

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 25/10/2022 16:31 (SGT)
Reported by Driver
Date of Accident 21/10/2022 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ORCHARD BOULEVARD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME485D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG CAR RENTAL PTE. LTD.
Company Reg No 202016011H
Email Address TRIDENTAUTO.CLAIMS@GMAIL.COM
Mobile Phone No (Phone) +65-83599057
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5117854864-02

DRIVER

Name of Driver WU XINGHUA
NRIC No S7061181C
Date Of Birth 10/09/1970
Occupation Outdoor

Date Of Driving Pass	25/04/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97850270
Alt. Phone Number	-
Email Address	TRIDENTAUTO.CLAIMS@GMAIL.COM
Address	BLK 242 YISHUN RING ROAD #06-1142
Address complement	-
Postcode	760242
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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	SLZ8040C
Vehicle Manufacturer	Volkswagen
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Blue
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)	-

SKETCH PLAN

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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.
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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.



25/10/2022
1619hrs

Policyholder's Signature / Date & Time

[Signature]

25/10/2022
1615hrs

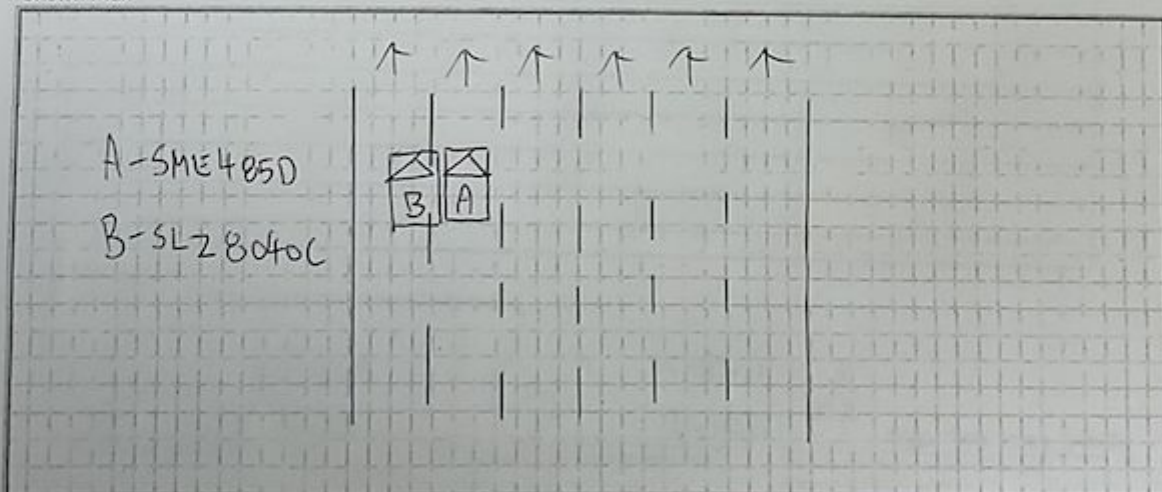
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

TIAN TON KAT HENRY

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS.

Declaration

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



25/10/2022
1615hrs

Policyholder's Signature / Date & Time

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

25/10/2022
1615hrs

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

TIEW TOH KIAT HENKY















**SINGAPORE
POLICE FORCE**

T/20221021/2108

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20221021/2108

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 /
SGT 2 LEONG LE YI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/10/2022 21:53

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**


T/20221021/2108

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Report No. T/20221021/2108

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver			
Name	WU XINGHUA		ID No. S7061181C
Related Vehicle	SME485D (Car)		Contact No. 97850270
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along Orchard Blvd when suddenly a car, SLZ8040C, drove from the lane on my left lane into my current lane, and because of that, his driver side side swiped the left side of my car causing scratches. He did not stop even when I approached him when I stopped at a traffic light in front. He ignored my and drove off. I have a video tape of the incident through my in car camera.


**SINGAPORE
POLICE FORCE**


T/20221021/2108

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20221021/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 21:53	Vide Report No.:	Station Diary No.: 151
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Informant's Particulars

Name of Informant: WU XINGHUA			Address: APT BLK 242 YISHUN RING ROAD #06-1142 SINGAPORE 760242	
ID Type / ID No.: NRIC NO / S7061181C			Contact No.:	Mobile: 97850270
Nationality: CHINESE			Home/Office:	
			Email:	
Sex: Male	Age: 52	Date of Birth: 10/09/1970	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2022 16:30	Type of Location: Straight Road
Location: ORCHARD BOULEVARD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ8040C	Car					0
SME485D	Car				Slightly Damaged	0

Details of Person Involved

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

