

# 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 15:24 (SGT)                  |
| Reported by .....                     | Both                                    |
| Date of Accident .....                | 20/12/2022 19:13 (SGT)                  |
| Exact Location of Accident .....      | Singapore                               |
| Additional Location Information ..... | YIO CHU KANG TOWARDS SENGKANG WEST ROAD |
| Country/State of Loss .....           | Singapore                               |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLZ3473U |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | THOR CHENG HAI             |
| NRIC No .....                  | S1171343B                  |
| Email Address .....            | JOANNE_JANTHOR@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-97366901       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Jazz                      |
| 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 .....   | 0                         |

### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5109780471-03            |

### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | THOR CHENG HAI |
| NRIC No .....        | S1171343B      |
| Date Of Birth .....  | 15/09/1955     |
| Occupation .....     | Indoor         |

|  |                              |
|--|------------------------------|
| Date Of Driving Pass .....   | 07/01/1980                   |
| Driving experience .....   | 42 YEARS AND 11 MONTHS       |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-97366901         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | JOANNE_JANTHOR@HOTMAIL.COM   |
| Address .....  | 267B COMPASSVALE LINK #05-59 |
| Address complement .....   | -                            |
| Postcode .....   | 542267                       |
| 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 ..... | Raining                  |
| 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 .....                       | Sengkang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18003438999              |
| Alt. Police Station Phone No .....              | (Fax) +65-63438939                   |
| Police Station Address .....                    | 2 Sengkang Square #01-02             |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 ..... | SMN6704K |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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

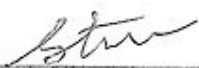
### INJURED 1

|   |                |
|---|----------------|
| Name of injured person .....                              | THOR CHENG HAI |
| Gender .....  | -              |
| Phone No .....  | -              |
| Address .....   | -              |
| Address Complement .....                                  | -              |
| Post Code .....   | -              |
| Approximate Age Years Old .....                           | -              |
| Injuries Sustained .....                                  | -              |
| Injured person in which vehicle? .....                    | -              |
| Were seat belts worn? .....                               | Yes            |
| Was this injured conveyed to hospital by ambulance? ..... | No             |


## SKETCH PLAN

## IMPORTANT NOTICE

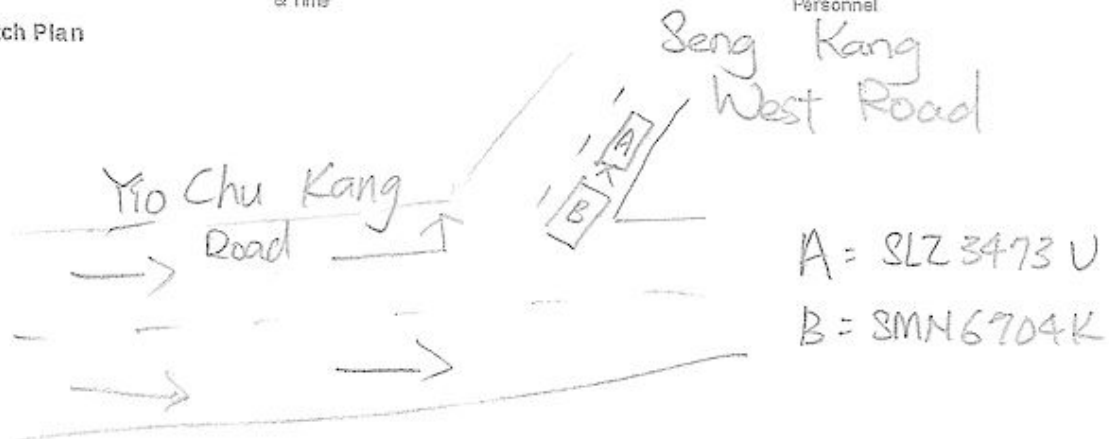
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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.

  
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



On ~~the~~ mentioned date & time, went I was driving my car from  
Tio Chu Kang Road towards Sengkang West Road. Flitting left and stop at  
the line, car behind hit onto my car.

Declaration

IV/a 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



















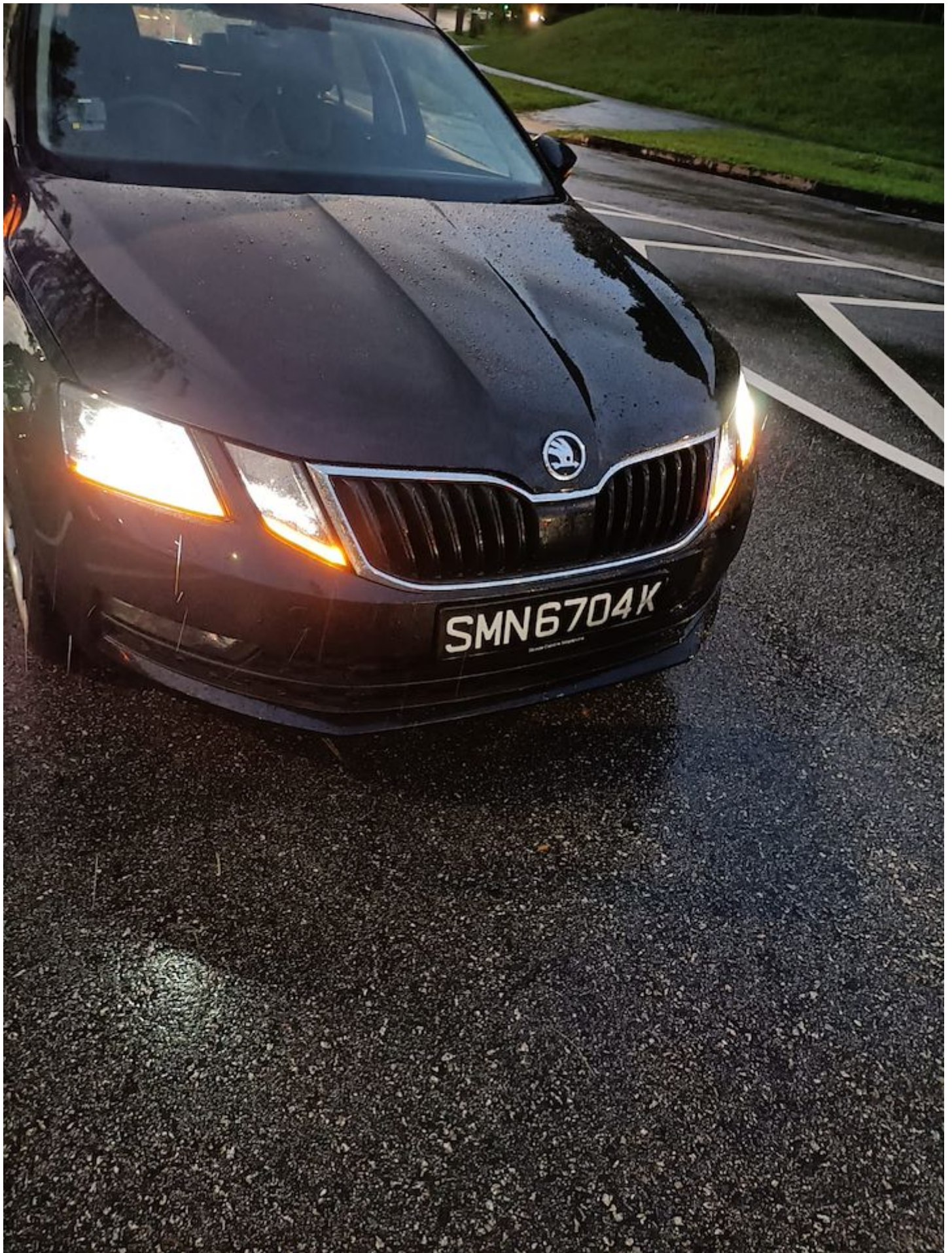




















**SINGAPORE  
POLICE FORCE**



T/20221221/2089

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20221221/2089

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                            |  |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>21/12/2022 17:35 |            | Vide Report No.:   |                              | Station Diary No.:<br>110  |  |
| <b>Informant's Particulars</b>             |            |  |                              |                            |  |
| Name of Informant:<br>THOR CHENG HAI       |            | Address:<br>APT BLK 267B COMPASSVALE LINK #05-59 SINGAPORE<br>542267 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S1171343B   |            | Contact No.:<br>Home/Office: Mobile: 97366901                        |                              |                            |  |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                            |  |
| Sex:<br>Male                               | Age:<br>67 | Date of Birth:<br>15/09/1955   | Type of Informant:<br>Driver |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English   |                              | Institution / School Name: |  |
| Occupation:<br>technician                  |            | Driving Licence Information:<br>Class: 2B,3                          |                              | Date of Expiry:            |  |

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>20/12/2022 19:15 | Type of Location:<br>Straight Road  |
| Location:<br><br>YIO CHU KANG ROAD                           |                  |                                    |  |                                     |
| Weather:<br>Raining  |                  | Road Surface:<br>Wet               |  | Road Speed Limit:<br>60 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |       |  |        |           |                 |
|------------------------------------|------|-------|--|--------|-----------|-----------------|
| Vehicle No.                        | Type | Make  | Model  | Color  | Condition | No of Passenger |
| SLZ3473U                           | Car  | HONDA | JAZZ 1.5<br>VTIR CVT<br>ABS<br>D/AIRBAG<br>2WD | Silver |           | 0               |
| SMN6704K                           | Car  |       |  |        |           | 0               |



**SINGAPORE  
POLICE FORCE**



T/20221221/2089

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20221221/2089

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SLZ3473U                     | NTUC Income Insurance Co-Operative Limited | 5109780471-03 | 20/05/2022 | 19/05/2023  |

| Details of Person Involved        |                       |  |                                    |
|-----------------------------------|-----------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                    |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                    |
| Driver                            |                       |  |                                    |
| Name                              | THOR CHENG HAI        | ID No.                                 | S1171343B                          |
| Related Vehicle                   | SLZ3473U (Car)        | Contact No.                            | 97366901                           |
| Hospital/Clinic                   | PHOENIX MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 21/12/2022            | Date Discharge                         | 21/12/2022                         |
| No. of Days granted Medical Leave | 03                    | Degree of Injury                       | NIL                                |
| Driver                            |                       |  |                                    |
| Name                              | NG WEI XIAN           | ID No.                                 | S8711382E                          |
| Related Vehicle                   | SMN6704K (Car)        | Contact No.                            | 98752281                           |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>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 20/12/2022 at about 1913hrs, i was driving along Yio chu kang road towards Sengkang west road and came to a stop as I was waiting for the oncoming traffic to be clear. As my vehicle was stationery, there was a vehicle bearing registration number SMN6704K which came from the rear and collided onto my vehicle. After the collision, both parties came out of the vehicle to exchange particulars. As i felt pain on my body, I went to consult the doctor on the 21/12/2022 at Phoenix Medical Group located at 1 Seletar Road #02-11 and was given 3 days of MC from 21/12/2022 till 23/12/2022. There is a in-built camera inside my vehicle. No police or ambulance came to my incident





**SINGAPORE  
POLICE FORCE**



T/20221221/2089

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20221221/2089

**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 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/12/2022 17:35

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

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: SY0322CL0004-01 Vehicle Registration No: SLZ3473U  
 Name (as shown in NRIC): THOR CHENG HAI NRIC/FIN/Passport No: S1171343B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 267B COMPASSVALE LINK #05-59 Singapore ( 542267 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97366901  
 Email Address: JOANNE\_JANTHOR@HOTMAIL.COM  
 Date of Accident: 20/12/2022 Time of Accident: 19:13  
 Place of Accident: YIO CHU KANG TOWARDS SENGKANG WEST ROAD  
 Insurance Company: YEW TEE AUTOMOBILE TECH PTE LTD

**(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:

UPLOAD POLICE REPORT

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: