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.

 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 26/07/2022 18:39 (SGT) Reported by Date of Accident 26/07/2022 05:45 (SGT) Exact Location of Accident Airport Blvd., Singapore Changi Airport (SIN), Singapore Additional Location Information TERMINAL 1 DEPARTMENT CRESCENT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLG7780G**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HOONG KENG HENG NRIC No SXXXX074B Email Address HOONGKENGHENG1961@GMAIL.COM Mobile Phone No (Phone) +65-97816051 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Corolla 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 No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5122173447-01

DRIVER

Name of Driver HOONG KENG HENG NRIC No SXXXX074B Date Of Birth 18/05/1961 Occupation Outdoor



Date Of Driving Pass 16/11/1982 Driving experience 39 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97816051 Alt. Phone Number Email Address HOONGKENGHENG1961@GMAIL.COM Address APT BLK 424D YISHUN AVE 11 #08-320 Address complement Postcode 764424 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name HO AH FONG 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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SKZ3831G
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 Gender	HO AH FONG
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG7780G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of internal arrange	

INJUNED 2	
Name of injured person Gender	HOONG KENG HENG
	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG7780G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
vvas tilis injured conveyed to nospital by ambalance:	NO

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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

dickny

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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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)

Lunderstand, 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.

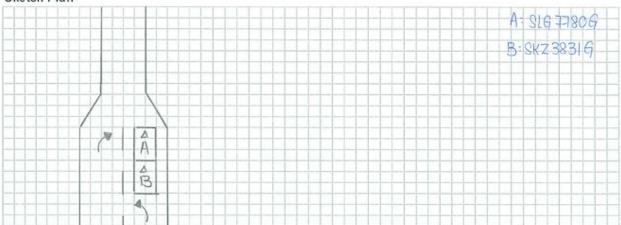
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

dickny

Sketch Plan



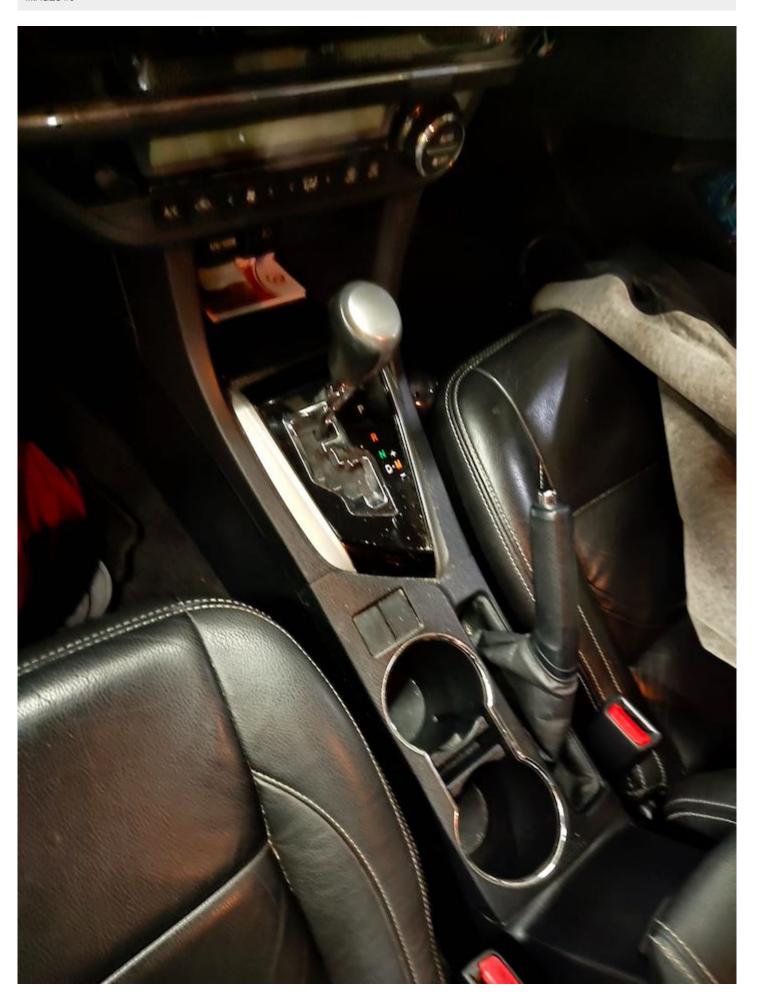


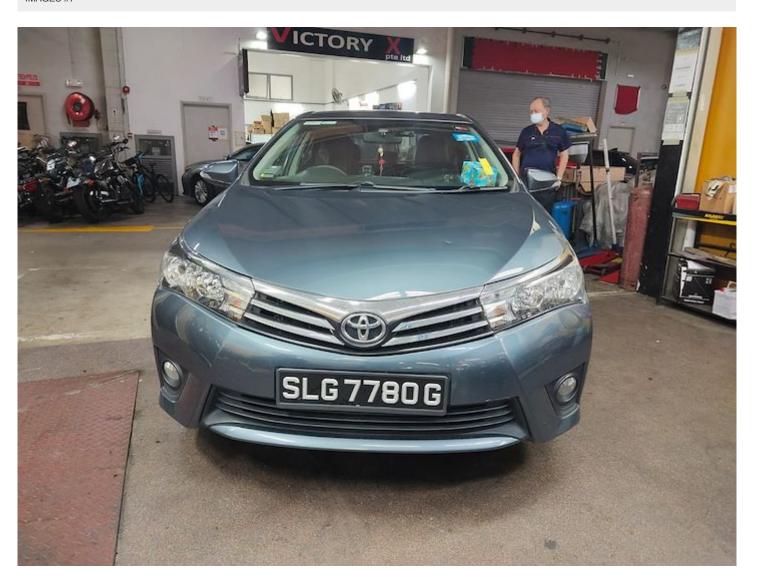




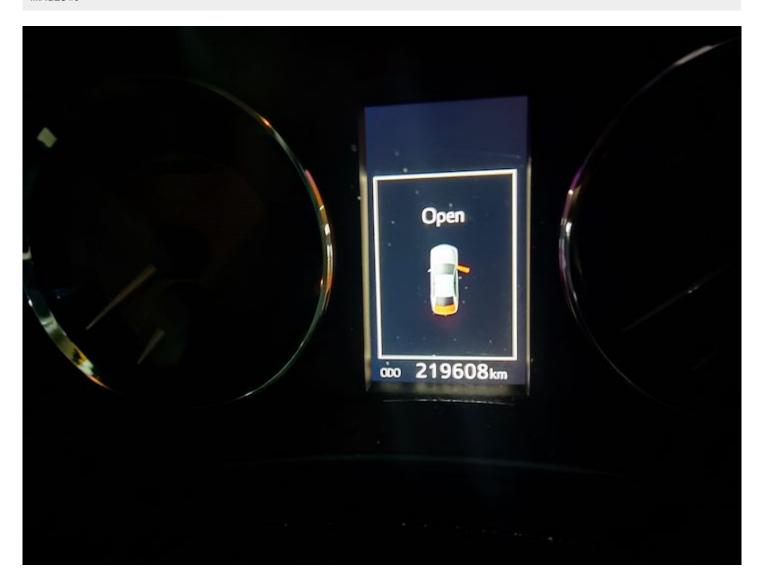














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20220726/7019

3 of 3 Report No. T/20220726/7019

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not a	ble	to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2022 13:58
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPO

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220726/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 13:58			Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
	Informant: KENG HE		Address: 424D YISHUN AVENU	JE 11 #08-320 SINGAPORE 764424		
ID Type / ID No.: NRIC NO / S1467074B			Contact No.: Home/Office:	Mobile: 97816051		
Nationality: SINGAPORE CITIZEN			Email: KATHERINE.HO@ASIA.APPLE.COM			
Sex: Age: Date of Birth: Male 61 18/05/1961			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:		Driving Licence Inform Class: 3	ation: Date of Expiry:			

General Infor	mation of the Acci	ident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2022 05:45	Type of Location: Straight Road
Location:			1 1200712022 00110	
T1 DEPARTU	JRE CRESCENT	Road Surface:		Dond Spood Limits
Drizzling		Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKZ3831G	Car	TOYOTA	WISH			0
SLG7780G	Car	ТОУОТА	COROLLA ALTIS CLASSIC 1.6 CVT		Seriously Damaged	1



Details of Vehicle Insurance



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

2 of 3 Report No. T/20220726/7019

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company	Insuran	ce No		Effective	Expiry Date
SLG7780G		UC Income Insurance Co-Operative nited	9				
Details of Po	erso	in Involved					
Any Pedestri	an I	nvolved: No			- Control Consul		
No. of Pedes	triar	ns Injured: NIL	Use of Pe	destrian C	cross	sing: NA	
Passenger							
Name		HO AH FONG		ID No.		S1717243	C
Related Vehi	cle	SLG7780G (Car)		Contact	No.	91297997	
Hospital/Clini	ic	NIL		Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL	
Date	87-	NIL	Date	1	VIL.		
No. of Days o	gran	ted Medical Leave NIL	Degree of	of NIL			
Vehicle Own	er						
Name	=00000	HOONG KENG HENG		ID No.		S1467074	В
Related Vehi	cle	SLG7780G (Car)		Contact No.		97816051	
Hospital/Clini	c	A LIFE CLINIC PTE LTD		Class of Driving Licence Expiry		Class: 3 Date of Ex	piry: NIL
Date	0-25	26/07/2022	Date		26/07	/2022	
No. of Days o	grant	ted Medical Leave 07	Degree of	5	Serio	us	

Brief Details.

ON 26.07.2022 AT ABOUT 05:45AM. I WAS TRAVELLING ALONG TERMINAL 1 DEPARTURE CRESCENT. I WAS SLOWED DOWN DUE TO THE FRONT TRAFFIC. SUDDENLY, THE VEHICLE (SKZ 3831G) HIT MY REAR PORTION OF MY VEHICLE (SLG 7780G).

AFTER THE ACCIDENT, I FEELING ACHES IN MY SHOULDER, NECK AND BACK. I WENT TO A LIFE CLINIC PTE LTD AND GIVEN 7 DAYS MC.

