

# 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 .....	25/01/2023 14:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/01/2023 11:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE (PIE) BEFORE SELETAR LINK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF2677K

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ER BENG KIONG, ALVIN
NRIC No .....	S8126817G
Email Address .....	alviner@gmail.com
Mobile Phone No .....	(Phone) +65-81895808
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezei
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5103770837-04

### DRIVER

Name of Driver .....	ER BENG KIONG, ALVIN
NRIC No .....	S8126817G
Date Of Birth .....	10/09/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	17/04/2003
Driving experience .....	19 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81895808
Alt. Phone Number .....	-
Email Address .....	alviner@gmail.com
Address .....	BLK 108A #09-11
Address complement .....	CANBERRA WALK
Postcode .....	751108
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 - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

#### 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 .....	To submit to workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJE5594A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LONG SHI RUEY JOEY
NRIC No .....	S7123686B
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 .....	ER BENG KIONG, ALVIN
Gender .....	Male
Phone No .....	(Phone) +65-81895808
Address .....	BLK 108A #09-11
Address Complement .....	CANBERRA WALK
Post Code .....	751108
Approximate Age Years Old .....	41
Injuries Sustained .....	Refer to Police Report
Injured person in which vehicle? .....	SLF2677K
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

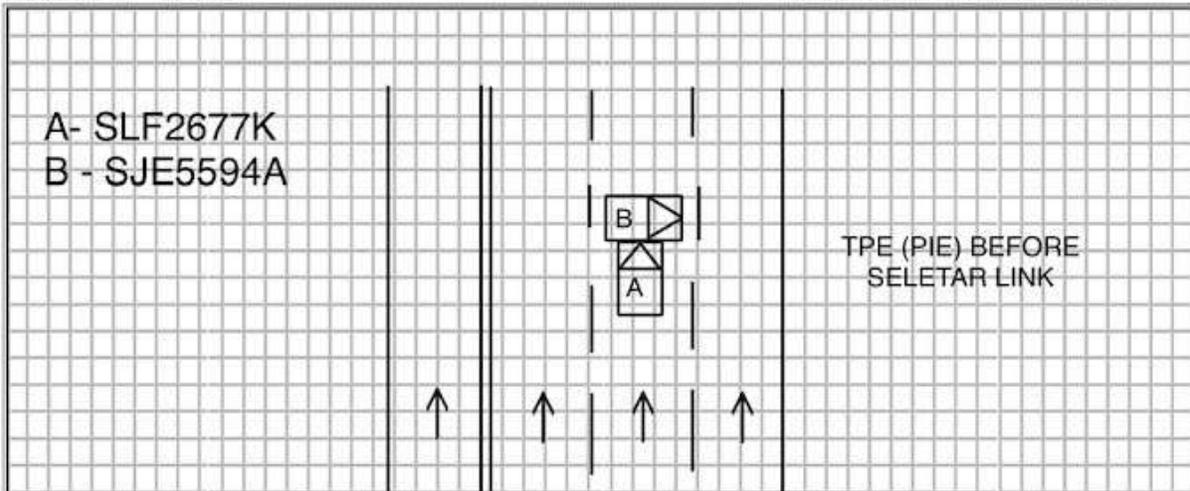


Policyholder's Signature / Date & Time  
25/01/2023  
Sketch Plan 1400HRS

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
MD SHAN KASMEIR BIN ABDULLAH









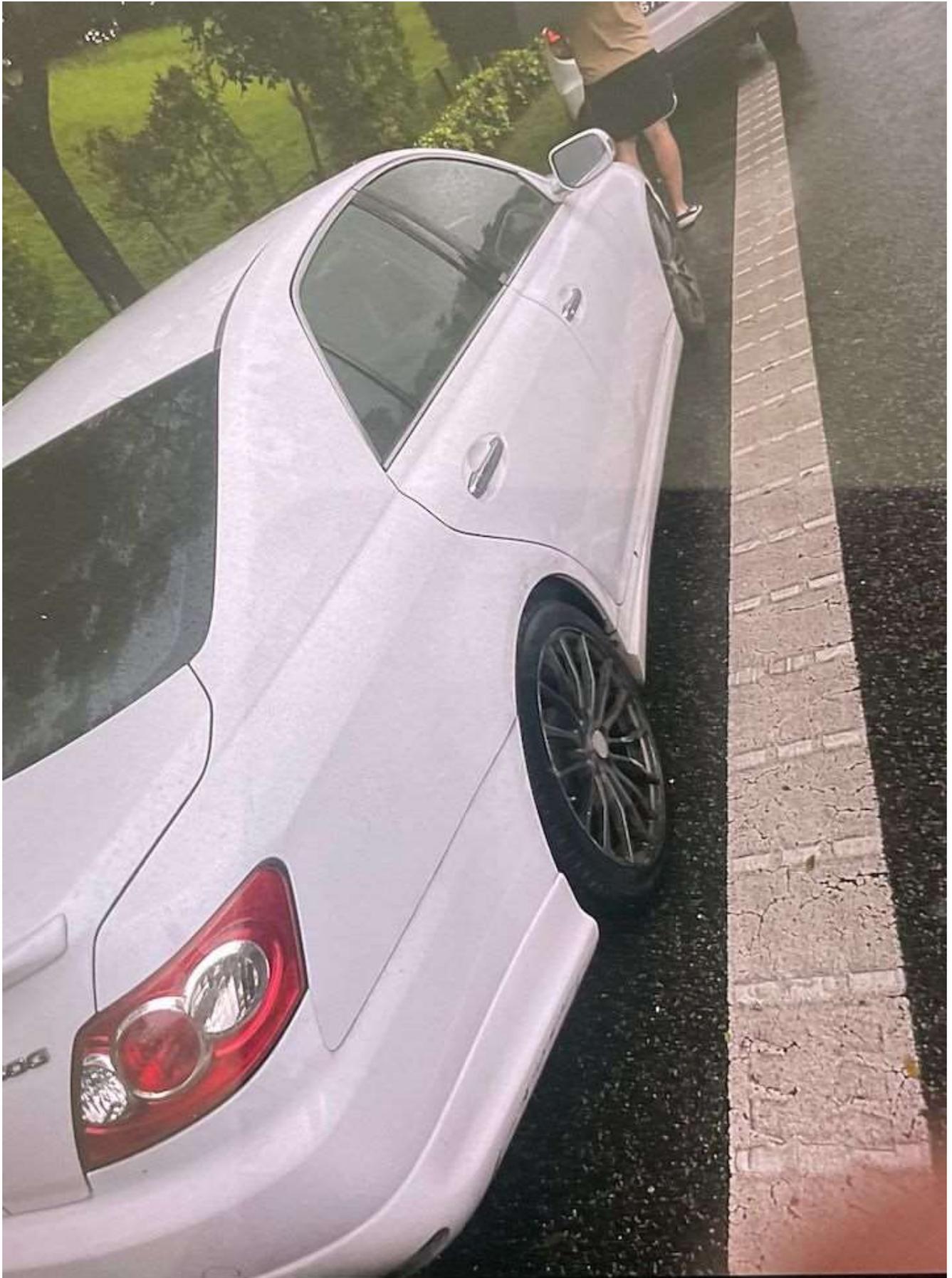


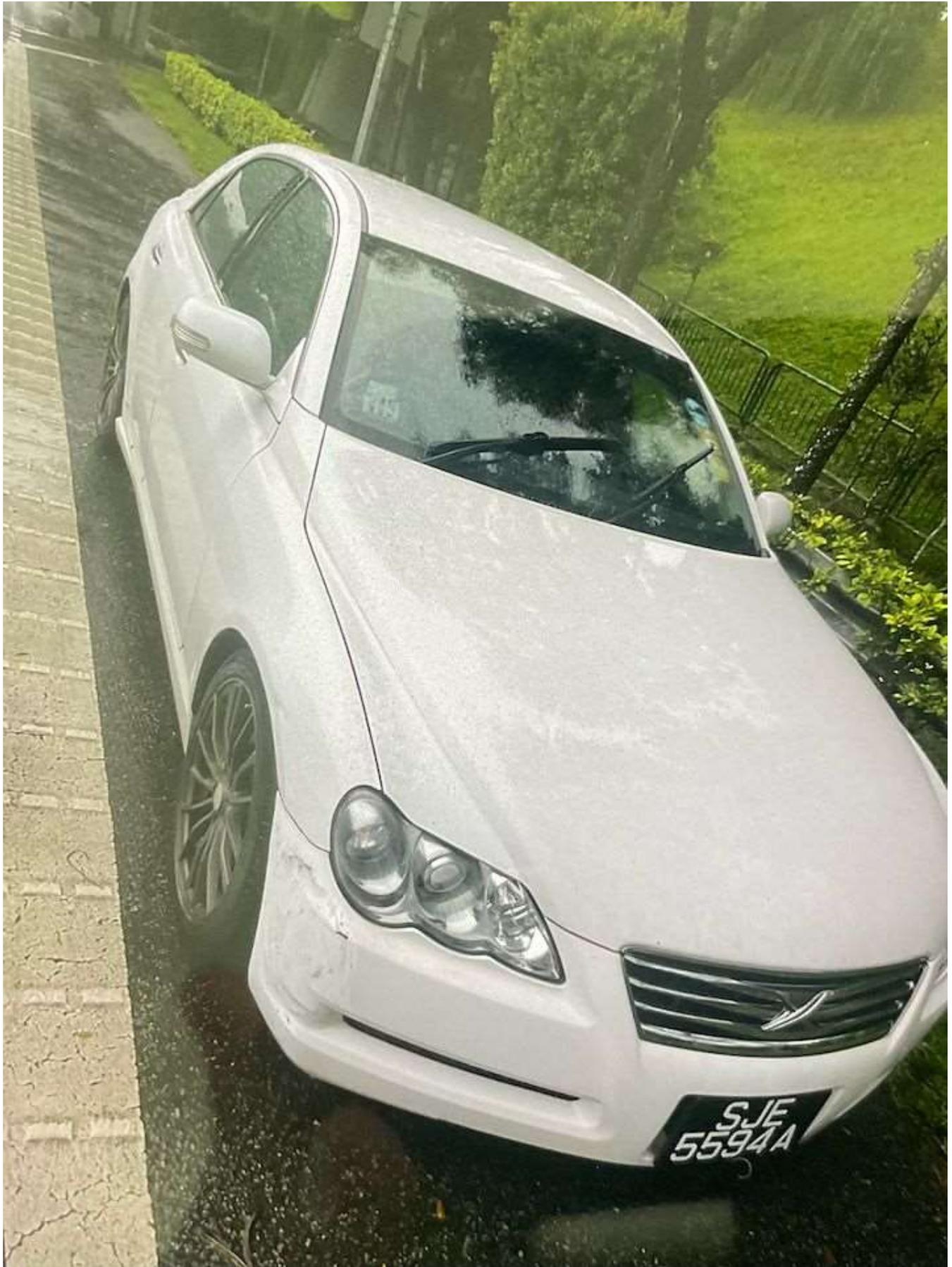













**SINGAPORE  
POLICE FORCE**


T/20230124/2064

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20230124/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2023 22:00	Vide Report No.:	Station Diary No.: 60
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: ER BENG KIONG, ALVIN		Address: APT BLK 108A CANBERRA WALK #09-11 SINGAPORE 751108	
ID Type / ID No.: NRIC NO / S8126817G		Contact No.: Home/Office: Mobile: 81895808	
Nationality: SINGAPORE CITIZEN		Email: alviner@gmail.com	
Sex: Male	Age: 41	Date of Birth: 10/09/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEERING MANAGER		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: 24/01/2023 11:05	Type of Location:
Location: TAMPINES EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE5594A	Car				Slightly Damaged	0
SLF2677K	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF2677K	NTUC Income Insurance Co-Operative Limited	5103770837-04	19/08/2022	18/08/2023



**SINGAPORE  
POLICE FORCE**



T/20230124/2064

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No. T/20230124/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ER BENG KIONG, ALVIN	ID No.	S8126817G
Related Vehicle	SLF2677K (Car)	Contact No.	81895808
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/01/2023	Date Discharge	24/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 24/01/2023 at about 1105hrs, I was travelling along TPE towards airport on lane 2. At that time, it was raining.

While I was travelling, a white vehicle, SJE5594A, who was travelling at lane 1, suddenly skidded and spin towards lane 2. I could not stop in time and hit his vehicle. Subsequently, the vehicle stop at the side of the expressway. I then stop at the side to make a check. My vehicle sustain damage to the front bumper. We exchange particular and left. When I reached home, I felt giddy and vomited once. I also felt stiff neck. I then went to Khoo Teck Puat Hospital. I was given 3 days of MC.

I also had in camera in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20230124/2064

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20230124/2064

**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:

L/  
STAFF SGT JASRIN BIN SARAPI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/01/2023 22:00

Officer In Charge Of Case:

TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168

