

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	24/02/2023 12:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC8018R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH CHING BOCK
NRIC No	YAHOO.

Alternative Phone No	-
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VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	5123405233-01

DRIVER

Name of Driver	PEH CHING BOCK
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass
 Driving experience MONTHS
 Gender Male
 Mobile Number (Phone) +6
 Alt. Phone Number -
 Email AddressSG
 Address
 Address complement -
 Postcode
 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 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 HAN BING QIAN CRYSTAL (GRAB PASSENGER)
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Choa Chu Kang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18007659999
 Alt. Police Station Phone No (Fax) +65-67644104
 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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 OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2907L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QUAH KIM HYE
NRIC No	
Contact Number	(Phone) +6
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL681D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	FAN WAH SING
NRIC No	
Contact Number	(Phone)
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HAN BING QIAN CRYSTAL (GRAB PASSENGER)	
Gender	Female	
Phone No	(Phone) +	2
Address	-	
Address Complement	-	
Post Code	-	
Approximate Age Years Old	30	
Injuries Sustained	-	
Injured person in which vehicle?	SNC8018R	
Were seat belts worn?	No	
Was this injured conveyed to hospital by ambulance?	Yes	

INJURED 2

Name of injured person	-
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	-
Injured person in which vehicle?	SLL681D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	PEH CHING BOCK
Gender	Male
Phone No	(Phone) +65
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	56
Injuries Sustained	MEDICAL LEAVE 7 DAYS FROM 24022023 TO 02032023 SUFFERED INJURIES TO HAND AND BACK
Injured person in which vehicle?	SNC8018R
Were seat belts worn?	No
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.

Signature
24/2/23
1230HRS

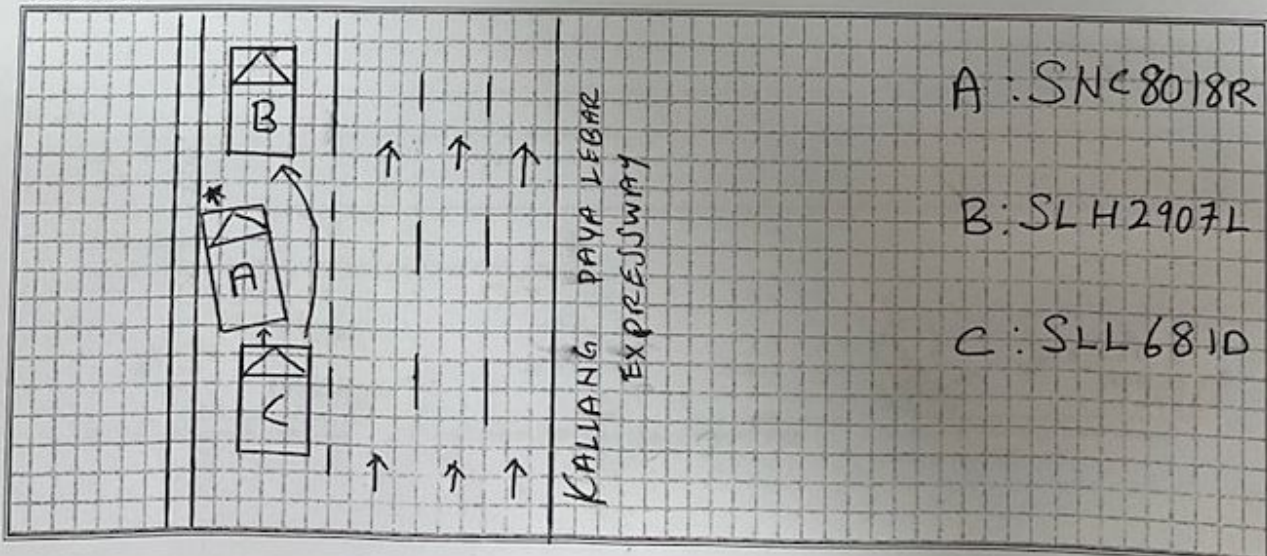
Policyholder's Signature / Date & Time

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

Signature
Suman S
5990968

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS FOR ACCIDENT STATEMENT.

Declaration

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

[Signature]

24/2/23

1230HRS

Policyholder's Signature / Date & Time

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

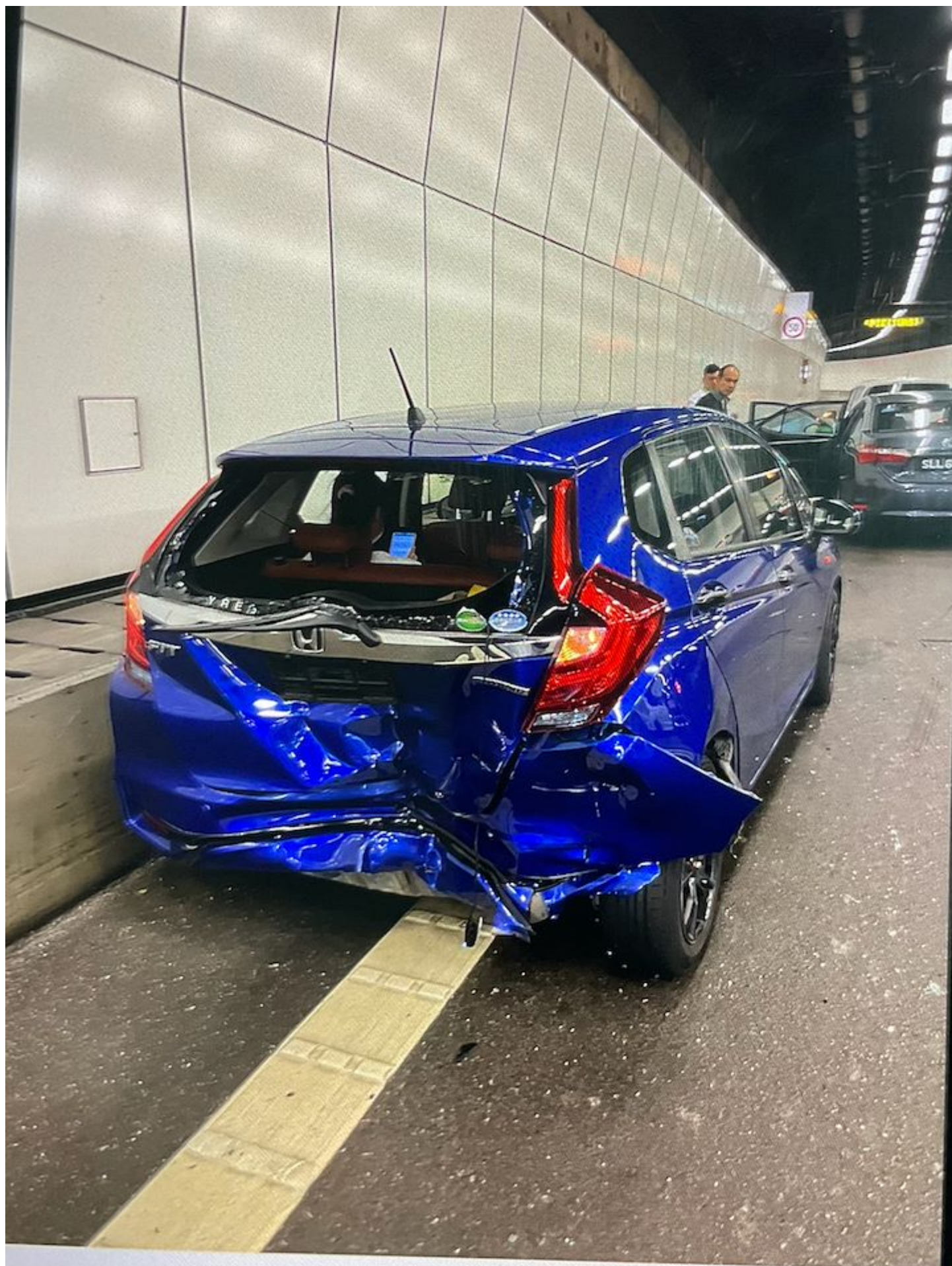
[Signature]

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S990968

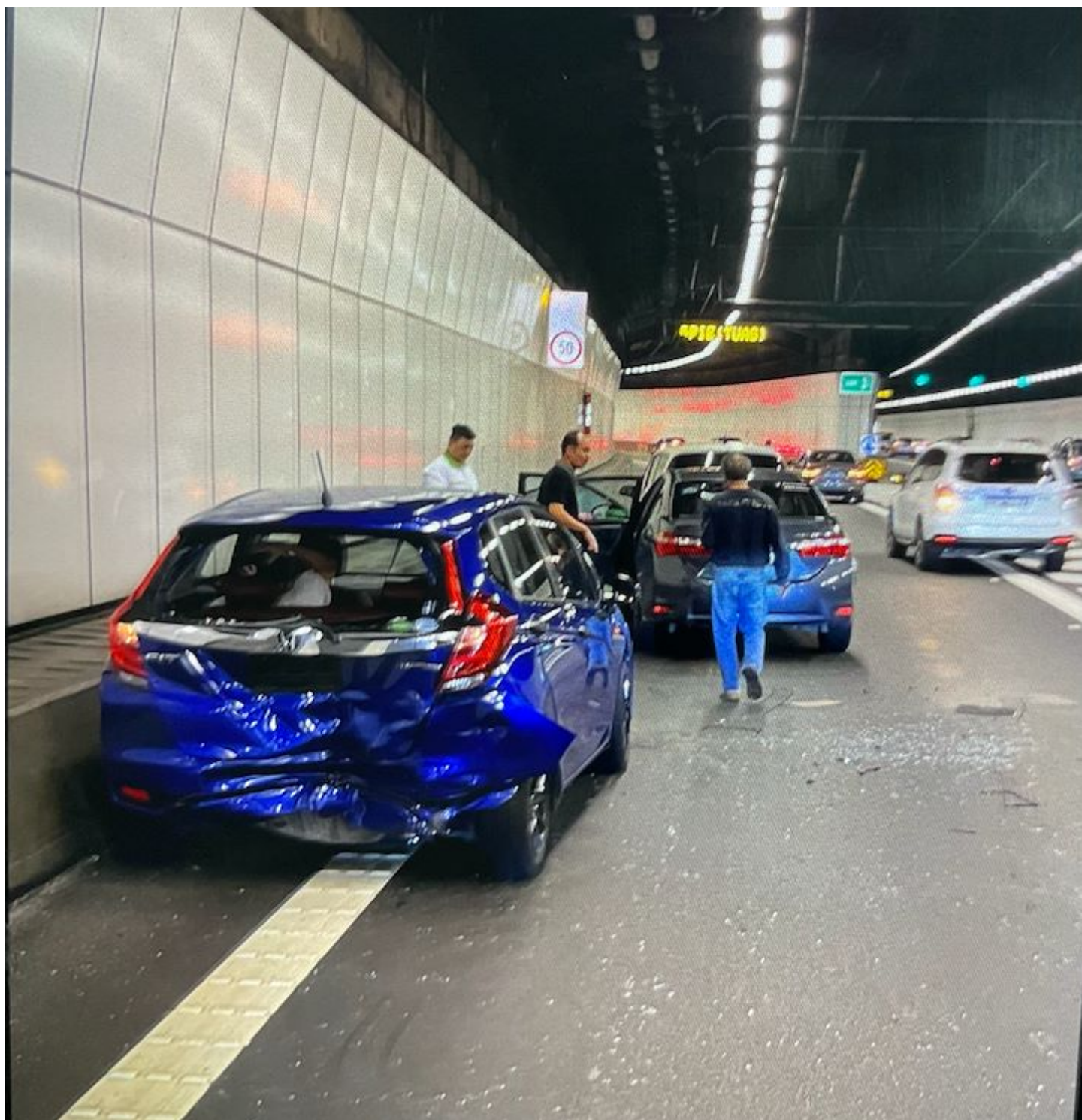
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

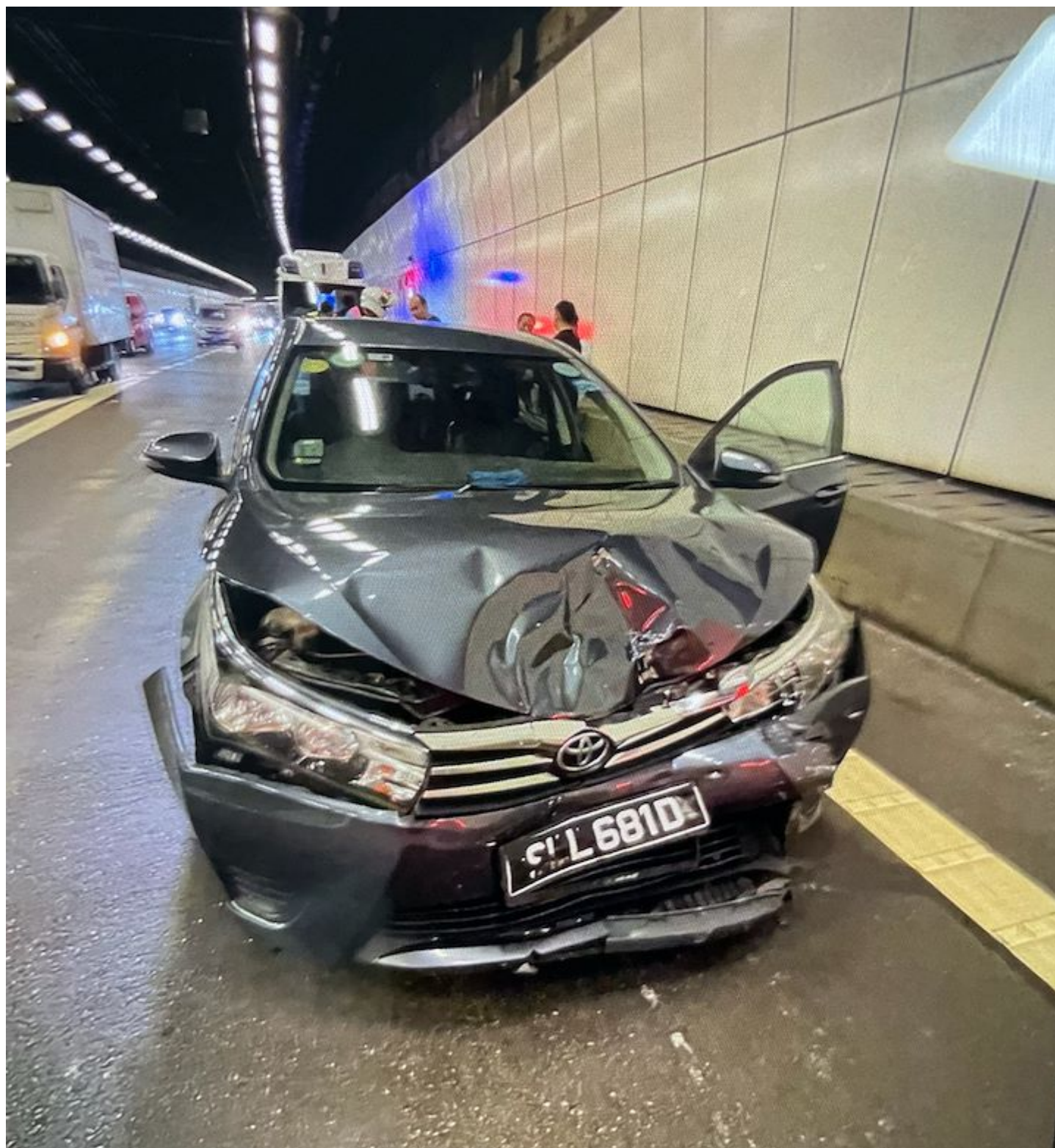


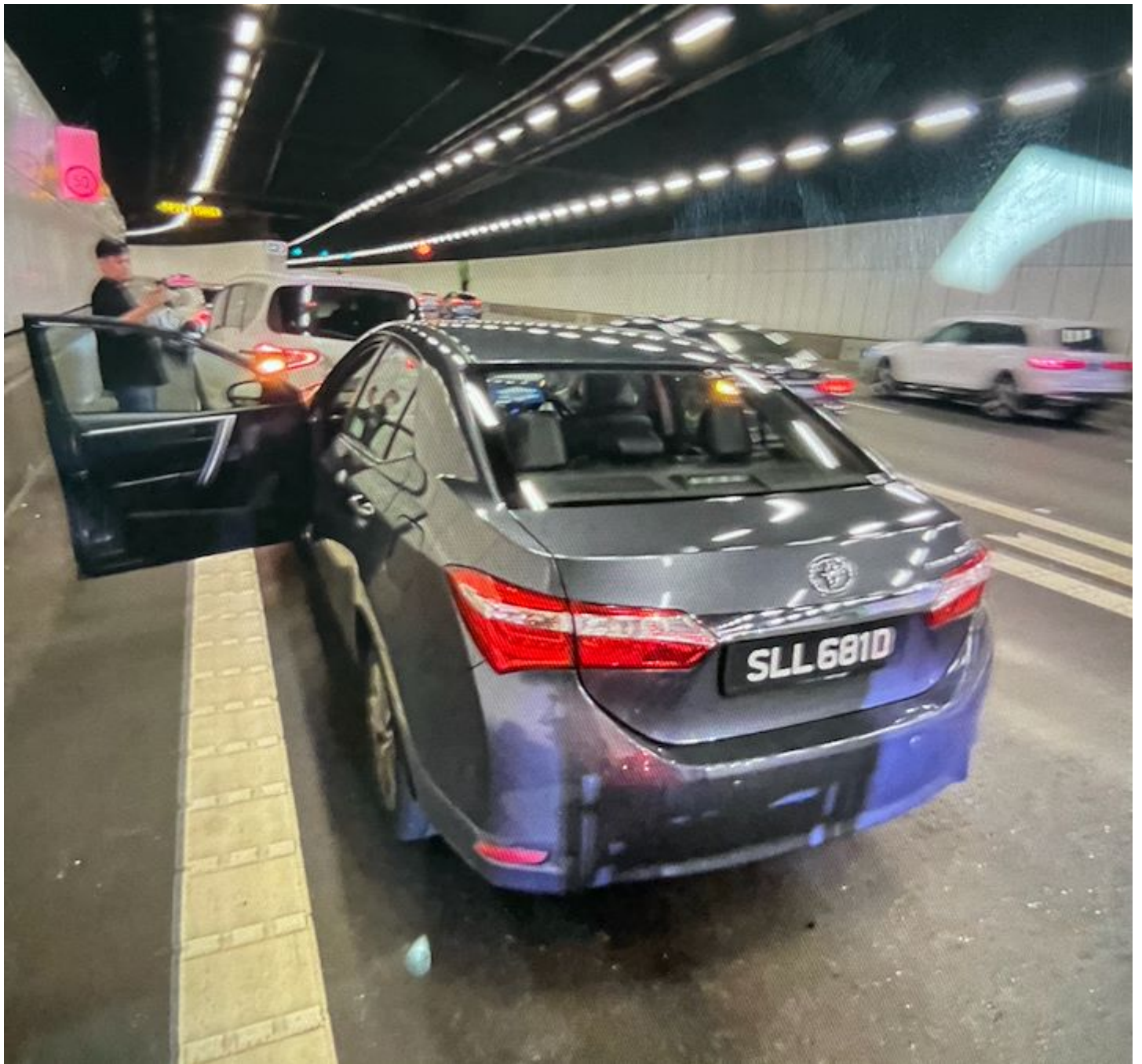






























SINGAPORE POLICE FORCE



T/20230224/2004

1 of 4

Report No. T/20230224/2004

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2023 00:52	Vide Report No.: G/20230223/0148	Station Diary No.: 16
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Informant's Particulars

Name of Informant: PEH CHING BOCK		Address: [REDACTED]	
ID Type / ID No.: NRIC NO [REDACTED]	Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	Email: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Type of Informant: Driver	
Sex: Male	Age: [REDACTED]	Language:	Institution / School Name:
Race: Chinese	Occupation: MACHINIST	Driving Licence Information: Class: 2B, 2A, 3, 4, 5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 18:30	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH2907L	Car				Seriously Damaged	0
SLL681D	Car				Seriously Damaged	1
SNC8018R	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230224/2004

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230224/2004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC8018R	NTUC Income Insurance Co-Operative Limited	5123405233-01	22/11/2022	21/11/2023

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

Driver			
Name	QUAH KIM HYE	ID No.	[REDACTED]
Related Vehicle	SLH2907L (Car)	Contact No.	[REDACTED]
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	FAN WAH SING	ID No.	[REDACTED]
Related Vehicle	SLL681D (Car)	Contact No.	[REDACTED]
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

Passenger			
Name	HAN BING QIAN CRYSTAL	ID No.	NIL
Related Vehicle	SNC8018R (Car)	Contact No.	[REDACTED]
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



SINGAPORE POLICE FORCE



T/20230224/2004

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230224/2004

CONTINUATION OF REPORT

Driver				
Name	PEH CHING BOCK		ID No.	[REDACTED]
Related Vehicle	SNC8018R (Car)		Contact No.	[REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 23/02/2023 at 1830hrs, I was driving my vehicle bearing registration SNC8018R along KPE and was slowing down as there was vehicle in front of me slowly stopping at the exit towards Exit 3 (PIE). As I was slowing down, a vehicle bearing SLL681D from behind hit my vehicle from the rear. As a result, my vehicle was pushed to the side and the front left of my vehicle hit onto the Tunnel Wall Kerb.

After SLL681D hit onto me, the vehicle continued to accelerate forward and hit onto another vehicle bearing registration number SLH2907L.

After the accident, I made a check on my "Grab" passenger namely Han Bing Qian Crystal (HP: [REDACTED]) as she complained of pain. Thereafter, I came down and exchanged particulars with the rest of the drivers. Subsequently, Police and Ambulance attended to me. The Police Report is G/20230223/0148. My passenger was also conveyed to hospital as she complained of pain.

I wished to state that the rear of my vehicle SNC8018R was dented severally, and the front left of my vehicle was also dented. I wished to state that SLL681D front bumper was dented and cracked. I also wished to state that SLH2907C rear bumper suffered dent and cracks.



**SINGAPORE
POLICE FORCE**



T/20230224/2004

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Report No. T/20230224/2004

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:
J /
SGT 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/02/2023 00:52

Officer In Charge Of Case:
TP / GIT /
STAFF SGT NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

Classification Of Case:

NP168

