

## 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 ..... 21/12/2022 07:16 (SGT)  
Reported by ..... Both  
Date of Accident ..... 16/12/2022 20:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 25 KAKI BUKIT ROAD 4 LEVEL 3 DRIVEWAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJV1783H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KE MINGYU  
NRIC No ..... SXXXX824G  
Email Address ..... michael.kwa@uniquecleanz.com  
Mobile Phone No ..... (Phone) +65-96802127  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1584

#### INSURANCE COMPANY

Name of Insurance Company ..... Singapore Life Ltd  
Policy Number / Cover Note Number ..... 11134933

#### DRIVER

Name of Driver ..... KE MINGYU  
NRIC No ..... SXXXX824G  
Date Of Birth ..... 11/09/1990  
Occupation ..... Indoor

Date Of Driving Pass .....	14/07/2010
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96802127
Alt. Phone Number .....	-
Email Address .....	michael.kwa@uniquecleanz.com
Address .....	HDB Commonwealth 16, 89 Commonwealth Drive
Address complement .....	#04-666
Postcode .....	140089
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 .....	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? .....	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 .....	Commonwealth Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004749999
Alt. Police Station Phone No .....	(Fax) +65-64715297
Police Station Address .....	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER AS PER ATTACHED POLICE REPORT NO. T/20221219/2113.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GW527T
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Urvan

Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-91275273
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 .....	ONG GEOK HONG
Gender .....	Female
Phone No .....	(Phone) +65-93518218
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Neck Pain and Giddiness.
Injured person in which vehicle? .....	SJV1783H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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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)**

(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 law vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre  
Personnel

**Describe Circumstances of the Accident**

PLEASE REFER AS PER ATTACHED POLICE REPORT NO. T/20221219/2113.

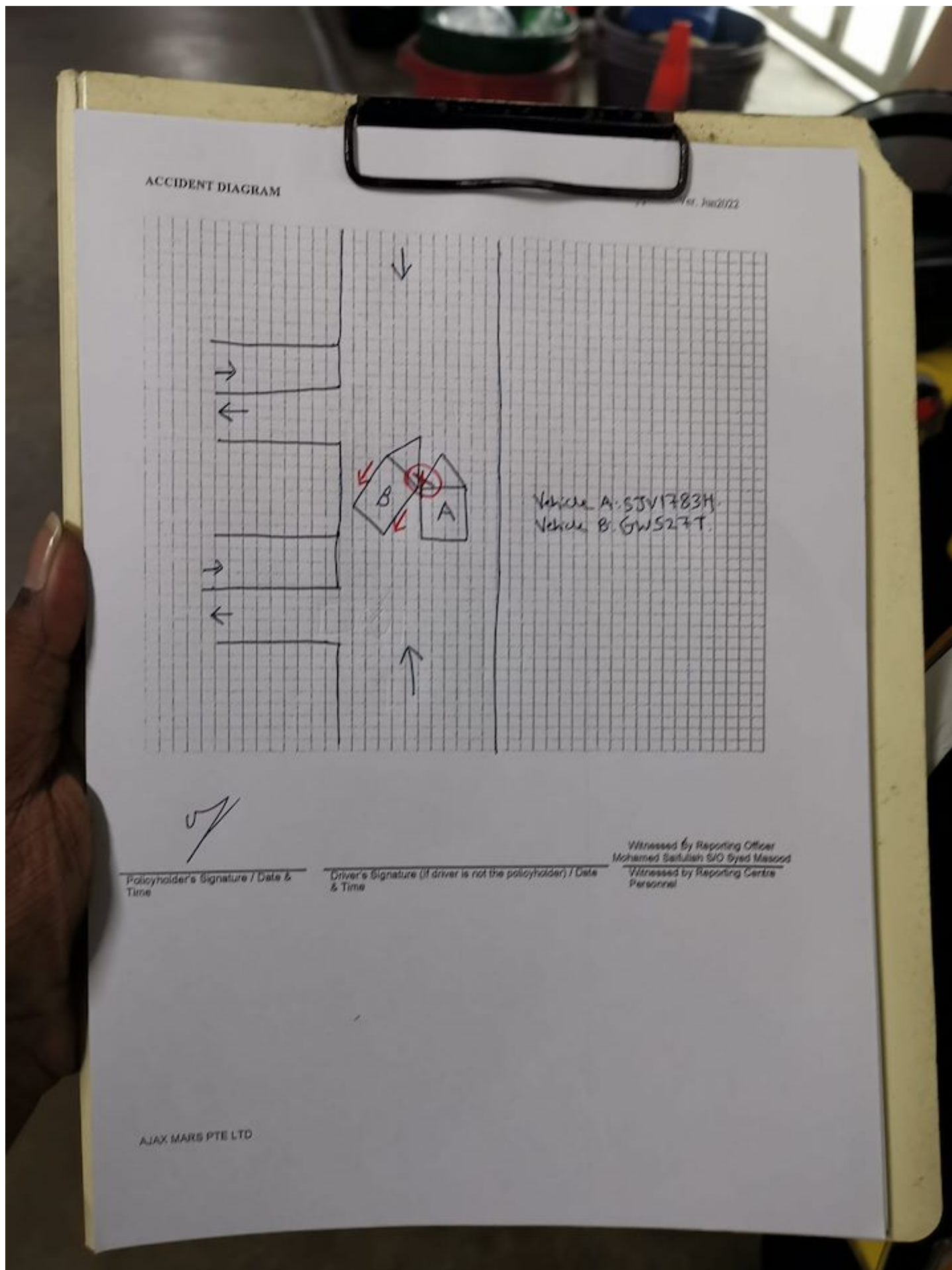
**Declaration**

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

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time 20 Dec 2022

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

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel







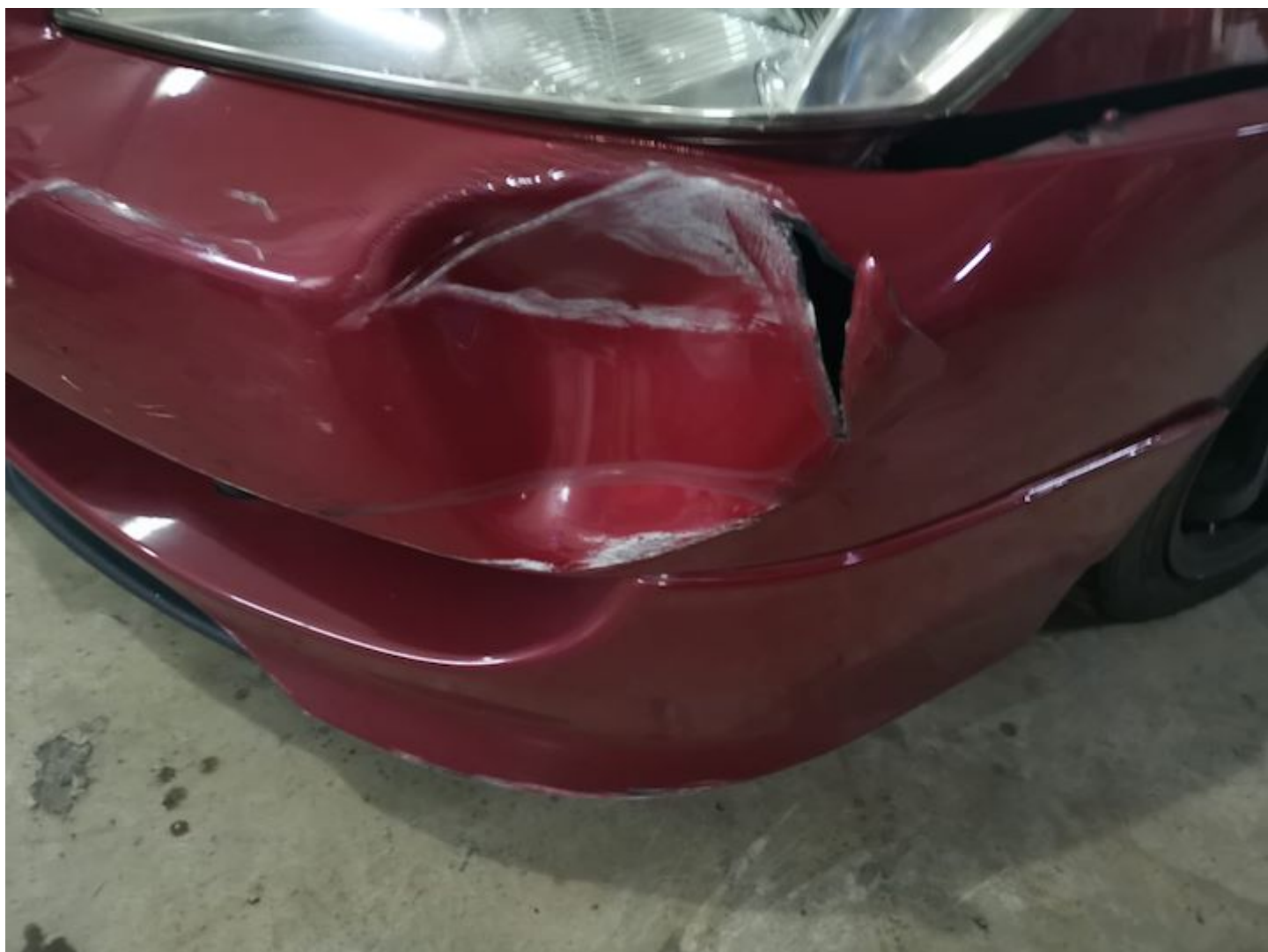





















**SINGAPORE  
POLICE FORCE**


T/20221219/2113

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Report No: T/20221219/2113

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/12/2022 22:01	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: KE MINGYU		Address: APT BLK 89 COMMONWEALTH DRIVE #04-666 SINGAPORE 140089	
ID Type / ID No.: NRIC NO / S9032824G		Contact No.: Home/Office: Mobile: 96802127	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 11/09/1990	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Director		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2022 20:40	Type of Location: outside the shop #03-35
Location:  KAKI BUKIT ROAD 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW527T	Van				Slightly Damaged	0
SJV1783H	Car	MITSUBISHI	LANCER 1.6 M	Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV1783H	AVIVA LTD	11134933	27/05/2022	26/05/2023





**SINGAPORE  
POLICE FORCE**



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Report No. T/20221219/2113

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288A SINGAPORE 140111  
Tel No: 1800-4749999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GW527T (Van)	Contact No.	91275273
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	KE MINGYU	ID No.	S9032824G
Related Vehicle	SJV1783H (Car)	Contact No.	96802127
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 the 16/12/2022 @ 2040hrs at a/m location, at level 3, outside the unit #03-35, I parked my vehicle at the said location and at that moment of time, my mother was sitting at the front side passenger seat. Suddenly the said van GW527T started to reverse out from the position that I noticed and while swerving leftwards, suddenly collided onto the left front side of my car and stopped, and then he quickly removed his van from the original position of the accident. He also said that how come I collided onto his vehicle. He only gave me his handphone number and refused to provide his name and other details at all and saying that he is the owner of the van. He is one male malay, and at that moment of time, I have also checked with my mother and she was well.

On the 18/12/2022 in the morning, my mother told me that she was not feeling well due to the accident, so I brought her down to Meden Clinic & Surgery, Blk 35 Telok Blangah Rise #01-295 (090035) to see doctor due to complain of pain on her neck and feeling giddiness and subsequently she was given 5 days MC. G No. 39109. Her name is Ong Geok Hong, S1442505E, Blk 89 C'wealth Drive #04-666, hp 93518218.

The damage to my vehicle are left side bumper dented and also left side headlight damaged.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999



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Report No: T/20221219/2113

## 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:

D /

STAFF SGT YIP KUM HOONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2022 22:01

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168