3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer MARIAH BTE ZAKARIA at his / her office number: 65476433 or the supervisor MOHAMMED FADZLY BIN ABDUL AZIZ at 65476355 if you have any further queries.
- 5 Thank you.

Yours faithfully,

TAN CHEE SING (DSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

Syed Isa Tel: 65476187

A FORCE FOR THE NATION



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP (Address / Police Station / NPC / NPP) hereby acknowledge receipt of the below mentioned items of: 3 from (Address / Police Station / NPC / NPP) (Date) (Time) Witnessed by / * Handed over by: Received by: (* Delete if applicable) (Signature) (Name, Contact No. / NRIC or Passport No. / Rank and No. Other Remarks: