

# 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 .....	17/10/2022 22:05 (SGT)
Reported by .....	Driver
Date of Accident .....	14/10/2022 11:22 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORONG CHUAN TOWARDS AUSTRALIA SCHOOL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL468Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FIRST VENTURE EXPRESS PTE LTD
Company Reg No .....	201622440D
Email Address .....	bryanbeng24@gmail.com
Mobile Phone No .....	(Phone) +65-93898124
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5112240379-03-000010

### DRIVER

Name of Driver .....	HUI CHEE SIONG (XU ZHIXIANG)
NRIC No .....	S7724027F
Date Of Birth .....	26/08/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	19/05/2005
Driving experience .....	17 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96964752
Alt. Phone Number .....	-
Email Address .....	desmondhui26@gmail.com
Address .....	BLK 265A COMPASSVALE LINK #15-207
Address complement .....	-
Postcode .....	541265
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	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

#### REFER TO STATEMENT

#### 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 .....	SLP3593J
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HUI CHEE SIONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	GBL468Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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' 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.

GBL 468Y (income)  
Joa: 14/10/22 @1122



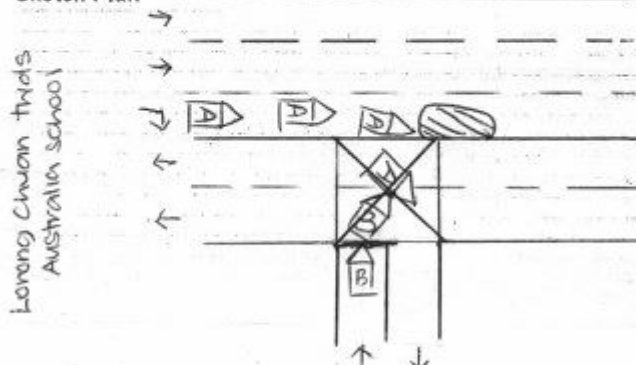
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Personnel: [Signature] (AMK) 7/10/22

**Sketch Plan**



A: GBL 468Y  
B: SLP3593J

## Describe Circumstances of the Accident

On the stated date and time, I was travelling along Loreng Chuan towards Australia School. I was checking for oncoming traffic from the opposite side of the road. Once the traffic is clear, I proceed to make a right turn into 151 New Tech Park. Vehicle B who was exiting the building did not stop at the stop line and thus colliding onto the RH side of my vehicle. (refer to police report)

Car will be repair at JWG International Pte Ltd

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*lhus*

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

*(Signature)*

Witnessed by Reporting Centre Personnel  
(AMK)





**SINGAPORE  
POLICE FORCE**



T/20221017/7057

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

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Report No. T/20221017/7057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2022 16:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HUI CHEE SIONG			Address: 265A COMPASSVALE LINK #15-207 SINGAPORE 541265		
ID Type / ID No.: NRIC NO / S7724027F			Contact No.: Home/Office: Mobile: 96964752		
Nationality: SINGAPORE CITIZEN			Email: desmondhui26@gmail.com		
Sex: Male	Age: 45	Date of Birth: 26/08/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2022 11:20	Type of Location:
Location: LORONG CHUAN				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL468Y	Van					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221017/7057

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

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Report No. T/20221017/7057

**CONTINUATION OF REPORT**

Driver			
Name	HUI CHEE SIONG	ID No.	S7724027F
Related Vehicle	GBL468Y (Van)	Contact No.	96964752
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time, I was driving GBL468Y along Lorong Chuan towards Braddell Road.

I was travelling along the extreme right lane, which could only turn right into NEW TECH PARK, and had noticed that SLP3593J was stationary behind the stop line of the exit of NEW TECH PARK.

Once I had confirmed that there were no oncoming traffic, I proceeded to make a right turn towards the entrance of NEW TECH PARK when suddenly, a huge impact slammed into the right portion of my vehicle catching me completely off guard.

My vehicle rocked sideways as a result and I knocked my knee against the inside of my vehicle.

Upon alighting, I realised that SLP3593J had dashed out of the stop line while I was executing my right turn into NEW TECH PARK.

Later the same afternoon, I started feeling aches in my neck and back areas as well.

The pain got worse the following morning and I decided to seek treatment at Intemedical Kovan near my place.

The doctor gave me 5 days MC for injuries caused by the accident.



**SINGAPORE  
POLICE FORCE**



T/20221017/7057

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

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Report No. T/20221017/7057

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/10/2022 16:50

Classification Of Case: