

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	26/10/2022 13:55 (SGT)
Reported by	Driver
Date of Accident	25/10/2022 19:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE/SLE BEFORE BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4972T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JURONG CONTRACTOR PTE LTD
Company Reg No	201507249N
Email Address	CHONGXING2015@163.COM
Mobile Phone No	(Phone) +65-90402768
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezei
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	5125580766

DRIVER

Name of Driver	LI QINGYUN
NRIC No	S7265683J
Date Of Birth	16/03/1972
Occupation	Outdoor

Date Of Driving Pass	11/03/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90402768
Alt. Phone Number	-
Email Address	CHONGXING2015@163.COM
Address	416 CANBERRA ROAD
Address complement	13-387
Postcode	750416
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR OF THE COMPANY
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	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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SHC1085M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI QINGYUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMD4972T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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 in the centralised records 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 be permitted to collect, use, disclose and/or process my personal data and/or information not only in this Form and any other personal information provided by me or possessed by my insurer to identify the "Personal Information", and disclose and transfer such Personal Information to all persons who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/firm, the Ministry Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:

(i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;

(iv) administering my claim including the mailing of correspondence, documents, insurers' reports or notices to me, which shall involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes/post parcels, and/or

(v) complying with applicable laws and/or regulatory provisions, handling and/or dealing with my claim.

(collectively the "Purposes")

(b) all insurers who have insured vehicles involved in this accident and the Insurers' lawyers/firm, may be 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 also be disclosed by any of the Insurers with GIA to their third-party service providers or agents (including the Insurers' lawyers/firm), which may be based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date / Print

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

Witnessed By Reporting Centre Personnel (Date & Time in 24-Hour Format)

Sketch Plan

Describe Circumstance of the Accident

REFER TO POLICE REPORT

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NROCID card)



**SINGAPORE
POLICE FORCE**



T/20221025/7075

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

Report No. T/20221025/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 21:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI QINGYUN			Address: 416 CANBERRA ROAD #13-387 SINGAPORE 750416		
ID Type / ID No.: NRIC NO / S7265683J			Contact No.: Home/Office: Mobile: 90402768		
Nationality: SINGAPORE CITIZEN			Email: CHONGXING2015@163.COM		
Sex: Male	Age: 50	Date of Birth: 16/03/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DIRECTOR			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: 25/10/2022 19:00	Type of Location: Straight Road
Location: CTE TOWARDS SLE BEFORE BRADDELL RD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SHC1085M	Car	HYUNDAI		Blue	Seriously Damaged	1
SMD4972T	Car	HONDA	VEZEL 1.5		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221025/7075

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

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Report No. T/20221025/7075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI QINGYUN	ID No.	S7265683J
Related Vehicle	SMD4972T (Car)	Contact No.	90402768
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/10/2022	Date	25/10/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMD4972T WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1.

THE VEHICLE IN FRONT BRAKE. SO I ALSO BRAKE.

SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR PORTION OF MY VEHICLE.

I ALIGHTED MY CAR AND REALISED, VEHICLE B, BEARING TAXI PLATE SHC1085M WAS THE VEHICLE THE BANG ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY HEAD, NECK AND LOWER BACK. SO I WENT TO INTEMEDICAL @ KOVAN TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC.

**SINGAPORE
POLICE FORCE**

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



T/20221025/7075

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Report No. T/20221025/7075

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 / TP1B /
FAH KRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
25/10/2022 21:00

Classification Of Case: