

# 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 .....	16/02/2023 15:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/02/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PLAYFAIR ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJR8486R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FOO CE RONG SOLOMON
NRIC No .....	SXXXX596D
Email Address .....	solomonfcr@gmail.com
Mobile Phone No .....	(Phone) +65-81832118
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124307030-01

### DRIVER

Name of Driver .....	CHOO WAN CHING
NRIC No .....	SXXXX132I
Date Of Birth .....	08/06/1993
Occupation .....	Indoor

Date Of Driving Pass .....	07/08/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81832118
Alt. Phone Number .....	-
Email Address .....	wanchingchoo@gmail.com
Address .....	157F TAMARIND RD #04-04
Address complement .....	-
Postcode .....	806110
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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 .....	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

##### REFER TO POLICE REPORT & STATEMENT

\* NOT SURE ANY PASSENGER ON BOARD OF PC8453T.

#### 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 .....	EMAIL TO INS CO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDQ6580R
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Vehicle Manufacturer .....	Nissan
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) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	PC8453T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	CHOO WAN CHING
Gender .....	Female
Phone No .....	(Phone) +65-97252321
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SJR8486R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

VEH NO: SJR8486R  
INSURER: NIAMA  
DATE OF ACC: 15/02/23 @ 1800

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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)**

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.

*[Signature]*

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

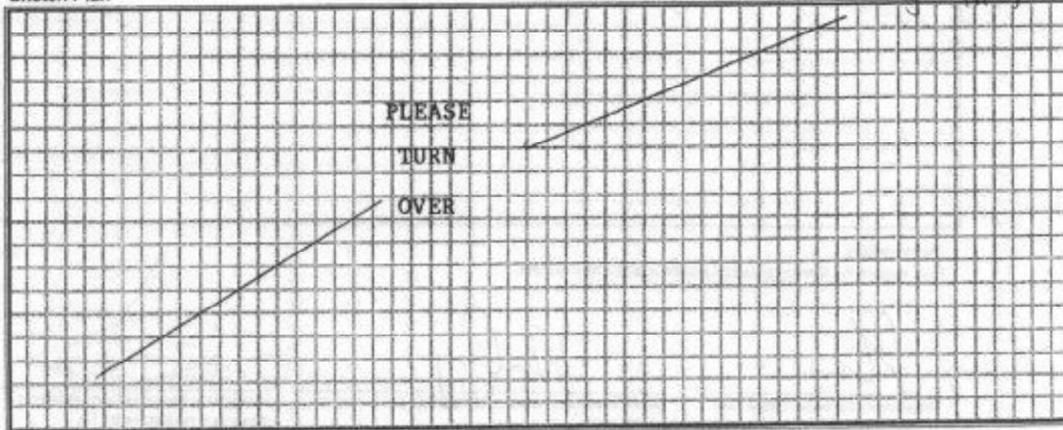
Driver's Signature (if driver is not the policyholder) / Date & Time

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

16/02/23

*[Signature]*

Sketch Plan



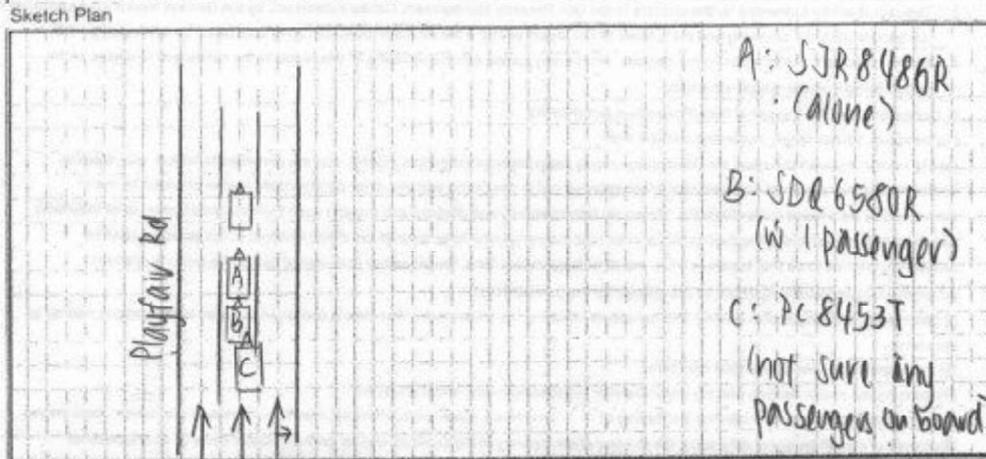
**Describe Circumstance of the Accident**

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy    (  ) Claim Third party    ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )



Vehicle No: SJR8486R (Income)

Date & Time: 5/02/23 @ 1800 (cleaning)

I follow front vehicle to stop before a traffic junction. A moment later, felt an impact from the back and realised vehicle SDQ6580R had hit onto the back of my stationary vehicle. Upon alighting, I saw another vehicle PC8453T behind of SDQ6580R. I was involved in a 3 vehicle chain collision. I felt discomfort on my neck and went to A&E on last night, was given 3 days MC.

**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 & Time

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





**SINGAPORE  
POLICE FORCE**



T/20230216/7031

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

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Report No. T/20230216/7031

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR8486R	NTUC INCOME	5124307030-01	16/01/2023	15/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WAN CHING CHOO	ID No.	S93201321
Related Vehicle	SJR8486R (Car)	Contact No.	97252321
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	15/02/2023	Date	16/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Vehicle Owner			
Name	FOO CE RONG, SOLOMON	ID No.	S9317596D
Related Vehicle	NIL	Contact No.	81832118
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.

My wife was driving my car (SJR8486R). She followed front vehicle to stop before the traffic junction. A moment later, she felt an impact from the back and realized car SDQ6580R had hit onto the back of the car. Upon alighting, she saw another vehicle PC8453T behind of SDQ6580R. She was involved in a 3 vehicle chain collision. She felt discomfort on my neck area and went to A&E on 15 Feb 2023 night, was given 3 days MC.

For clarity, I (SOLOMON FOO, owner of car) was not present in the car. Only my wife (CHOO WAN CHING) as driver.



**SINGAPORE  
POLICE FORCE**



T/20230216/7031

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

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Report No. T/20230216/7031

**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 / TPIB /  
KOH WEI JIE  
Contact No.: 97303412

NP168

Signature Of Informant:

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

Date/Time:  
16/02/2023 13:56

Classification Of Case: