

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	14/11/2022 14:00 (SGT)
Reported by	Driver
Date of Accident	11/11/2022 22:00 (SGT)
Exact Location of Accident	Jln Sultan, Singapore
Additional Location Information	JALAN SULTAN TOWARDS SYED ALWI RD , JUNCTION WITH ROCHOR CANAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7671P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG HWEE NEE (HONG HUINI)
NRIC No	SXXXXX452I
Email Address	WINNINE.ANG@DHL.COM
Mobile Phone No	(Phone) +65-88841160
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126461475

DRIVER

Name of Driver	ZACHARY SIM JUN JIE
NRIC No	TXXXXX332F
Date Of Birth	09/03/2001

Occupation	Indoor
Date Of Driving Pass	20/04/2019
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88841160
Alt. Phone Number	-
Email Address	SJJZAC@GMAIL.COM
Address	BLK 624 ANG MO KIO AVENUE 4
Address complement	#06-1078
Postcode	560624
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/11/2022 AT ABOUT 22:00PM, I WAS DRIVING SLB7671P STOPPED AT THE TRAFFIC JUNCTION OF JLN SULTAN ROAD AND ROCHOR CANAL RD. WAITING FOR THE GREEN LIGHT, SUDDENLY A TAXI SHC 8218B HIT ONTO MY REAR PORTION OF MY CAR. THAT ALL I HAVE TO SAY.

REFER TO POLICE REPORT
REPORT NO : T/20221114/2041

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	SHC8218B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR CHUA
Contact Number	(Phone) +65-98208454
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	ZACHARY SIM JUN JIE
Gender	Male
Phone No	(Phone) +65-88841160
Address	BLK 624 ANG MO KIO AVENUE 4
Address Complement	#06-1078
Post Code	560624
Approximate Age Years Old	21
Injuries Sustained	NECK AND SHOULDER
Injured person in which vehicle?	SLB7671P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

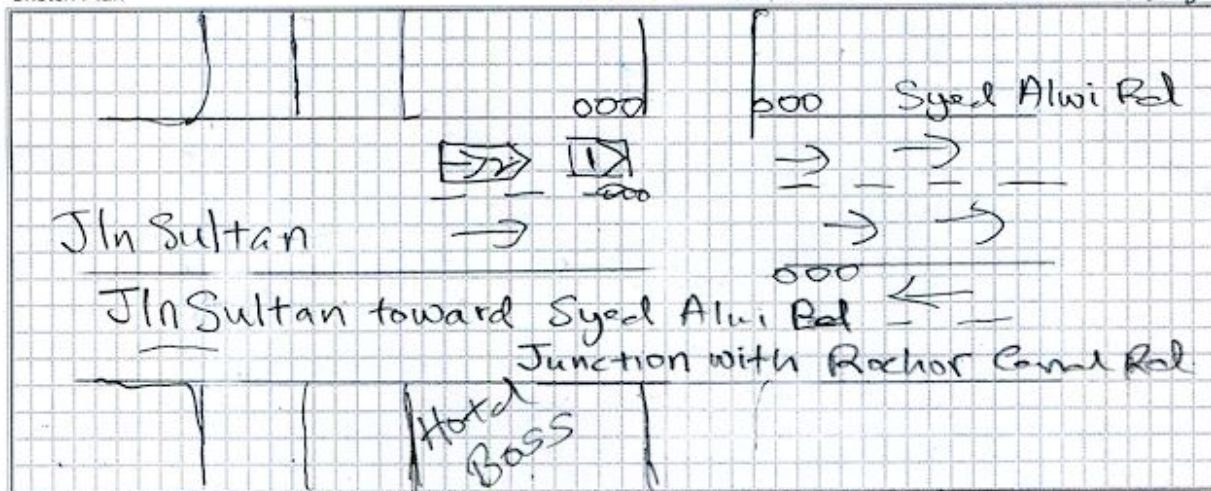
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



vJun2022

1

Describe Circumstance of the Accident

On 11/11/2022 at about 22.00pm. I was Driving.
 SJB 7671P Stopped at the traffic Junction
 of Jln Sultan Rd. & Rochor Canal Rd. waiting
 for the Green light. Suddenly a Taxi SHC 8218B
 hit onto my Rear portion of my car.
 That all I have to Say.

Declaration

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

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)

[Signature]
 14/11/2022 Nam

[Signature]















**SINGAPORE
POLICE FORCE**


T/20221114/2041

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20221114/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2022 13:55	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: ZACHARY SIM JUN JIE		Address: APT BLK 624 ANG MO KIO AVENUE 4 #06-1078 SINGAPORE 560624	
ID Type / ID No.: NRIC NO / T0107332F		Contact No.: Home/Office:	Mobile: 88841160
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 09/03/2001	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: NUS
Occupation: STUDENT		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2022 22:00	Type of Location: T-Junction
Location: JALAN SULTAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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	No of Passenger
SHC8218B	Car				Slightly Damaged	0
SLB7671P	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Report No. T/20221114/2041

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	Mr Chua	ID No.	NIL
Related Vehicle	SHC8218B (Car)	Contact No.	98208454
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	ZACHARY SIM JUN JIE	ID No.	T0107332F
Related Vehicle	SLB7671P (Car)	Contact No.	88841160
Hospital/Clinic	S G CLINIC FAMILY PRACTICE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/11/2022 at about 2200hrs, I was driving along Jln Sultan towards Syed Alwi Road, I came to a stop at the junction and suddenly, SHC8218B rear ended me (SLB7671P). I decided to consult a doctor as the injuries gotten serious at S G Clinic Family Practice and received 3 days MC from 14 November 2022 to 16 November 2022. MC no.: 0000089103.

**SINGAPORE
POLICE FORCE**

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Report No. T/20221114/2041

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

drive
any

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 TOH KAI LE MELVIN

Signature Of Informant:

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Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2022 13:55

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHRUL RAZI BIN SUHAIME
Contact No.: 65470000

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: SS3622BE0002 Vehicle Registration No: SLB 7671 P
 Name (as shown in NRIC): Zachary Sim Junjie NRIC/FIN/Passport No: T0101332 F
 (* Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 624 Ang Mo Kio Ave 4 # 06-1018 Singapore (560634)
 Contact (Tel): _____ Mobile No.: 88841160
 Email Address: SJJZAC@gmail.com
 Date of Accident: 11/11/2022 Time of Accident: 22:00 pm
 Place of Accident: Jalan Sultan
 Insurance Company: Income

(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:

Refer to police report no. T/20221114/2041

z
 Policyholder / Actual Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: