

## 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 14:30 (SGT)
Reported by	Both
Date of Accident	31/10/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT PANJANG RD & JELEBU ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL2683J

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KNG SOON KEONG
NRIC No	SXXXX377H
Email Address	kngsoonkeong3@gmail.com
Mobile Phone No	(Phone) +65-97527952
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	HONDA / FIT 1.3G A
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	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	KNG SOON KEONG
NRIC No	SXXXX377H
Date Of Birth	25/03/1968
Occupation	Indoor

Date Of Driving Pass	22/06/1996
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97527952
Alt. Phone Number	-
Email Address	kngsoonkeong3@gmail.com
Address	175 LOMPANG ROAD #21-51 SPORE 670175
Address complement	-
Postcode	-
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?	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 SKETCH PLAN

#### 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	SMB1476P
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KNG SOON KEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL2683J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

IMPORTANT NOTICE

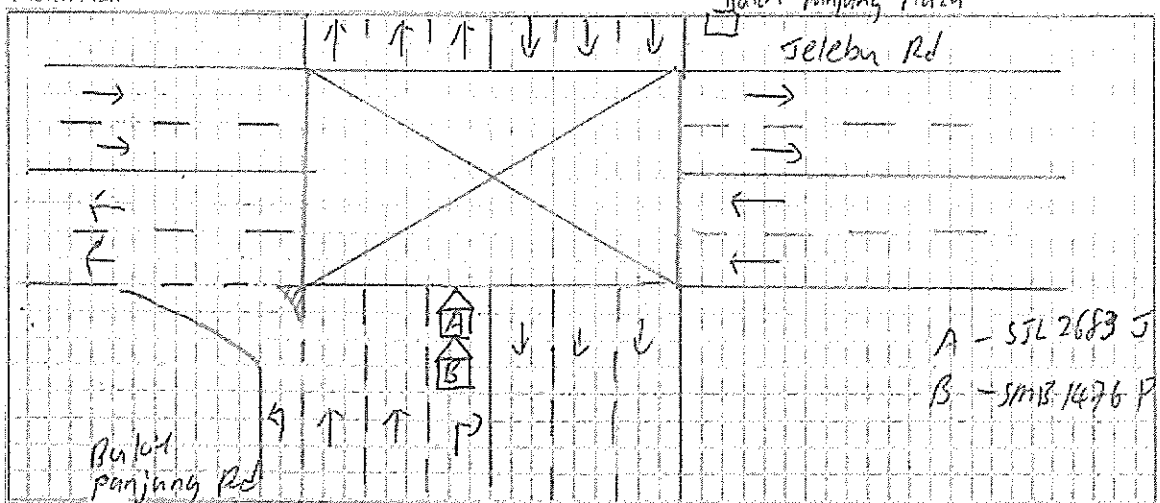
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Actual Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repealate 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 RTA 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 release of the report being made available thereon.
- 6. 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 use personal data collected, use, disclose and/or process my personal data for record information set out in this Form and any other personal information provided by me or possessed by my insurer including the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers' lawyer(s) law firm, the Mediation 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 claim, including the settlement of the claim and any necessary obligations 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 request by me;
    - (iv) administering my claim including the making of correspondence, statement(s), incident report or claim of losses, with or without disclosure of certain personal data about me to third parties about the fact of the claim as well as on the identified level of knowledge about past and/or future;
    - (v) complying with applicable laws, common law, processing, handling and/or dealing with my claim;
  - (b) collectively the "Purposes";
  - (c) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyer(s) law firm, in whole (as detailed here), use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (d) my Personal Information may also be disclosed by one of the insurers' and/or GIA to their third-party service providers or agents (including their lawyer(s) law firm) which may be used outside of Singapore for one or more of the above Purposes.

Policyholder's Signature (Print & Date)

Driver's Signature (Print & Date) and the policyholder's Print & Date

Witnessed by Reporting Officer's Signature and Name as in HRDAG (Print)

Sketch Plan



### Declaration

!We declare the foregoing particulars are true in every respect

Postmaster's Signature/Date/Type

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

Witnessed by Reporting Centre Personnel  
(Name as in ICNIC SD card)



**SINGAPORE  
POLICE FORCE**



T/20221101/7020

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

1 of 3

Report No. T/20221101/7020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2022 12:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KNG SOON KEONG			Address: 175 LOMPANG ROAD #21-51 SINGAPORE 670175		
ID Type / ID No.: NRIC NO / S6815377H			Contact No.: Home/Office: Mobile: 97527952		
Nationality: SINGAPORE CITIZEN			Email: kngsoonkeong3@gmail.com		
Sex: Male	Age: 54	Date of Birth: 25/03/1968	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2022 11:00	Type of Location: X-Junction
Location:  JELEBU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Conditio	No of
SJL2683J	Car	HONDA	FIT	Blue	Seriously Damaged	1
SMB1476P	Bus/Coach/Mi nibus (School Children)	MAN	MAN	Silver	Slightly Damaged	0



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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20221101/7020

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL2683J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00718443/02	20/11/2021	19/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KNG SOON KEONG		ID No. S6815377H
Related Vehicle	SJL2683J (Car)		Contact No. 97527952
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

On 31.10.2022/ 1100, i was travelling along Bukit Panjang Rd on the extreme right lane . Upon coming to the junction towards Jelebu Rd, near to Bukit Panjang Plaza.  
Due to the traffic ahead , the front vehicle stopped and stationary , i followed suit . Suddenly , i felt a great impact from the rear of my vehicle SJL2683J .  
When i alighted, i realized it was vehicle bearing SMB1476P failed to stop on time , causing the damaged to the rear portion of my vehicle SJL2683J.  
After the accident , i felt pain on my lower back and neck , consulted the doctor and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20221101/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20221101/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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: 01/11/2022 12:56
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168