

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	14/12/2022 15:08 (SGT)
Reported by	Both
Date of Accident	14/12/2022 08:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF PEI TOWARDS PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF5980R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK WAI HOE
NRIC No	SXXXX416F
Email Address	alank8827@gmail.com
Mobile Phone No	(Phone) +65-91133037
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00009382200

DRIVER

Name of Driver	KOK WAI HOE
NRIC No	SXXXX416F
Date Of Birth	29/08/1977
Occupation	Indoor

Date Of Driving Pass	02/03/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91133037
Alt. Phone Number	-
Email Address	alank8827@gmail.com
Address	BLK 519A TAMPINES CENTRAL 8
Address complement	# 04-13
Postcode	521519
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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

PLEASE REFER TO THE ATTACH POLICE REPORT- T/20221214/7017

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	GBF4988T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOK WAI HOE
Gender	Male
Phone No	(Phone) +65-91133037
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SNF5980R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. 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 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.

<p><i>Alar</i> 14 Dec 2022</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>Alar</i> 14 Dec 2022</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>gauri</i> 14/12/2022</p> <p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p>Slip Road at PIE towards Panj Lebar Road</p>		
<p>(A) SNF 5980R (B) 6BF49887</p>		

Describe Circumstances of the Accident

attached TP Report
T/20221214/7017.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Alor 14 Dec 2022

Policyholder's Signature / Date & Time

Alor 14 Dec 2022

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

grinder 14/12/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221214/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221214/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF5980R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	MHC202200096CN	08/06/2022	07/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK WAI HOE	ID No.	S7724416F
Related Vehicle	SNF5980R (Car)	Contact No.	91133037
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/12/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 14/12/2022 at about 0859 hours at along slip road of PIE towards Paya Lebar Road. I was travelling on the extreme left lane at the above mentioned slip road and I slow down for clearance of main traffic. Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 5 days MC for my injury.

Vehicles involving in the situation:

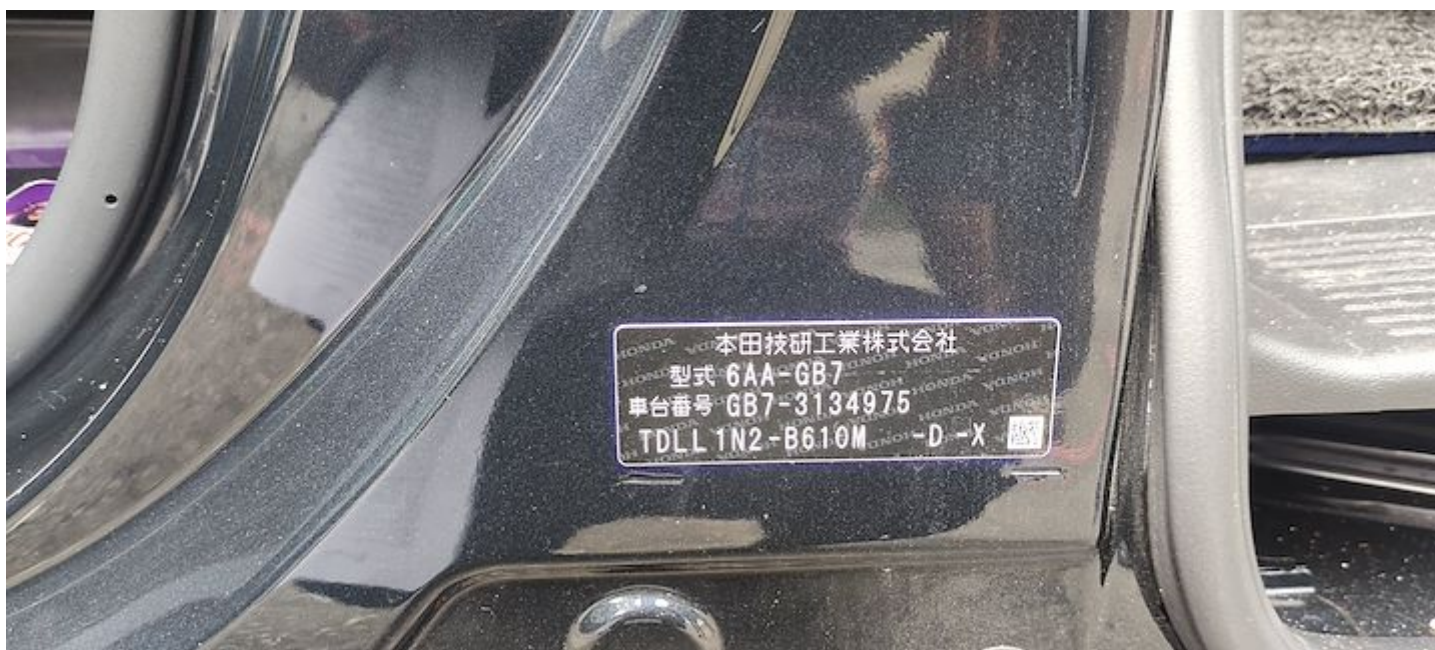
(A) SNF5980R

(B) GBF4988T

















SINGAPORE POLICE FORCE



T/20221214/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221214/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2022 12:39	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars				
Name of Informant: KOK WAI HOE		Address: 519A TAMPINES CENTRAL 8 #04-13 SINGAPORE 521519		
ID Type / ID No.: NRIC NO / S7724416F		Contact No.: Home/Office: Mobile: 91133037		
Nationality: SINGAPORE CITIZEN		Email: ALANK8827@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 29/08/1977	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: executive		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2022 08:55	Type of Location: SLIP ROAD
Location: SLIP ROAD OF PIE TOWARDS PAYA LEBAR ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF4988T	Van					0
SNF5980R	Car	HONDA	FREED HYBRID 1.5G CVT	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221214/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221214/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF5980R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	MHC202200096CN	08/06/2022	07/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK WAI HOE	ID No.	S7724416F
Related Vehicle	SNF5980R (Car)	Contact No.	91133037
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/12/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 14/12/2022 at about 0859 hours at along slip road of PIE towards Paya Lebar Road. I was travelling on the extreme left lane at the above mentioned slip road and I slow down for clearance of main traffic. Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 5 days MC for my injury.

Vehicles involving in the situation:

(A) SNF5980R

(B) GBF4988T



**SINGAPORE
POLICE FORCE**



T/20221214/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221214/7017

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
14/12/2022 12:39

Classification Of Case:

