

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 15/09/2022 14:47 (SGT)
Reported by Both
Date of Accident 14/09/2022 20:10 (SGT)
Exact Location of Accident Near 158B Rivervale Cres, Rivervale View, Singapore
Additional Location Information Junction of Sengkang East Way & Rivervale Drive
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ8811U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Chua Jason
NRIC No 
Email Address 
Mobile Phone No (Phone) 
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Jeep
Model Wrangler
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 3604

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5126665508

DRIVER

Name of Driver Chua Jason
NRIC No 
Date Of Birth 07/07/1988
Occupation Indoor

Date Of Driving Pass	02/04/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	540123
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?	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) [REDACTED]
Alt. Police Station Phone No	(Fax) [REDACTED]
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20220915/2111

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	Retrieving

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6535K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ho Swee Hwee
Contact Number	(Phone, [REDACTED])
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	Chua Jason
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ8811U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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)

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.

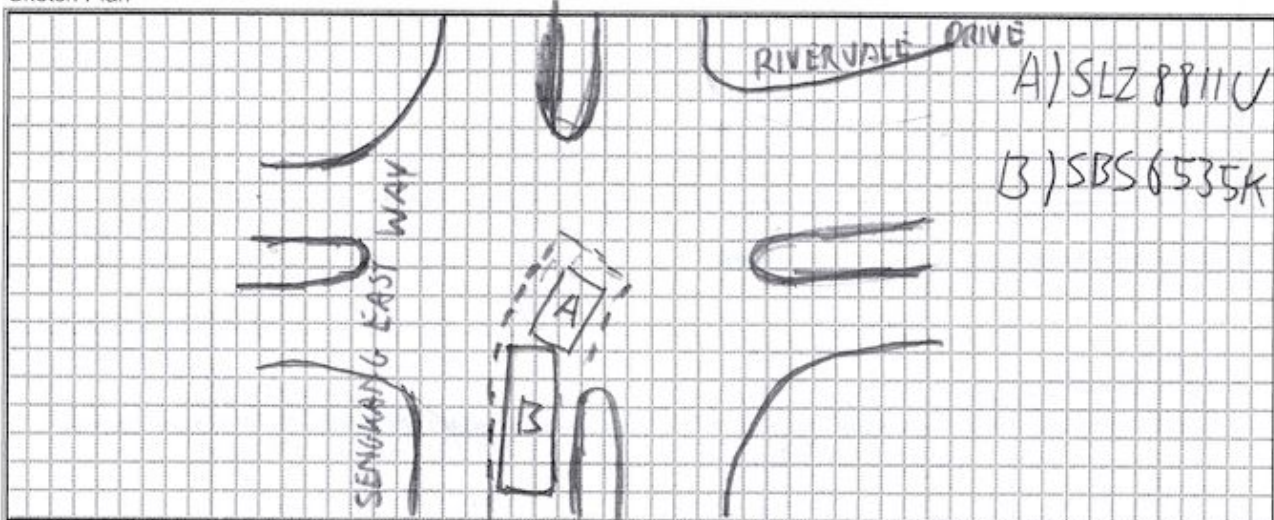
15 SEP 22 / 1300HRS

Policyholder's Signature / Date & Time

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



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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

REFER TO POLICE REPORT REPORT NO. T/20220913/2111

Declaration

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

15 SEP22/1300

Policyholder's Signature / Date & Time

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

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




**SINGAPORE
POLICE FORCE**


T/20220915/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20220915/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2022 09:04		Vide Report No.:		Station Diary No.: 35
Informant's Particulars				
Name of Informant: CHUA JASON		Address: [REDACTED] 540123		
ID Type / ID No.: NRIC NO [REDACTED]		Contact No.:	Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Email: [REDACTED]		
Sex: Male	Age: 34	Date of Birth: 07/07/1988	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Gym Personal Trainer		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: 14/09/2022 20:10	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SBS6535K	Bus/Coach/Minibus	MERCEDES BENZ		Multi-Colored	Slightly Damaged	20
SLZ8811U	Car	JEEP	WRANGLER UNLIMITED SAHARA 3.6 AT 4WD	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220915/2111

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220915/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ8811U	NTUC Income Insurance Co-Operative Limited	5126665508	04/04/2022	03/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO SWEE HWEE		ID No.	
Related Vehicle	SBS6535K (Bus/Coach/Minibus)		Contact No.	
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
Driver				
Name	CHUA JASON		ID No.	
Related Vehicle	SLZ8811U (Car)		Contact No.	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/09/2022		Date Discharge	14/09/2022
No. of Days granted Medical Leave		03	Degree of Injury	Slight

Brief Details.

On 14/09/2022 at about 8.10 pm, I was driving my vehicle bearing registration plate no. SLZ8811U along Sengkang East Way when I stopped along the extreme right lane of the junction turning right to Rivervale Drive to check for any traffic at the opposite side of the road. Thereafter, I moved my vehicle slightly in front before I stopped again as I saw a motorcycle coming towards my direction and I wasn't sure the rider was intending to go straight or turn right. When I stopped my vehicle, a SBS Transit bus bearing registration plate no. SBS6535K which was travelling behind me collided into the rear of my vehicle. Both of us did not suffer any injury and we exchanged our particulars.

At about 11 pm, I was feeling unwell due to the accident thus I went to Sengkang General Hospital to see a doctor and I was given 3 days of medical leave. I was feeling pain at my neck, right wrist, right feet and lower left back area.

I am lodging this report for Traffic Police Department's purpose.



**SINGAPORE
POLICE FORCE**



T/20220915/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220915/2111

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220915/2111

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Report No. T/20220915/2111

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 /
SR STAFF SGT LEE SHAO WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/09/2022 09:04

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168