

# 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 ..... 04/07/2022 19:27 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/07/2022 16:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TWDS SLE B4 AMK AVE 3 EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EK1181L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HO SIEW HOONG  
NRIC No ..... SXXXX119G  
Email Address ..... benjm@hotmail.sg  
Mobile Phone No ..... (Phone) +65-96616166  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Passat  
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 ..... 1984

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01000942

### DRIVER

Name of Driver ..... HO WAI FOONG, BENJAMIN  
NRIC No ..... SXXXX172C  
Date Of Birth ..... 17/09/1989  
Occupation ..... Outdoor

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 02/09/2010             |
| Driving experience .....   | 11 YEARS AND 10 MONTHS |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-83387988   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | benjm@hotmail.sg       |
| Address .....  | BLK 460 HOUGANG AVE 10 |
| Address complement .....   | #07-982                |
| Postcode .....   | 530460                 |
| Is the driver the policyholder? .....                              | No                     |
| If No, Relationship of the Driver with the Insured .....           | Child                  |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### PASSENGER 1

|              |                  |
|--------------|------------------|
| Name .....   | HO GUAN HUI EDEN |
| Gender ..... | Male             |

#### PASSENGER 2

|              |                 |
|--------------|-----------------|
| Name .....   | HO XUAN QI,ELIZ |
| Gender ..... | Female          |

#### 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

PLS REFER TO THE POLICE REPORT:T/20220704/7045

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SMV3172Y             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-67863786 |
| 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 WAI FOONG,BENJAMIN |
| Gender .....  | Male                  |
| Phone No .....  | -                     |
| Address .....   | -                     |
| Address Complement .....                                  | -                     |
| Post Code .....   | -                     |
| Approximate Age Years Old .....                           | -                     |
| Injuries Sustained .....                                  | SLIGHT                |
| Injured person in which vehicle? .....                    | EK1181L               |
| Were seat belts worn? .....                               | Yes                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                    |

## INJURED 2

|   |                  |
|---|------------------|
| Name of injured person .....                              | HO GUAN HUI EDEN |
| Gender .....  | Male             |
| Phone No .....  | -                |
| Address .....   | -                |
| Address Complement .....                                  | -                |
| Post Code .....   | -                |
| Approximate Age Years Old .....                           | -                |
| Injuries Sustained .....                                  | SLIGHT           |
| Injured person in which vehicle? .....                    | EK1181L          |
| Were seat belts worn? .....                               | -                |
| Was this injured conveyed to hospital by ambulance? ..... | No               |

## INJURED 3

|   |                 |
|---|-----------------|
| Name of injured person .....                              | HO XUAN QI,ELIZ |
| Gender .....  | Female          |
| Phone No .....  | -               |
| Address .....   | -               |
| Address Complement .....                                  | -               |
| Post Code .....   | -               |
| Approximate Age Years Old .....                           | -               |
| Injuries Sustained .....                                  | SLIGHT          |
| Injured person in which vehicle? .....                    | EK1181L         |
| Were seat belts worn? .....                               | -               |
| 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 :

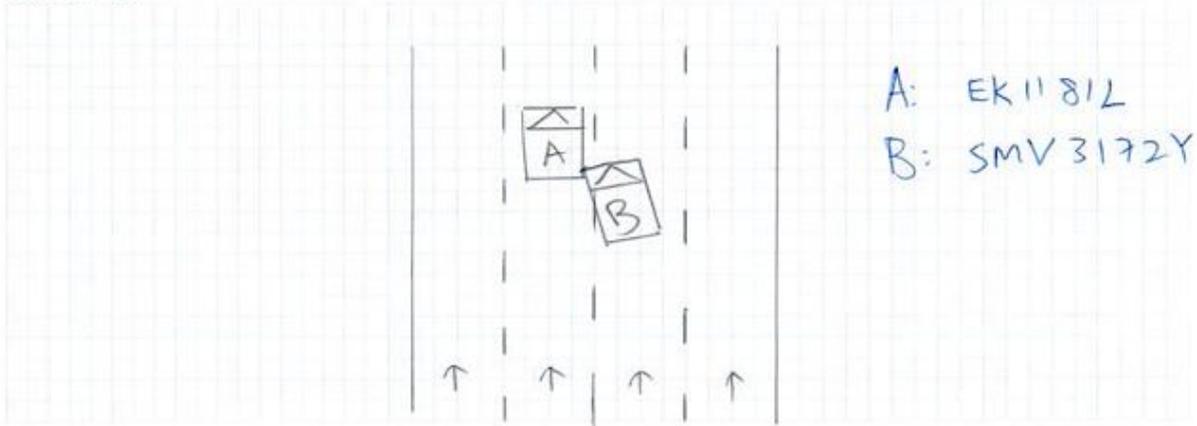
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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 situated outside of Singapore, for one or more of the above Purposes.

*Tomy*  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

*[Signature]*  
 \_\_\_\_\_  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
 CTE

*ROSLINDA BINTE A WANAB*  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel *04/07/22*

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to police report.  
T/20220704/7045

**Declaration**

We declare the foregoing particulars are true in every respect.

Tony  
Policyholder's Signature / Date & Time

[Signature]  
Driver's Signature (if driver is not the policyholder) / Date & Time

ROSLINDA BINTI A-WAHAB  
Witnessed by Reporting Centre Personnel 04/07/22



**SINGAPORE  
POLICE FORCE**



T/20220704/7045

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

2 of 4

Report No. T/20220704/7045

**CONTINUATION OF REPORT**

| Driver                            |                        |  |  |
|-----------------------------------|------------------------|--|--|
| Name                              | HO WAI FOONG, BENJAMIN |  | ID No. S8935172C   |
| Related Vehicle                   | EK1181L (Car)          |  | Contact No. 83387988   |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| Passenger                         |                        |  |  |
| Name                              | HO GUAN HUI EDEN       |  | ID No. T1331075G   |
| Related Vehicle                   | EK1181L (Car)          |  | Contact No. NIL  |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| Passenger                         |                        |  |  |
| Name                              | HO XUAN QI ELIZ        |  | ID No. T1611191G   |
| Related Vehicle                   | NIL                    |  | Contact No. NIL  |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |

**Brief Details.**

I was travelling along CTE towards SLE before Ang Mo Kio Ave 3 Exit on the 3rd lane, While i was travelling at my own lane, all of a sudden i felt an impact coming from my vehicle rear right portion. After the collision, Vehicle B (SMV3172Y) didnt have any intention to stop its vehicle to exchange particulars with me, and instead swerve back to his own lane and proceed to move off. After I noticed what he's trying to do, I follow his vehicle for a distance however he still didnt stop.

I am reporting this incident for insurance claim purposes as it is a hit & run case.

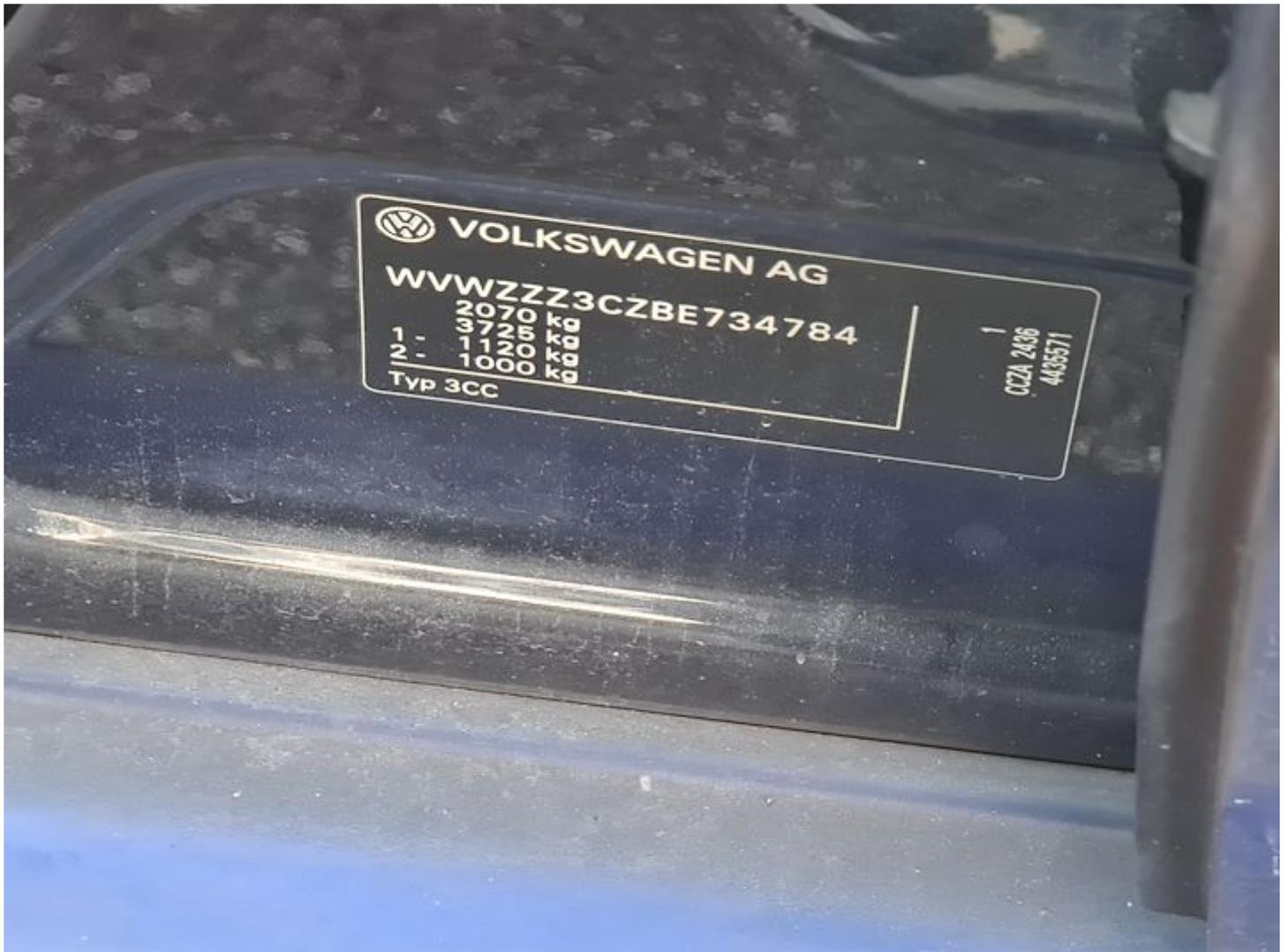
















**SINGAPORE  
POLICE FORCE**



T/20220704/7045

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

1 of 4

Report No. T/20220704/7045

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>04/07/2022 16:43 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>HO WAI FOONG, BENJAMIN |            | Address:<br>460 HOUGANG AVENUE 10 #07-982 SINGAPORE 530460         |                              |
| ID Type / ID No.:<br>NRIC NO / S8935172C     |            | Contact No.:<br>Home/Office:                      Mobile: 83387988 |                              |
| Nationality:<br>SINGAPORE CITIZEN            |            | Email:<br>benjm@hotmail.sg   |                              |
| Sex:<br>Male                                 | Age:<br>32 | Date of Birth:<br>17/09/1989                                       | Type of Informant:<br>Driver |
| Race:<br>Chinese                             |            | Language:<br>English   | Institution / School Name:   |
| Occupation:                                  |            | Driving Licence Information:<br>Class:                             | Date of Expiry:              |

**General Information of the Accident**

|  |                           |                                    |  |                                     |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>03/07/2022 16:45 | Type of Location:<br>Straight Road  |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                           |                                    |  |                                     |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               |  | Road Speed Limit:<br>90 Km/h        |
| Traffic Flow:<br>One Way                                     |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| EK1181L     | Car  |      |       |       |          | 0     |
| SMV3172Y    | Van  |      |       |       |          | 0     |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220704/7045

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

2 of 4

Report No. T/20220704/7045

## CONTINUATION OF REPORT

| Driver                            |                        |  |  |
|-----------------------------------|------------------------|--|--|
| Name                              | HO WAI FOONG, BENJAMIN |  | ID No. S8935172C   |
| Related Vehicle                   | EK1181L (Car)          |  | Contact No. 83387988   |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| Passenger                         |                        |  |  |
| Name                              | HO GUAN HUI EDEN       |  | ID No. T1331075G   |
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| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| Passenger                         |                        |  |  |
| Name                              | HO XUAN QI ELIZ        |  | ID No. T1611191G   |
| Related Vehicle                   | NIL                    |  | Contact No. NIL  |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
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T/20220704/7045

Police Station Of Origin:  
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Report No. T/20220704/7045

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20220704/7045

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

4 of 4

Report No. T/20220704/7045

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

|  |
|--|
| Signature Of Officer Recording The Report:<br>Not applicable                               |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>KASMAWATI BTE SAMIAN<br>Contact No.: 65476368 |

NP168

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by Singpass. No signature is<br>required. |
| Date/Time:<br>04/07/2022 16:43   |
| Classification Of Case:  |