

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 Actual 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	11/09/2022 11:31 (SGT)
Reported by	Both
Date of Accident	10/09/2022 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM301U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOR HWEE BOO
NRIC No	S6843376B
Email Address	HWEEBOO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91680422
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122960815-01

DRIVER

Name of Driver	KHOR HWEE BOO
NRIC No	S6843376B
Date Of Birth	07/11/1968
Occupation	Indoor

Date Of Driving Pass	20/08/1986
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91680422
Alt. Phone Number	-
Email Address	HWEEBOO@HOTMAIL.COM
Address	73 ANCHORVALE CRESCENT
Address complement	#01-08 THE VALES
Postcode	544661
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	MRS KHOR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	TRAFFIC POLICE SEIZED SD CARD FOR INVESTIGATION ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1485A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (including Driver)	4

PASSENGER 1

Name	UNKNOWN
Gender	-

PASSENGER 2

Name	UNKNOWN
Gender	-

PASSENGER 3

Name	UNKNOWN
Gender	-

SKETCH PLAN

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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

11/09/2022, 1130
Sketch Plan

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

Ignatius Lim

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

	<p>A: SJM301U B: QX1485A</p>
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**SINGAPORE
POLICE FORCE**



T/20220910/2027

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999

1 of 1

Report No: T/20220910/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 10/09/2022 13:29		Vide Report No.:		Station Diary No. 40
Informant's Particulars				
Name of Informant KHOR HINEE BOO		Address 73 ANCHORVALE CRESCENT #01-08 SINGAPORE 544661		
ID Type / ID No NRIC NO / S5843375B		Contact No. Home/Office: Mobile: 91680422		
Nationality SINGAPORE CITIZEN		Email:		
Sex: Male	Age 53	Date of Birth 07/11/1968	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Self employed		Driving Licence Information Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident: 10/09/2022 11:25	Type of Location: Bend
Location: YIO CHU KANG ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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
QX1485A	Car				0
SJM301U	Car	TOYOTA	PROACEUR G	Black	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJM301U	NTUC Income Insurance Co-Operative Limited	5122960815-01	30/07/2022	29/07/2023



SINGAPORE
POLICE FORCE

SINGAPORE POLICE
TRAFFIC POLICE

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220910/2027

CONTINUATION OF REPORT

Brief Details.

On 10/09/2022 at about 1120hrs, I was driving my vehicle bearing registration number SJM301U along Serangoon Garden Way and nothing way. My wife namely Oi May Mui (Hp: 92358300) was seated at the front passenger seat at that point of time.

At about 1123hrs approaching the left filter lane into Yio Chu Kang Road, I made a stop to check for oncoming traffic. Suddenly I felt a loud impact from the rear portion of my vehicle. I then went down to make a check. It was then I discovered that there is a police vehicle bearing registration number QX1485A had collided onto my vehicle's rear portion.

Not long after, one of the police officer called the Traffic Police vide F/20220910/0113. Soon after Traffic Police arrive and seized my inbuilt CCTV SD card. I was then advised to lodge a Traffic Accident report on the matter.

I wish to state that no one is injured. I also wish to state that my vehicle's rear bonet and bumper suffered minor dents and scratches. However my vehicle is still able to move.
There is a CCTV at the said location.

Hence I am making this report for Traffic Police assistance.



SINGAPORE
POLICE FORCE



T/20220910/2027

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220910/2027

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:

F /
SGT 3 SYED NAFIS BIN SYED
HUSSAIN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
10/09/2022 13:29

Officer In Charge Of Case:
TR / CIT /
SR STAFF SGT JOSEPH BIN MOHAMMED
ALI
Contact No: 65476900

Classification Of Case:

NP163