

# 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 .....	09/01/2023 17:53 (SGT)
Reported by .....	Driver
Date of Accident .....	09/01/2023 07:50 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV1047B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SINGAPORE ELECTRIC VEHICLES PTE. LTD.
Company Reg No .....	199803133G
Email Address .....	sev.cs8090@gmail.com
Mobile Phone No .....	(Phone) +65-81576008
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	E6h
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D23MFL0000749

### DRIVER

Name of Driver .....	FOK PAK CHUEN
NRIC No .....	S1117226A
Date Of Birth .....	01/02/1955
Occupation .....	Outdoor

Date Of Driving Pass .....	24/03/1977
Driving experience .....	45 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92700193
Alt. Phone Number .....	-
Email Address .....	sev.cs8090@gmail.com
Address .....	BLK 130 BEDOK RESERVOIR ROAD #02-1345
Address complement .....	-
Postcode .....	470130
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	MS KOH (GRAB PAX)
Gender .....	Female

#### 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 POLICE REPORT T/20230109/7046

#### 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 .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMK4646Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD DANIAL BIN ADNAN
NRIC No .....	S9639288E
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHB2182P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NG CHEOW HAN
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 .....	FOK PAK CHUEN
Gender .....	Male
Phone No .....	(Phone) +65-92700193
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHTINJURY
Injured person in which vehicle? .....	SLV1047B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	MS KOH
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLV1047B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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 within the stated period.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy validity.
4. The above are in compliance of this Form by insurance companies is not an admission of policy validity on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer to the GIA Claims Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. On the completion of this report to the insurers, you hereby consent to the releasing of this report at the centre and to copies of the report being made available elsewhere.

A-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 be permitted to collect, use, disclose and/or process my personal data/personal information (as set in this Form) and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and/or use such Personal Information to all insurers who have insured vehicles involved in this accident (all insurer(s) with have insured vehicle(s) involved in the accident and/or in a vehicle involved to as the "Insurers"), the Insurers' representative from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes listed;

(b) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(c) investigating the accident and/or my claims;

(d) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(e) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the same as well as on the website of the insurer(s) and/or packages); and/or

(f) comply with applicable law in administering, processing, handling and/or dealing with my claims.

(Intervening the Purpose(s):

(g) an insured(s) who have insured vehicle(s) involved in this accident and the Insurers, Insurers' law firms, may not permitted but only use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

(h) 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/firm(s), which may be used outside of Singapore, for one or more of the above Purpose(s).

Signature of Insured (Date & Time)

Signature of authorised Policyholder (Date & Time)

Signature of Registered Claims Examiner (Date & Time)

Sketch Plan

<p>(A) SLV1047B</p> <p>(B) SME4646Z</p> <p>(C) LHB2182P</p>	<p>ECV</p>	<p>C</p> <p>A</p> <p>B</p>
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Describe Circumstance of the Accident

- REFER TO POLICE REPORT T/20230109/7046 -



Declaration

(We declare that foregoing statements are true & correctly signed.)

  
 Signature of Driver

  
 Driver's Signature of Driver and the date (Date & Time)

 09/01/2023  
 Witnessed by Reporting Officer (Name & Date)



**SINGAPORE  
POLICE FORCE**



T/20230109/7046

1 of 4

Report No. T/20230109/7046

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2023 15:09	Vide Report No.: G/20230109/0052	Station Diary No.:
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**Informant's Particulars**

Name of Informant: FOK PAK CHUEN			Address: 130 BEDOK RESERVOIR ROAD #02-1345 SINGAPORE 470130		
ID Type / ID No.: NRIC NO. / S1117226A			Contact No.: Home/Office: Mobile: 92700193		
Nationality: SINGAPORE CITIZEN			Email: PCFOK2002@YAHOO.COM.SG		
Sex: Male	Age: 67	Date of Birth: 01/02/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	09/01/2023 07:50	Straight Road
Location:				
MARINE PARADE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Clear		Dry		
Traffic Flow:		Traffic Control:	Traffic Volume:	
One Way		Not Controlled	Moderate	
Type of Collision:			Anyone conveyed by ambulance:	
Between Moving Vehicles - Head To Rear			Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB2182P	Car					0
SLV1047B	Car				Seriously Damaged	1
SMK4846Z	Car					0



**SINGAPORE  
POLICE FORCE**



T20230109/7046

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

Report No: T20230109/7046

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG CHEOW HAN	ID No:	S1255603I
Related Vehicle:	SHB2182P (Car)	Contact No:	NIL
Hospital/Clinic:	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	FOK PAK CHUEN	ID No:	S1117226A
Related Vehicle:	SLV1047B (Car)	Contact No:	92700193
Hospital/Clinic:	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	MUHAMMAD DANIAL BIN ADNAN	ID No:	S9639288E
Related Vehicle:	SMK4646Z (Car)	Contact No:	NIL
Hospital/Clinic:	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details**

I was travelling along ECP towards City on the extreme right lane.  
The vehicle in front of mine came to a stop.  
I followed to slow down and stop.  
Suddenly, I felt an impact from the rear.  
The impact caused my vehicle to surge forward and collide onto the vehicle in front.

TP was on scene and took my SD card.  
I had a passenger with me at the time of accident, she was conveyed to the hospital.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T/20230109/7046

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Report No. T/20230109/7046

CONTINUATION OF REPORT

Sketch 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 / TPB /  
MOHAMMED FERQZ BIN HUSSEIN  
Contact No. 65476206

NP165

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

Date/Time:  
09/01/2023 15:09

Classification Of Case:





SINGAPORE  
POLICE FORCE



T/20230109/7046

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

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Report No: T/20230109/7046

CONTINUATION OF REPORT

Her details are as follow:  
Name: Ms Koh  
Contact No: 97545777

I felt unwell after the accident and visited Advance Clinic & Surgery Pte Ltd and was given 5 days MC.