

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 25 / 10 / 2022

Time of Accident: 1902 HRS. (AM / PM)

Location of Accident: MARUMOUNT RD BEFORE JUNCTION OF BISHAH ST22.

Country/State of Loss: SINGAPORE.

Type of Accident: SIDE SWIPE

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify —

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: —

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: ONLINE

Was notice of Prosecution given? — Yes / No

If yes, against whom? —

Files

Are accident photos available for attachment? Yes / No
(ACCIDENT SCENE PHOTOS)

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SMR 5679 K.

Vehicle Category: CAR.

Vehicle Manufacturer: MERCEDES Vehicle Model: C180

Transmission: Manual / Auto Cc: 1600CC.

Exact purpose for which vehicle was being used at the time of accident:

Private ^{hire} ~~Car~~ / Private Use / Employment

No. of passengers (including driver) 01.

Passenger Name: —

Gender: Male / Female

Passenger Name: —

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC.

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: HE SOCK KIM

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S1777921D.

Email: SJIAYANG 123 @ GMAIL .COM

~~*NO TAKE E-MAIL~~

Mobile No: 9831 3266.

Alt. No Type: Home / Office / Not in List

If Not in List, please specify —

Owner Alt Phone No: —

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: SIM JIA YANG

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S97331196

Date of Birth: 21/09/1997

Driving Pass Date: 09/03/2018

Mobile No: 9248 2266

Email: SJIA YANG D3 @ GMAIL . COM

~~*NO FAKE EMAIL*~~
Address 1: BLK 570 HONG AVE ST 51 #05-99

Address 2: — Postal Code: 530570

Occupation: Indoor / Outdoor

Driver Owner Relationship PARENT

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: —

Handling Insurer: —

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: (B) XD 4429 R

(ii) Vehicle Category: —

(iii) No. of passengers (including driver) HO KHOO HENG (S1485966G)

Passenger Name: —

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: SIM JIA YANG (S01733 119G)
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? SMR 5679 K
- (iv) Full Address: BLK 570 HOUGANG JT 51 # 05-99
S1 530570

** TO ALWAYS INDICATE 5 DAYS MC.
HOW MANY DAYS MEDICAL LEAVE.*

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

SKETCH PLAN

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 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")

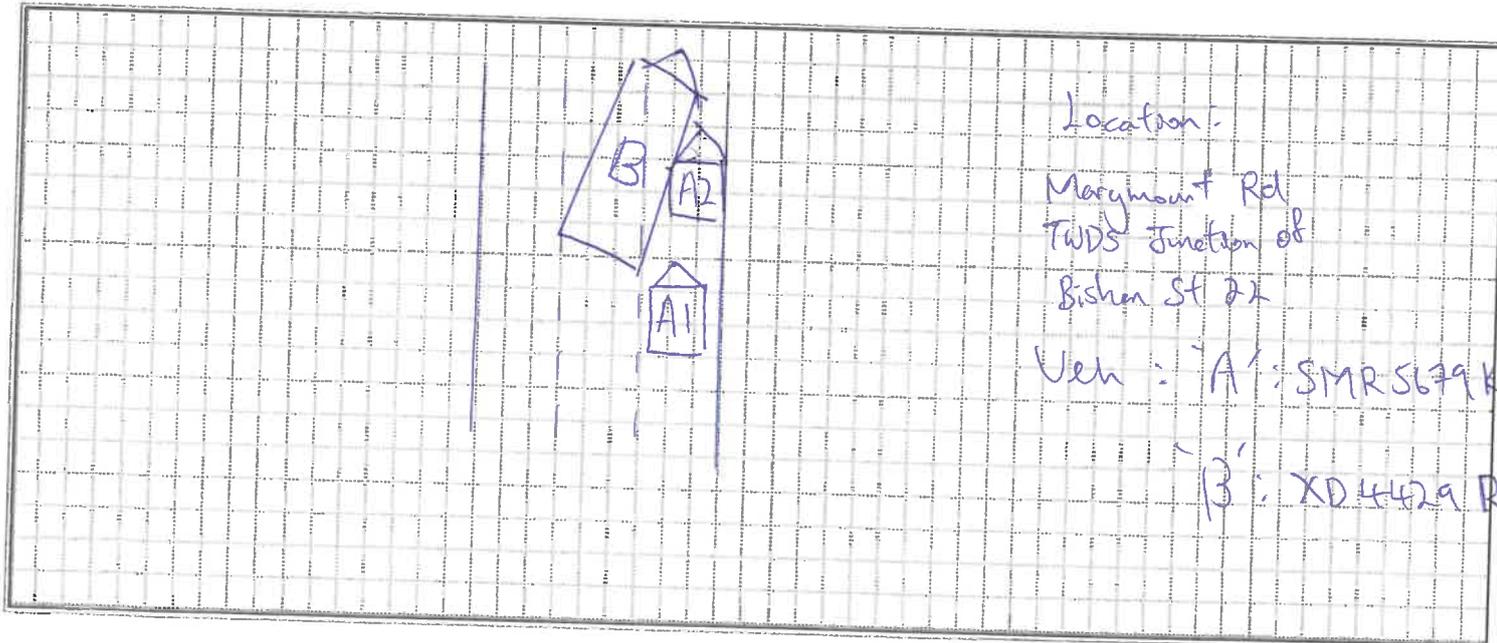
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers 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

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report NO T/2022 1025 / 7080 & E/2022 1026 / 7001

Declaration

I/We declare the 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 NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221025/7080

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

1 of 3

Report No. T/20221025/7080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 22:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM JIA YANG			Address: 570 HOUGANG STREET 51 #05-99 SINGAPORE 530570		
ID Type / ID No.: NRIC NO / S9733119G			Contact No.: Home/Office: Mobile: 92482266		
Nationality: SINGAPORE CITIZEN			Email: sjiayang123@gmail.com		
Sex: Male	Age: 25	Date of Birth: 21/09/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			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: BISHAN STREET 22				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR5679K	Car					0
XD4299R	Tipper Truck					0

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



**SINGAPORE
POLICE FORCE**



T/20221025/7080

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

2 of 3

Report No. T/20221025/7080

CONTINUATION OF REPORT

Driver			
Name	SIM JIA YANG	ID No.	S9733119G
Related Vehicle	SMR5679K (Car)	Contact No.	92482266
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	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	05	Degree of	Slight

Brief Details.

On the stated dated and time, I vehicle plate bearing SMR5679K was travelling along Marymount Road towards the junction of Bishan St 22.

As I was travelling slowly straight on lane 1 from the right, Tipper Truck plate bearing XD4429R whom was on lane 2 swerved abruptly into my lane. Causing my vehicle to flung to the right side of the road where there were concrete barricades.

My vehicle suffered bad damages on the Left and Right portion. Both my rims on my right mounted the barricade and the left side was badly smashed by the impact of the lorry from the front dragged to the rear.

I felt discomfort on my body and a bad headache as my head hit onto the windows upon collision. I then seek medical attention at Mt Alvernia and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20221025/7080

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

3 of 3

Report No. T/20221025/7080

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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 22:12

Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20221026/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221026/7001

My phone became faulty after the drop.

I am lodging this solely for record purpose only.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2022 00:30
Officer In-Charge Of Case:	Classification Of Case: