

## 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 .....	04/12/2022 08:29 (SGT)
Reported by .....	Both
Date of Accident .....	02/12/2022 22:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ORCHARD ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ3817Y
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MAXTIN
Company Reg No .....	53405411X
Email Address .....	MAXTINLOO@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96283810
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5113888382-03

#### DRIVER

Name of Driver .....	LOO HENG YEONG
NRIC No .....	S8184695B
Date Of Birth .....	03/10/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	01/09/2009
Driving experience .....	13 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96283810
Alt. Phone Number .....	-
Email Address .....	MAXTINLOO@HOTMAIL.COM
Address .....	BLK 440B #14-167 FERNVALE LINK
Address complement .....	-
Postcode .....	792440
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF PH
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

ON THE 02122022 AT 2245HRS I WAS TRAVELLING ALONG ORCHARD ROAD ON THE RIGHT MOST LANE. TRAFFIC CAME INTO A STOP. THUS I STOPPED. THATS WHEN A CAR BEARING SLR8171A COLLIDED INTO THE REAR OF MY VEHICLE. I HAD SUFFERED INJURIES AND HAVE GOTTEN 3 DAYS MEDICAL LEAVE.

#### 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 .....	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLR8171A
-----------------------------------	----------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LEE WEE LIM
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LOO HENG YEONG
Gender .....	Male
Phone No .....	(Phone) +65-96283810
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	41
Injuries Sustained .....	MEDICAL LEAVE 3 DAYS SUFFERED INJURIES TO NECK AND CHEST SMQ3817Y
Injured person in which vehicle? .....	
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstance of the Accident

REFER TO GEARS FOR ACCIDENT  
STATEMENT.  
POLICE REPORT INCLUDED.

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  
(Name as in NRIC/ID card)

2