

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	01/12/2022 11:28 (SGT)
Reported by	Driver
Date of Accident	30/11/2022 22:50 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1413R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MOH CHYE STEVEN
NRIC No	S1807223H
Email Address	steventan.stmc@gmail.com
Mobile Phone No	(Phone) +65-94512525
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128234010

DRIVER

Name of Driver	TAN MING KAI NICHOLAS
NRIC No	S9836948A
Date Of Birth	11/11/1998
Occupation	Indoor

Date Of Driving Pass	15/06/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81239008
Alt. Phone Number	-
Email Address	nictmk@yahoo.com.sg
Address	BLK 352 HOUGANG AVENUE 7 #11-735
Address complement	-
Postcode	530352
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)	2
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	-

PASSENGER 1

Name	LIM JUN FENG ELGIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9530Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	CHO RONG KINN
NRIC No	S9639244C
Contact Number	(Phone) +65-96757459
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	TAN MING KAI NICHOLAS
Gender	Male
Phone No	(Phone) +65-81239008
Address	BLK 352 HOUGANG AVENUE 7 #11-735
Address Complement	-
Post Code	530352
Approximate Age Years Old	24
Injuries Sustained	SLIGHT DEGREE ON INJURY - OBTAINED 3 DAYS MC
Injured person in which vehicle?	SKQ1413R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM JUN FENG, ELGIN
Gender	Male
Phone No	(Phone) +65-86994490
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT DEGREE OF INJURY - OBTAINED 2 DAYS MC
Injured person in which vehicle?	SKQ1413R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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. The 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 lodgment 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.
- (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:


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



 Reporting Centre Personnel's Signature
 Name: Joelle Tan
 AMK Autopoint Pte Ltd
 01.12.2022
 NRIC/FIN No.:

GIA/RC SketchPlanForm_V3


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jalan Eunus

→ SKX1413R

→  SLB9530Z

→



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary and SLB9530Z bang my vehicle from the back
PLEASE REFER TO POLICE REPORT T/2022/201/2019 ATTACHED.

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

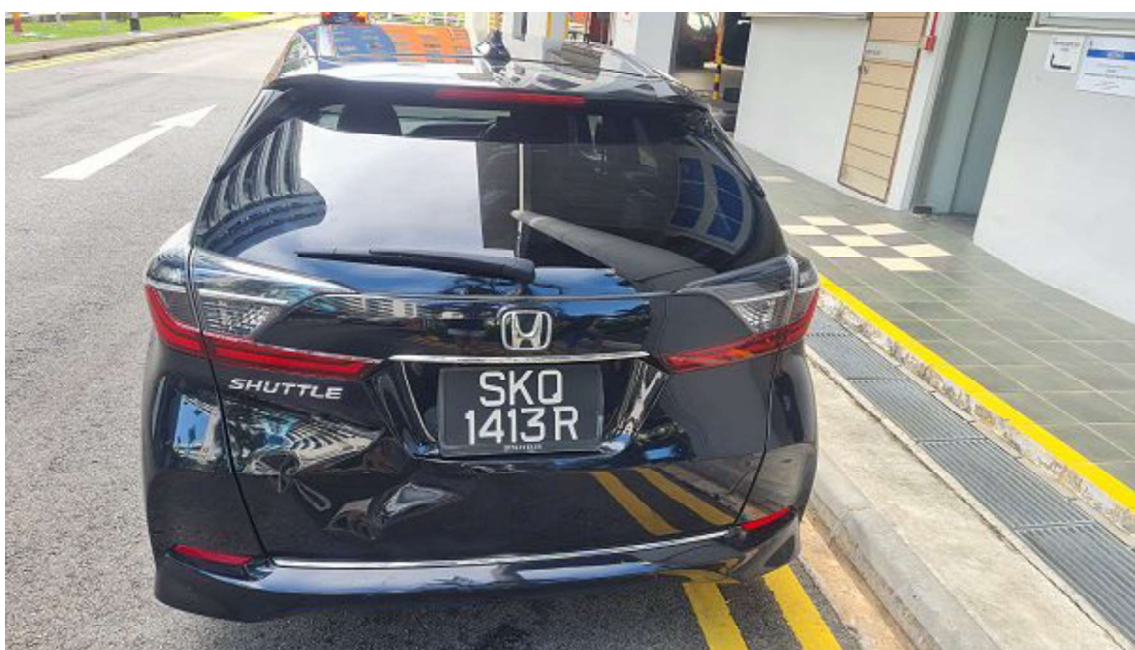
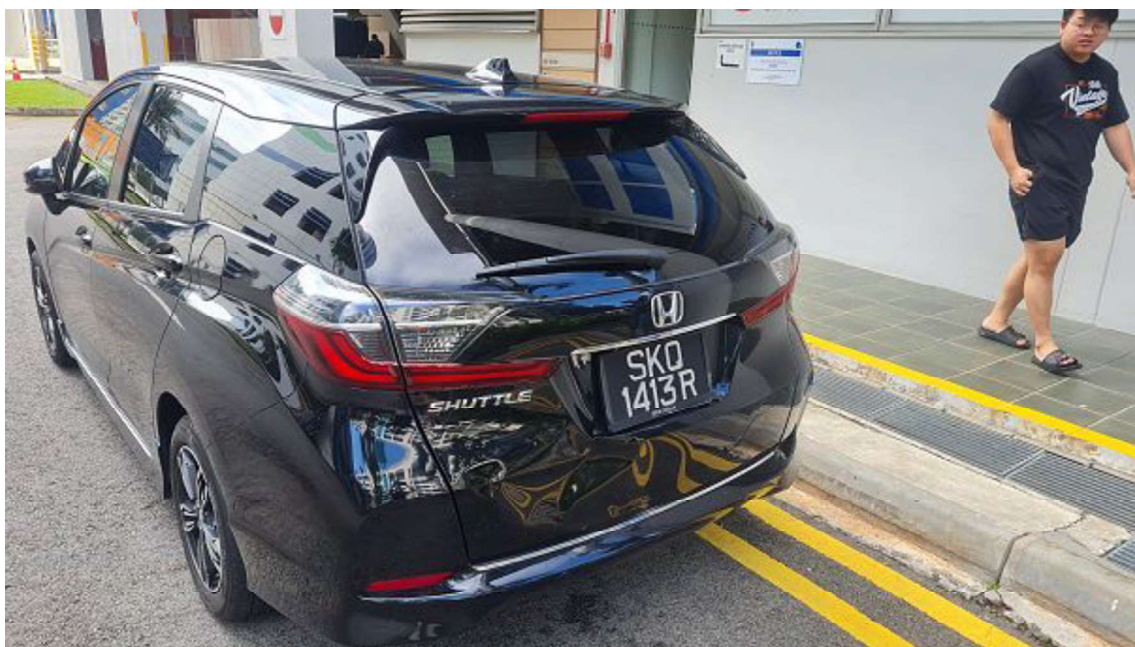
Date & Time: 01/12/2022

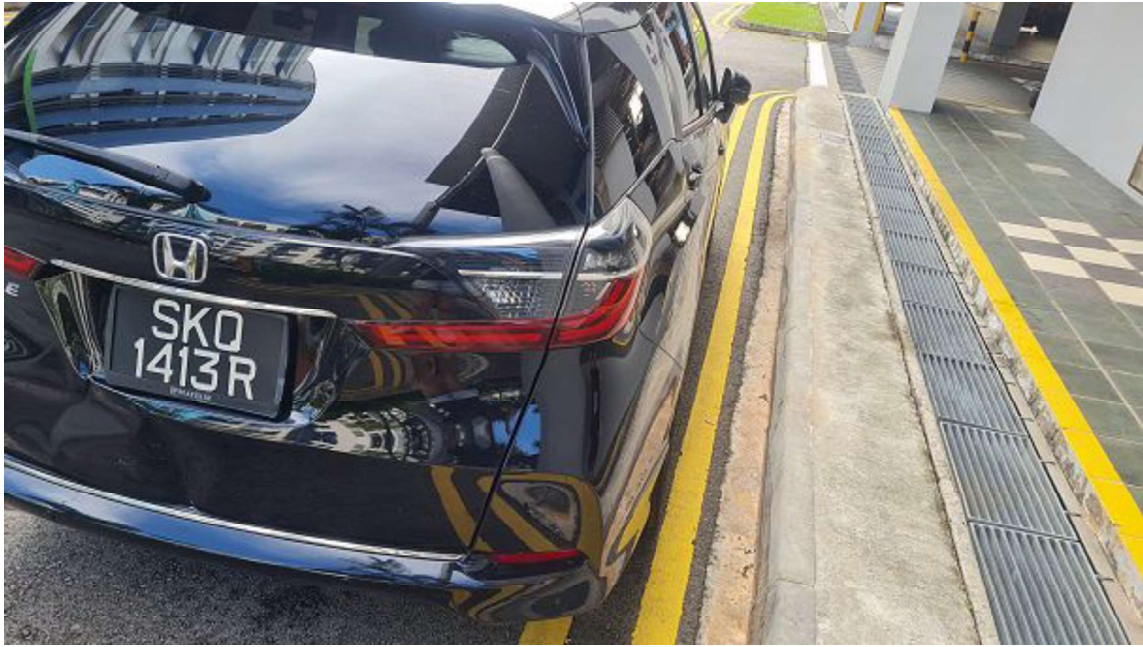
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK
01-12-2022 PTE 4D













**SINGAPORE
POLICE FORCE**



T/20221201/2019

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221201/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2022 11:01	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN MING KAI NICHOLAS			Address: APT BLK 352 HOUGANG AVENUE 7 #11-735 SINGAPORE 530352		
ID Type / ID No.: NRIC NO / S9836948A			Contact No.: Home/Office: Mobile: 81229008		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 11/11/1998	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name: KAPLAN	
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: 30/11/2022 22:50	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SKQ1413R	Car				Seriously Damaged	1
SLG9530Z	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221201/2019

2 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221201/2019

CONTINUATION OF REPORT

Passenger			
Name	LIM JUN FENG, ELGIN	ID No.	S9832203E
Related Vehicle	SKQ1413R (Car)	Contact No.	86994490
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2022	Date Discharge	30/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TAN MING KAI NICHOLAS	ID No.	S9836948A
Related Vehicle	SKQ1413R (Car)	Contact No.	81229008
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/11/2022	Date Discharge	30/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHO RONG KIAN	ID No.	S9639244C
Related Vehicle	SLG9530Z (Car)	Contact No.	96757459
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

Brief Details.

On 30/11/2022 at about 2250hrs, I was driving my vehicle (SKQ1413R) along Jalan Eunos and had come to a stop as the traffic light was on red. When the traffic light turned green, I then proceeded to move off. However, I then felt an impact coming from the rear side of my vehicle. I made a check and saw that one driver had hit his car front side (SLG9530Z) towards my car's rear side. I wish to state that I had a passenger inside my car and that there were serious damages sustained on the rear side of my vehicle.

I wish to further state that I have an in-car camera recording the accident. I then exchanged particulars with the driver.

As both my passengers and I felt a slight head pain, we proceeded to Sengkang General Hospital for a medical check. I was subsequently given 3 Days MC reference EMD2022150174, and my passenger was



**SINGAPORE
POLICE FORCE**



T/20221201/2019

3 of 4

Report No. T/20221201/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

given 2 days MC reference EMD2022150166.

I am lodging a report for police's assistance.



**SINGAPORE
POLICE FORCE**



T/20221201/2019

4 of 4

Report No. T/20221201/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

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:

F /

SGT 2 AZRI AZARIL BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/12/2022 11:01

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168