

# 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 Authorised 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 ..... 19/05/2022 19:21 (SGT)  
Date of Accident ..... 18/05/2022 08:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG HOUGANG AVENUE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC8059J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DOUGLAS HOH HONG YI  
NRIC No ..... S7537370H  
Email Address ..... douglashoh@gmail.com  
Mobile Phone No ..... (Phone) +65-97707370  
Alternative Phone No ..... +65-97707370

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5126450552  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DOUGLAS HOH HONG YI  
NRIC No ..... S7537370H

Date Of Birth .....	18/11/1975
Occupation .....	Indoor
Date Of Driving Pass .....	15/07/1998
Driving experience .....	23 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97707370
Alt. Phone Number .....	+65-97707370
Email Address .....	douglashoh@gmail.com
Address .....	BLK 102 #03-62
Address complement .....	RIVERVALE WALK
Postcode .....	540102
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 .....	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? .....	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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN  
VEH NO RECENTLY CHANGED TO SNG8838U.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY1275C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	ULLAH ANWAR
Passport No/FIN .....	G8008158N
Contact Number .....	(Phone) +65-93545246
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLV372T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LOO BOON KENT
NRIC No .....	T0071132I
Contact Number .....	(Phone) +65-85712820
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 .....	DOUGLAS HOH HONG YI
Gender .....	Male
Phone No .....	(Phone) +65-97707370
Address .....	BLK 102 #03-62
Address Complement .....	RIVERVALE WALK
Post Code .....	540102
Approximate Age Years Old .....	46
Injuries Sustained .....	WHIPLASH AND BACK PAIN.
Injured person in which vehicle? .....	SMC8059J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 19/05/2022 1930hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: SUFIYAN  
NRIC/FIN No.: S992991
























**SINGAPORE  
POLICE FORCE**


F/20220518/7081

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**POLICE REPORT (NP299)**

Report No. F/20220518/7081

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 18/05/2022 19:13	Vide Report No.	Station Diary No.
Name Of Informant DOUGLAS HOH HONG YI	Address 102 RIVERVALE WALK #03-62 SINGAPORE 540102	
ID Type / ID No. NRIC NO / S7537370H	Contact No. Home/Office:	Mobile: 97707370
Nationality SINGAPORE CITIZEN	Email Address DOUGLASHOH@GMAIL.COM	
Occupation Project manager	Sex Male	Age 46
Institution/School Name	Date of Birth 18/11/1975	Race Chinese
Date/Time Of Incident 18/05/2022 08:50 - 18/05/2022 09:05	Location Of Incident 102 RIVERVALE WALK #03-62 SINGAPORE 540102	

**Brief details.**

I was driving along Hougang Ave 2 main road during this morning peak hour . Average speed 40 Km . The van in front of me stop , so as usual I stop my car and the lorry behind me crash into me and causing discomfort of my neck / shoulder and also dizziness . After exchanging particular and taking photos I drive to Sengkang general hospital A&E and diagnose with whiplash and was vaccines with pain killer as my neck hurts and having bad headache. I was given 6 days of MC by SKH due to the accident this morning .

Total there were 2 cars and 1 lorry involved in this accident . I was the first car (SNG 8838U)got hit by the

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: 18/05/2022 19:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220518/7081

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220518/7081

lorry( GY1275C ), and the last car is bluesg ( SLY 372T )and it crash into the lorry tail and the lorry driver told me that he managed to stop on time but the car behind him crash into him. I wasn't sure as during that time only if there are witness for this accident.

Subjects Involved			
Victim			
Person Name	DOUGLAS HOH HONG YI		
ID Type	NRIC NO	ID No	S7537370H
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Project manager	Address	102 RIVERVALE WALK #03-62 SINGAPORE 540102
Mobile No	97707370	Is Informant A Victim?	Yes
Person Name	DOUGLAS HOH HONG YI (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
18/05/2022 19:13

Classification Of Case:



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 May 2022 / 11:43:48

Receipt Date/Time : 14 May 2022 / 11:43:47

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220514-000940

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Replaced Vehicle No. SMC8059J				
1	Replacement of Veh Reg No. - SNG8838U Replacement Fee 20220514114114955775	300.00	21.00	321.00
<b>Sub-Total</b>		<b>300.00</b>	<b>21.00</b>	<b>321.00</b>
<b>Total Before Rounding</b>		<b>300.00</b>	<b>21.00</b>	<b>321.00</b>
<b>Rounding Difference</b>				<b>0.00</b>
<b>Total Amount Payable</b>				<b>321.00</b>
Paid By				
549834XXXXXX5454		eNETS Credit Card		321.00
<b>Total</b>				<b>321.00</b>
<b>Cash Change</b>				<b>0.00</b>
<b>Tendered Amount</b>				<b>321.00</b>
<b>Excess Refundable Amount</b>				<b>0.00</b>

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.