

# 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 .....	09/09/2022 18:52 (SGT)
Reported by .....	Driver
Date of Accident .....	08/09/2022 14:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Beach Rd by Seah St
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN654K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	OZ CAR RENTAL PTE. LTD.
Company Reg No .....	201826382N
Email Address .....	Clarence@ozcar.sg
Mobile Phone No .....	(Phone) +65-91268654
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5112240182-03

### DRIVER

Name of Driver .....	CHOO JUN HAO, IVAN (XU JUNHAO)
NRIC No .....	S8814216J
Date Of Birth .....	18/04/1988
Occupation .....	Indoor

Date Of Driving Pass .....	09/06/2016
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97703469
Alt. Phone Number .....	-
Email Address .....	Ivanchoojh@gmail.com
Address .....	117 Ang Mo Kio Ave 4 #06-467
Address complement .....	-
Postcode .....	560117
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Cross Junction
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD619A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	Cheong Teow Peng Bobby
NRIC No .....	S1485034A
Contact Number .....	(Phone) +65-97865789
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHOO JUN HAO, IVAN (XU JUNHAO)
Gender .....	Male
Phone No .....	(Phone) +65-97703469
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	34
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN654K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.

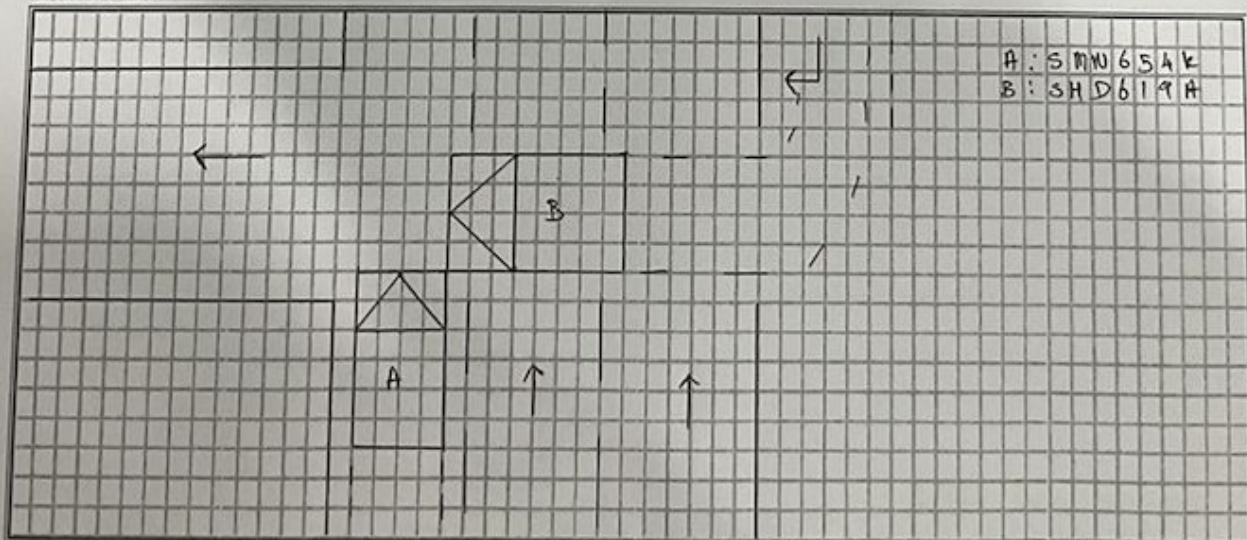


Policyholder's Signature / Date & Time  
09/09/2022 1243H

Driver's Signature (if driver is not the policyholder) / Date & Time  
09/09/2022 1245H

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

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Name / Date & Time  
09/09/2022 12:54

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time  
09/09/2022 12:54

*[Signature]*

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





















**SINGAPORE  
POLICE FORCE**



T/20220909/2043

1 of 4

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20220909/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2022 15:11		Vide Report No.:	Station Diary No.: 11
<b>Informant's Particulars</b>			
Name of Informant: CHOO JUN HAO, IVAN		Address: APT BLK 117 ANG MO KIO AVENUE 4 #06-467 SINGAPORE 560117	
ID Type / ID No.: NRIC NO / S8814216J		Contact No.: Home/Office: Mobile: 97703469	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 18/04/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SWIMMING COACH		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/09/2022 14:40	Type of Location: Straight Road
Location:  BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

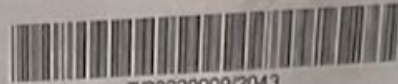
**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD619A	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	2
SMN654K	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220909/2043

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Report No. T/20220909/2043

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHEONG TEOW PENG BOBBY	ID No.	S1485034A
Related Vehicle	SHD619A (Car)	Contact No.	97885789
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	CHOO JUN HAO, IVAN	ID No.	S8814216J
Related Vehicle	SMN654K (Car)	Contact No.	97703469
Hospital/Clinic	AMK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/09/2022	Date Discharge	09/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 08/09/2022 at about 1440hrs, I was driving my vehicle bearing registration plate SMN654K along Beach Road. As I was driving on the third lane, I observed that there was road works on the second lane with one cement truck near at the junction of the road I was along. The cement truck was stationary on the road as such I could not see the road behind the truck. As I approached the junction, one taxi bearing registration plate SHD619A suddenly came out into the junction and stopped in front of my vehicle. I reacted by applying jam break, however, my vehicle did not manage to stop in time. My vehicle's front bumper collided into the side of the mentioned taxi.

After the collision, I felt pain on my left knee and left upper shin, but I was still able to walk. I alighted and exchanged particulars with the taxi driver. He had two passengers in his vehicle. I observed that the driver and passengers had no visible injury. The taxi driver informed me that while making a right turn at the junction, his view was being blocked by the mentioned cement truck as such, he could not see my vehicle approaching the junction. After exchanging particulars we left the scene. After the incident, I begin to feel pain in my neck muscles and start to have mild headaches.

On 09/09/2022, I went to the doctor at AMK Family Clinic and received a 3 day MC from the doctor. From 09/09/2022 to 11/09/2022,

No traffic police or ambulance was called. My vehicle has an in-built car camera.



**SINGAPORE  
POLICE FORCE**



T/20220909/2043

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Report No. T/20220909/2043

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**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 2 MUHAMMAD  
NURFIRDAUS BIN MOHD NIZAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/09/2022 15:11

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168