

# 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 .....	01/11/2022 14:08 (SGT)
Reported by .....	Both
Date of Accident .....	28/10/2022 13:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AMK AVE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJT9795G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HWEE ZHICHENG IVAN
NRIC No .....	SXXXX646D
Email Address .....	IVANHWE@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96442510
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00014802200

### DRIVER

Name of Driver .....	HWEE ZHICHENG IVAN
NRIC No .....	SXXXX646D
Date Of Birth .....	22/05/1993
Occupation .....	Indoor

Date Of Driving Pass .....	23/05/2013
Driving experience .....	9 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96442510
Alt. Phone Number .....	-
Email Address .....	IVANHWEE@HOTMAIL.COM
Address .....	BLK 649 ANG MO KIO AVENUE 5 #13-3311
Address complement .....	-
Postcode .....	S 560649
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? .....	Yes
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) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

#### 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 .....	SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBR3561J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	AMIRUL ASYRAF BIN ABDUL AZIZ
Contact Number .....	(Phone) +65-93866112
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 .....	AMIRUL ASYRAF BIN ABDUL AZIZ
Gender .....	Male
Phone No .....	(Phone) +65-93866112
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	FBR3561J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	HWEE ZHICHENG IVAN
Gender .....	Male
Phone No .....	(Phone) +65-96442510
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK PAIN
Injured person in which vehicle? .....	SJT9795G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



Describe Circumstance of the Accident

P/s refer to the police report: T/2022/028/2068

## Declaration

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

 1 Nov 2022  
Policyholder's Signature / Date & Time

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

 1/11/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**

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



T/20221028/2068

2 of 4

Report No. T/20221028/2068

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9795G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000148 02200	04/01/2022	03/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AMIRUL ASYRAF BIN ABDUL AZIZ		ID No.	NIL
Related Vehicle	FBR3561J (Motorcycle)		Contact No.	93866112
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		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	Serious
Driver				
Name	HWEE ZHICHENG, IVAN		ID No.	S9317646D
Related Vehicle	SJT9795G (Car)		Contact No.	96442510
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/10/2022		Date Discharge	28/10/2022
No. of Days granted Medical Leave		01	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time, I was driving my car (SJT9795G) along Ang Mo Kio Ave 5. I then made a right turn towards CTE direction.

Upon turning and reaching the filter lane, a vehicle in front of me stopped suddenly as such I applied my brakes immediately.

Subsequently, I felt a impact from the rear and noticed a motorcycle(FBR3561J) had collided onto me. I shortly felt a second collision as if something fell on the bonnet of my vehicle and I believe that it was the rider.

I then switch on my hazard light and went out of my vehicle. I noticed that the rider was on the road and subsequently rendered assistance to him along with some passerby at the area.

I then called for the ambulance as the rider informed me that his leg was in pain and could not walk. I then took some photos of the scene and exchange particulars with the rider. I then moved my vehicle to the



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T/20221028/2068

3 of 4

Report No. T/20221028/2068

**CONTINUATION OF REPORT**

side of the road as to not obstruct traffic.

Shortly after, the ambulance and the traffic police arrived.

The rider was conveyed by the ambulance. However I was also feeling pain at the back of my neck as such the paramedics decided to convey my to Sengkang General Hospital. I then received 1 day of MC. No government property was damage. My car suffered slight damages on the rear right side.



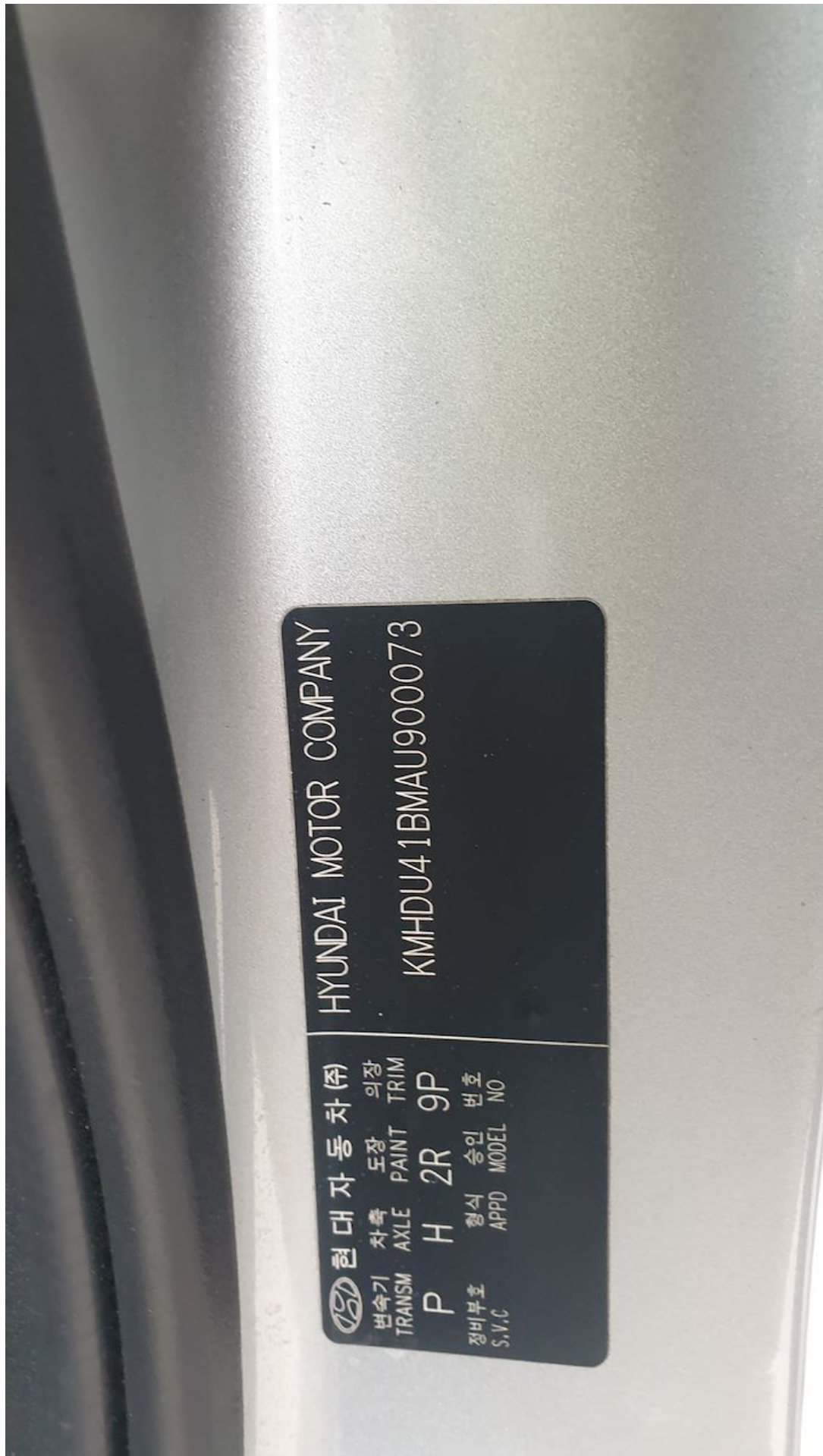
















# SINGAPORE POLICE FORCE



T/20221028/2068

1 of 4

Report No. T/20221028/2068

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 17:39		Vide Report No.: F/20221028/0112		Station Diary No.: 76	
<b>Informant's Particulars</b>					
Name of Informant: HWEE ZHICHENG, IVAN			Address: APT BLK 649 ANG MO KIO AVENUE 5 #13-3311 SINGAPORE 560649		
ID Type / ID No.: NRIC NO / S9317646D			Contact No.: Home/Office: Mobile: 96442510		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 22/05/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COMPLIANCE ANALYST			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2022 13:45	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FBR3561J	Motorcycle	YAMAHA			Slightly Damaged	0
SJT9795G	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20221028/2068

2 of 4

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Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AMIRUL ASYRAF BIN ABDUL AZIZ		ID No.	NIL
Related Vehicle	FBR3561J (Motorcycle)		Contact No.	93866112
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		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	Serious
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3 of 4

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**CONTINUATION OF REPORT**

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T/20221028/2068

4 of 4

Report No. T/20221028/2068

**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 /  
SGT 2 MUHAMMAD SUHAIRI  
BIN MOHD HAMZAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/10/2022 17:39

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476187

Classification Of Case:

NP168