

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 08/11/2022 10:57 (SGT)
Reported by Driver
Date of Accident 01/11/2022 17:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOR 4 TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH1456D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRAFT LEASING PTE LTD
Company Reg No 201718381N
Email Address KH@CRAFTLEASING.COM
Mobile Phone No (Phone) +65-93833162
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MFL0005172_01

DRIVER

Name of Driver HO SER KONG @ HO SOO SENG
NRIC No S0154674J
Date Of Birth 26/08/1947

Date Of Driving Pass	20/04/1966
Driving experience	56 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91628788
Alt. Phone Number	-
Email Address	KH@CRAFTLEASING.COM
Address	BLK 436B FERNVALE ROAD #20-182
Address complement	-
Postcode	792436
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK847S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

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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.

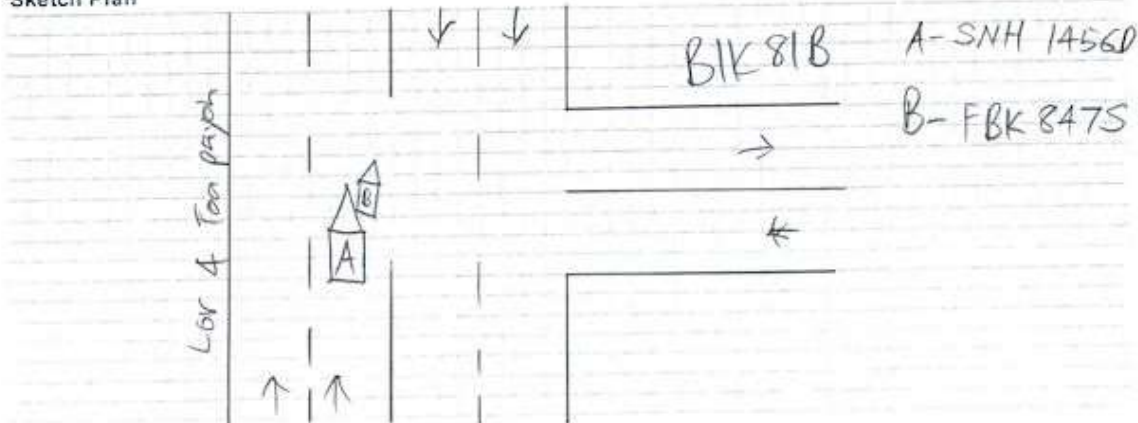


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report NO: T/2022 1101/2097

Declaration

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

92 8/11/2022





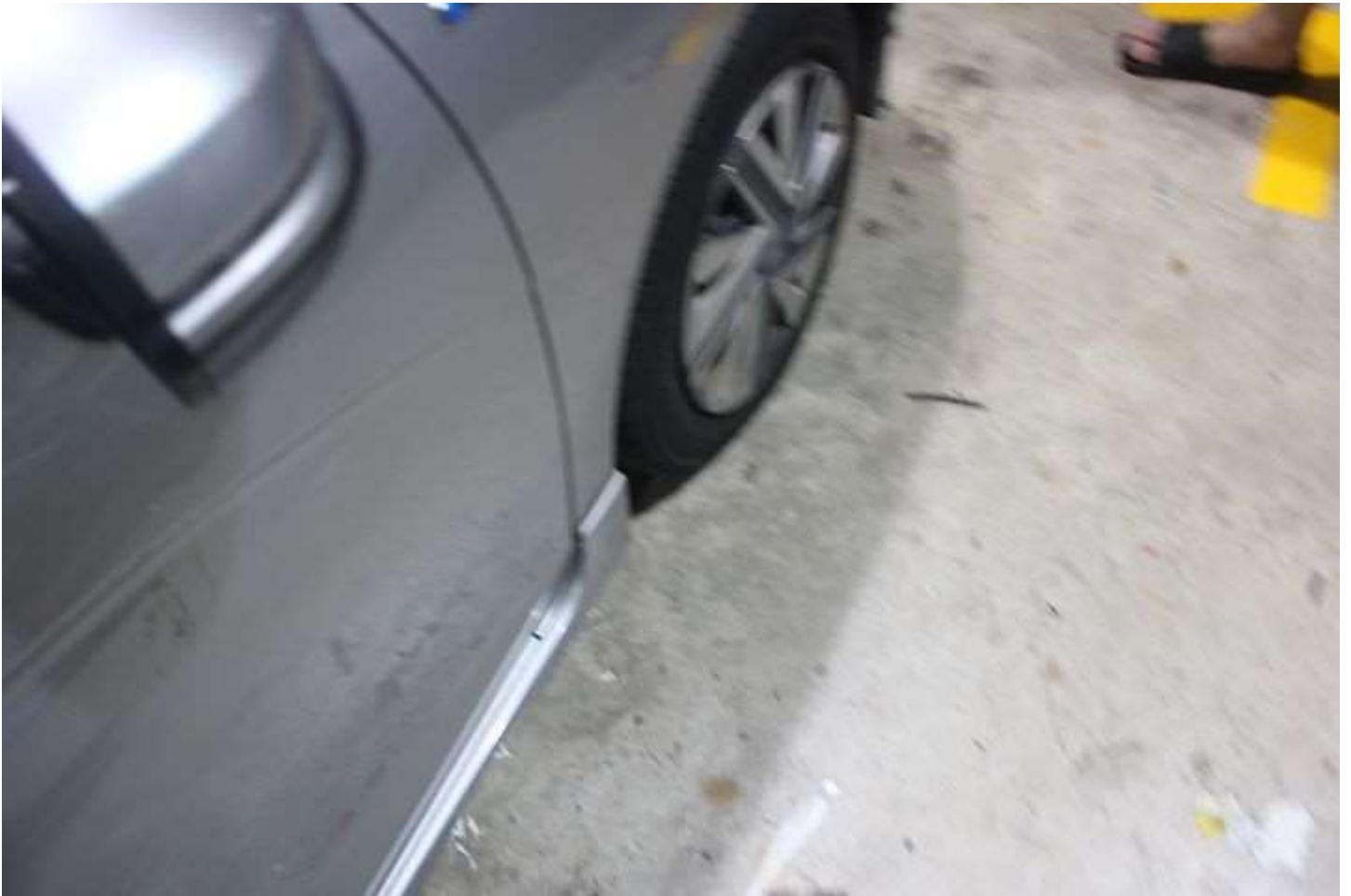




















**SINGAPORE
POLICE FORCE**



T/20221101/2097

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20221101/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2022 20:00		Vide Report No.: E/20221101/0086		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: HO SER KONG			Address: APT BLK 436B FERNVALE ROAD #20-182 SINGAPORE 792436		
ID Type / ID No.: NRIC NO / S0154674J			Contact No.: Home/Office:		Mobile: 91628788
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 75	Date of Birth: 26/08/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PART-TIME DELIVERYMAN			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2022 17:45	Type of Location: T-Junction
Location: LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	Nc of Passenger
FBK847S	Motorcycle			White	Slightly Damaged	0
SNH1456D	Car	HONDA	SHUTTLE	Silver	Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20221101/2097

CONTINUATION OF REPORT

Rider			
Name	CLEMENT	ID No.	S9024603H
Related Vehicle	FBK847S (Motorcycle)	Contact No.	9827 9958
Hospital/Clinic	NIL	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	NIL
Driver			
Name	HO SER KONG	ID No.	S0154674J
Related Vehicle	SNH1456D (Car)	Contact No.	91628788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2022, at about 5:45PM, I was driving along the road with two lanes near to Blk 60 Lorong 4 Toa Payoh on the right lane. As I was driving along the road, when a motorcycle suddenly appeared in front of me. When I saw him, I tried to brake but did not manage to do it in time and collided into the motorcycle. My front bumper came off, and the motorcycle fell to the floor along with the rider. I alighted and made a check on him, and he asked to use my phone to call for the ambulance. I lent him my phone, and we waited for the ambulance. He told me that he was trying to turn right earlier. We also exchanged contact details.

The ambulance and Traffic Police came to the accident, and they interviewed us. The paramedics made a check on him, and the rider was conveyed to Tan Tock Seng Hospital for his injuries. The traffic police advised me to lodge a traffic police report. My vehicle does not have any cameras. I did not sustain any injuries as well.



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T/20221101/2097

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CONTINUATION OF REPORT

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Report No. T/20221101/2097

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:

E /
STAFF SGT MUHAMMAD
ALIMOON BIN MOHAMED
JUBERI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Signature Of Informant:

Date/Time:

01/11/2022 20:00

Classification Of Case: