

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 10/01/2023 14:55 (SGT)
Reported by Driver
Date of Accident 06/01/2023 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information MOSQUE STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA9190D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS LEASING PTE LTD
Company Reg No 201603575K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-65552222
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5128626563

DRIVER

Name of Driver KHOO CHUAN SENG EDDIE
NRIC No S6942807Z
Date Of Birth 08/12/1969
Occupation Outdoor

Date Of Driving Pass	10/06/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97658988
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	BLK 201D PUNGGIL FIELD #15-276
Address complement	-
Postcode	824201
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	Collision - Major/Minor Rd
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

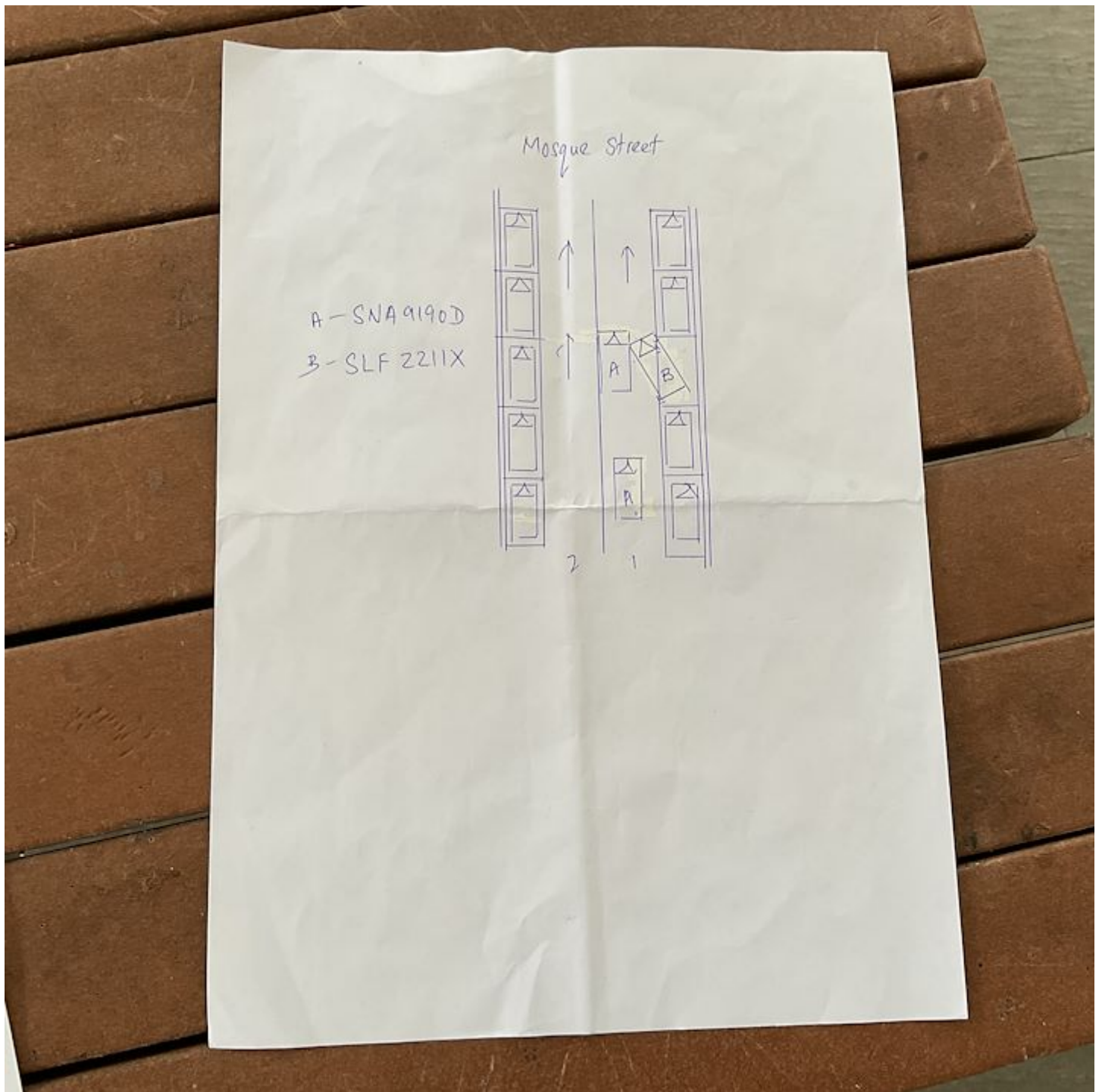
Vehicle Registration Number	SLF2211X
Vehicle Manufacturer	Porsche
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94469366
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	KHOO CHUAN SENG EDDIE
Gender	Male
Phone No	(Phone) +65-97658988
Address	BLK 201D PUNGGIL FIELD #15-276
Address Complement	-
Post Code	824201
Approximate Age Years Old	53
Injuries Sustained	SORE RIGHT ARM,NECK,LOWER BACK BONE AND RIGHT LEG
Injured person in which vehicle?	SNA9190D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

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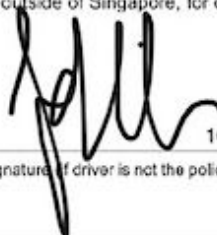
8. Consent under the Personal Data Protection Act (PDPA)

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.



10/01/2023 1450HRS



TEN TOH KIAT HENRY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

REFER TO ATTACHMENT

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& TimeWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

TIEN TOH KIAT HENRY

2







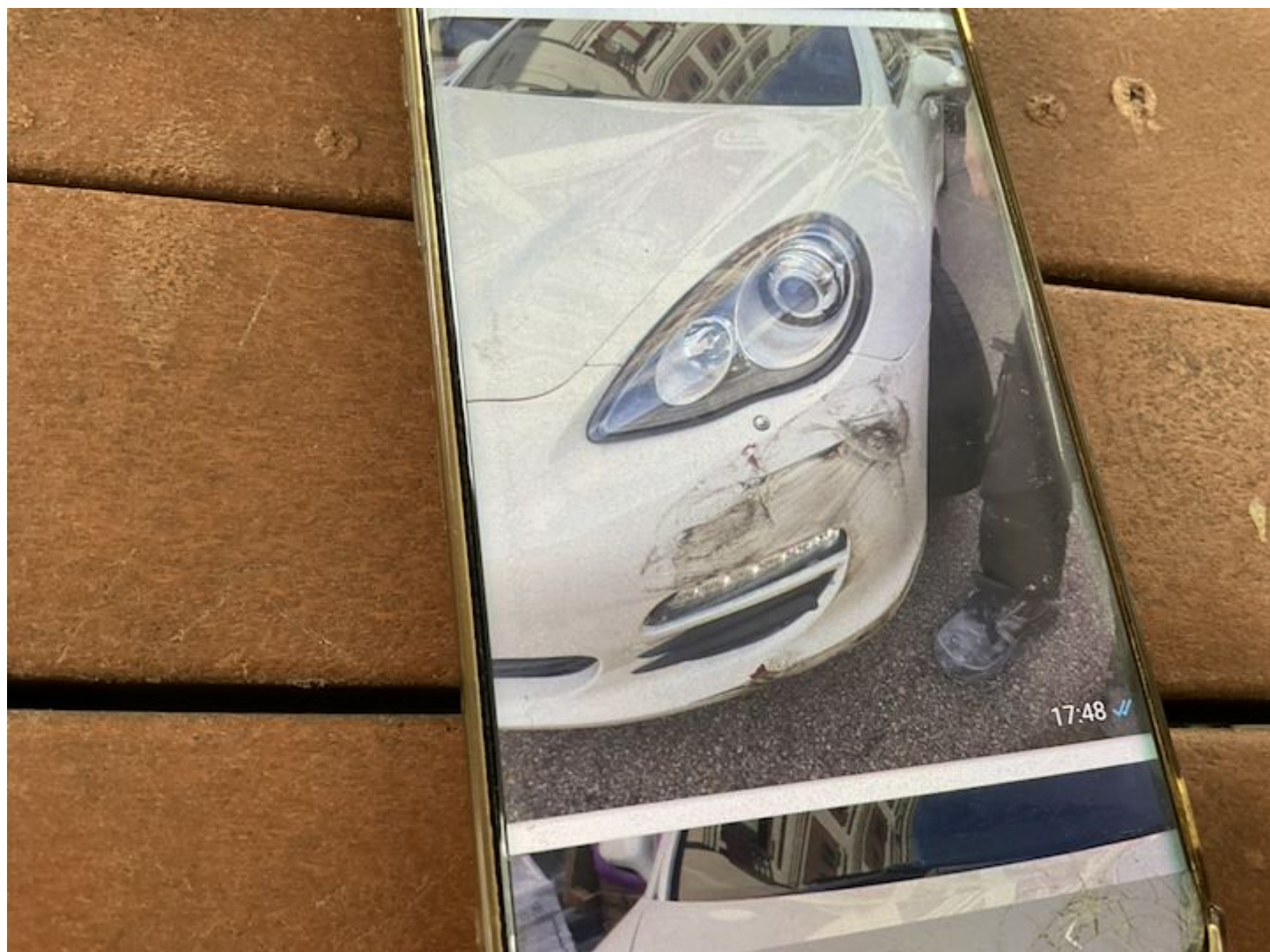


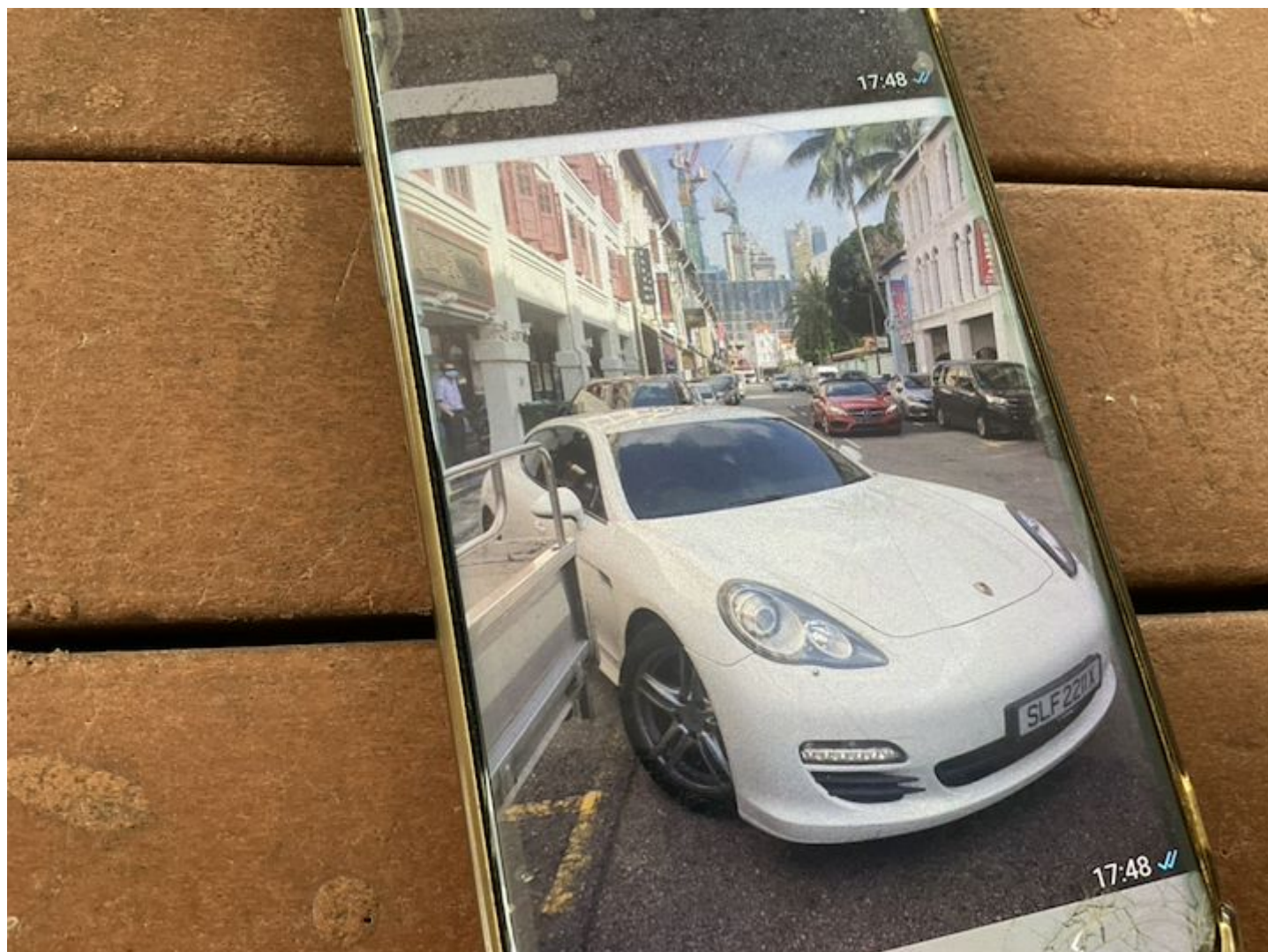


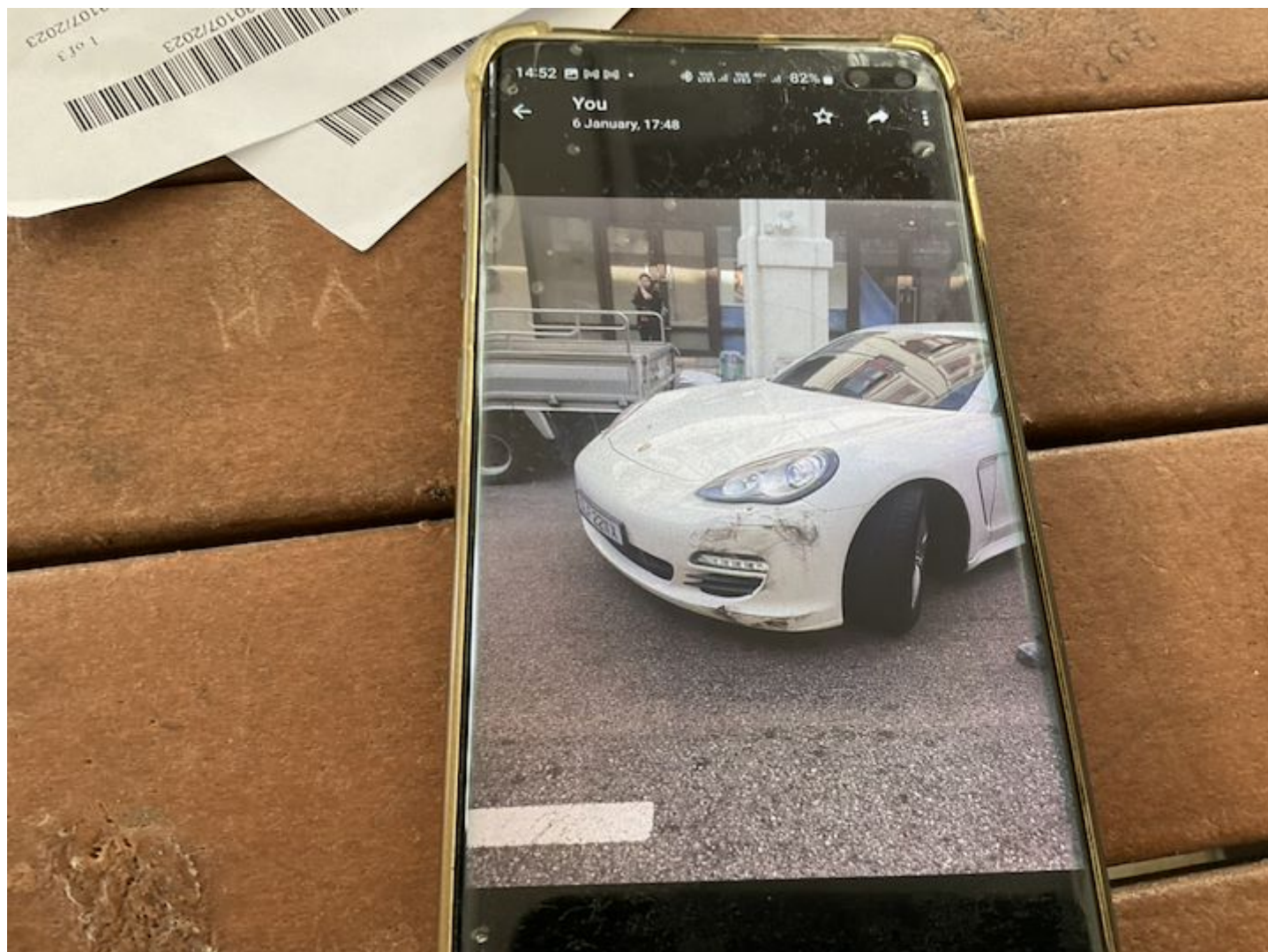












**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230107/2023

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Report No. T/20230107/2023

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:
G /
SGT 3 SHOW XIN DA, DYLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/01/2023 12:09

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

Classification Of Case:

NP168


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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



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Report No. T/20230107/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2023 12:09 Vide Report No.: Station Diary No.: 20

Informant's Particulars

Name of Informant: KHOO CHUAN SENG EDDIE
Address: APT BLK 201D PUNGGOL FIELD #15-276 SINGAPORE 624201
ID Type / ID No.: NRIC NO / S8942807Z
Contact No.: Home/Office: Mobile: 97658938
Nationality: SINGAPORE CITIZEN
Email: eddiekhoo1188@gmail.com
Sex: Male Age: 53 Date of Birth: 08/12/1969
Type of Informant: Driver
Race: Chinese Language: Institution / School Name:
Occupation: Private Hire Driver
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: 06/01/2023 17:15	Type of Location: Straight Road
Location: MOSQUE STREET				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF2211X	Car	PORSCHE		White	Seriously Damaged	0
SNA9190D	Car	TOYOTA	Prius	Silver	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230107/2023

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Report No. T/20230107/2023

CONTINUATION OF REPORT

Driver			
Name	Driver	ID No.	NIL
Related Vehicle	SLF2211X (Car)	Contact No.	94469366
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	KHOO CHUAN SENG EDDIE	ID No.	S6942807Z
Related Vehicle	SNA9190D (Car)	Contact No.	97658988
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and location, I was driving along Mosque Street along the right lane. There were numerous cars parked in a parallel direction. While I was driving along the said road, the other involved vehicle suddenly drove out of his parking lot and collided into the side of my car. My car suffered a huge dent at the driver side from the front view all the way to the end. The other vehicle also suffered a dent to the front bumper.

We then exchanged contact details before leaving the scene. I then went to seek medical attention for my sore right arm and right leg, neck and lower back bone. I was given 5 days medical certificate vide MC2301074468 from 7/1/2023 to 11/01/2023. I do have an in-car camera installed but I am unsure if it is working or not.

