

# 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 ..... 27/10/2022 16:44 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/10/2022 20:40 (SGT)  
Exact Location of Accident ..... Near 16 Terang Bulan Ave, Singapore 455539  
Additional Location Information ..... ALONG NEW UPPER CHANGI ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJH7591D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SEOW XIU WAN (XIAO XIUWAN)  
NRIC No ..... SXXXX592G  
Email Address ..... xiuwan90@hotmail.com  
Mobile Phone No ..... (Phone) +65-90700260  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5125678289

### DRIVER

Name of Driver ..... LEE KHOI HIAN  
NRIC No ..... SXXXX236A  
Date Of Birth ..... 13/06/1950  
Occupation ..... Indoor

Date Of Driving Pass .....	23/03/1973
Driving experience .....	49 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96644990
Alt. Phone Number .....	-
Email Address .....	wahflee@owaa.com.sg
Address .....	BLK 109 BEDOK NORTH ROAD
Address complement .....	#03-2312
Postcode .....	460109
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FATHER IN LAW
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	CHOO LAI HUA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 11/10/2022 AT ABOUT 8:40PM, I WAS DRIVING MY VEHICLE ALONG NEW UPPER CHANGI ROAD TOGETHER WITH MY WIFE AT THE REAR RIGHT PASSENGER SEAT. WHILE ALONG NEW UPPER CHANGI ROAD (1ST LANE OF A 3 LANE ROAD) AT THE TRAFFIC JUNCTION OF CHAI CHEE ROAD. AS THE TRAFFIC LIGHT WAS RED AND VEHICLES IN FRONT OF ME CAME TO A STOP. I CAME TO A COMPLETE STOP ON THE FIRST LANE BEHIND A LORRY. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE AND MY VEHICLE MOVED FORWARDS AND COLLIDED ONTO THE REAR PORTION OF THE LORRY IN FRONT OF ME AND MY VEHICLE WAS SANDWICHED IN BETWEEN. PASSERBY ASSISTED MY WIFE AND I TO CALL FOR ASSISTANCE. POLICE AND PARAMEDIC WAS AT SCENE AND MY WIFE AND I WAS CONVEYED TO CGH.

I WISH TO STATE THAT I HAVE CAMERA RECORDING OF THE INCIDENT WHICH I NORMALLY RECORD WHEN I START DRIVING AND I DO NOT HAVE ANY VEHICLE NUMBERS OF PARTICULARS OF THE INVOLVED PARTIES. I HAVE NOT INSPECTED MY VEHICLE AS IT WAS TOWED AWAY AND I DO NOT KNOW WHERE IT IS NOW.

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... PC3069C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBB9261U  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LEE KHOI HIAN  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJH7591D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

##### INJURED 2

Name of injured person ..... CHOO LAI HUA  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -

Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJH7591D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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

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**

Vehicle A: SJH 7391D  
Vehicle B: Unknown  
Vehicle C: GBB 9261U  
Along New upper Changi Road

vJun2022

1

Describe Circumstance of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD/TP at other workshop

## Declaration

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



Policyholder's Signature / Date &amp; Time

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & TimeWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)













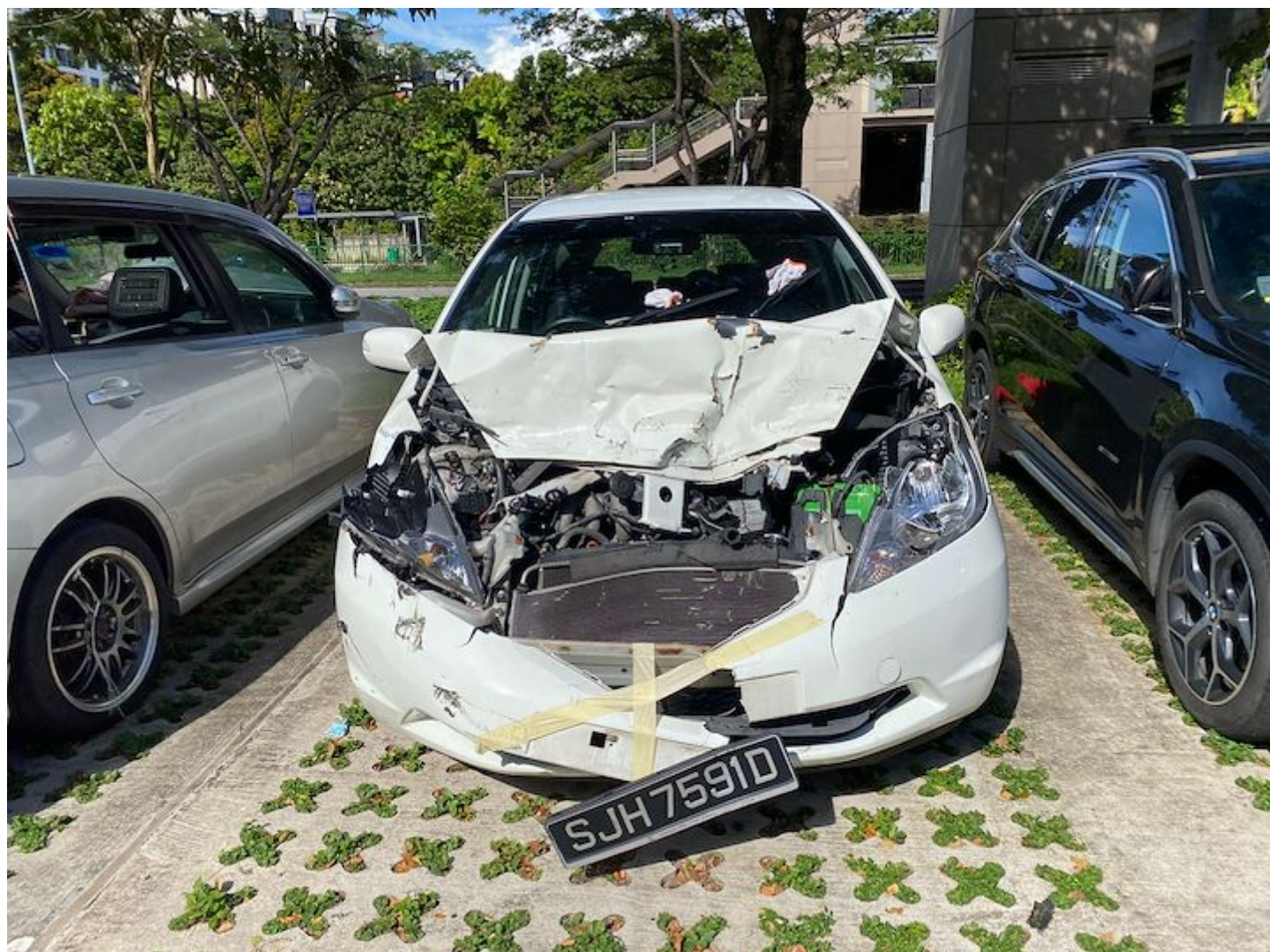


















**SINGAPORE  
POLICE FORCE**



T/20221013/2034

1 of 3

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20221013/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2022 12:40	Vide Report No.:	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: LEE KHOI HIAN			Address: APT BLK 109 BEDOK NORTH ROAD #03-2312 SINGAPORE 460109	
ID Type / ID No.: NRIC NO / S0244236A			Contact No.:	Mobile: 96644990
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 72	Date of Birth: 13/06/1950	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

General Information: Of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2022 20:40	Type of Location: T-Junction
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH7591D	Car	HONDA		White	Totally Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20221013/2034

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3  
Report No. T/20221013/2034

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE KHOI HIAN	ID No.	S0244236A
Related Vehicle	SJH7591D (Car)	Contact No.	96644990
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/10/2022	Date Discharge	11/10/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	Choo Lai Hua	ID No.	S1127969D
Related Vehicle	SJH7591D (Car)	Contact No.	97515169
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2022	Date Discharge	11/10/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 11 October 2022 at about 8.40pm, I was driving my vehicle no. SJH7591D(Honda/White) along New Upper Changi Road together with my wife at the rear right passenger seat. While along New Upper Changi Road(1st lane of a 3 lane road) at the traffic junction of Chai Chee Road. As the traffic light was red and vehicles in front of me came to a stop. I came to a complete stop on the first lane behind a lorry.

Suddenly, I felt a huge impact from the rear of my vehicle and my vehicle moved forward and collided onto the rear of the lorry in front of me and my vehicle was sandwiched in between.

Passerby assisted my wife and I to call for assistance. Police and paramedic was at scene and my wife and I was conveyed to CGH.

I wish to state that I have camera recording of the incident which I normally record when I start driving, and I do not have any vehicle numbers or particulars of the involved parties.

I have not inspected my vehicle as it was towed away and I do not know where it is now.



**SINGAPORE  
POLICE FORCE**



T/20221013/2034

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20221013/2034

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:

G /

SGT 2 TEO HAOLUN, MAURICE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2022 12:40

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN

Contact No.: 65476367

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SH0H22AR0003 Vehicle Registration No: SJH7591D  
 Name (as shown in NRIC): LEE KHOI HIAN NRIC/FIN/Passport No: S0244236A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 109 BEDOK NORTH ROAD #03-2312 Singapore (460109)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96644990  
 Email Address: wahflee@owaa.com.sg  
 Date of Accident: 11/10/2022 Time of Accident: 20:40  
 Place of Accident: ALONG NEW UPPER CHANGI ROAD  
 Insurance Company: INCOME INSURANCE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I WOULD LIKE TO CHANGE THE ACCIDENT TIME TO 20:40 PM

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

   
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: