

# 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 .....	01/03/2023 15:18 (SGT)
Reported by .....	Driver
Date of Accident .....	28/02/2023 12:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Along Ubi Road 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML466Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KH LEASING PTE. LTD.
Company Reg No .....	201611813C
Email Address .....	kahupleasing@gmail.com
Mobile Phone No .....	(Phone) +65-90690032
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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 car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5109402481-03

### DRIVER

Name of Driver .....	JEFF NG SAY BENG
NRIC No .....	S7514322B
Date Of Birth .....	16/05/1975
Occupation .....	Outdoor

Date Of Driving Pass .....	11/06/1999
Driving experience .....	23 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88023463
Alt. Phone Number .....	-
Email Address .....	kahupleasing@gmail.com
Address .....	APT BLK 683B CHOA CHU KANG CRESCENT
Address complement .....	#05-382
Postcode .....	S682683
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 - Head to Rear
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) .....	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 .....	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 sketch plan

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ5607R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	UDAIYAPPN THIRUMOORTHY
Contact Number .....	-
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 .....	JEFF NG SAY BENG
Gender .....	Male
Phone No .....	(Phone) +65-88023463
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SML466Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

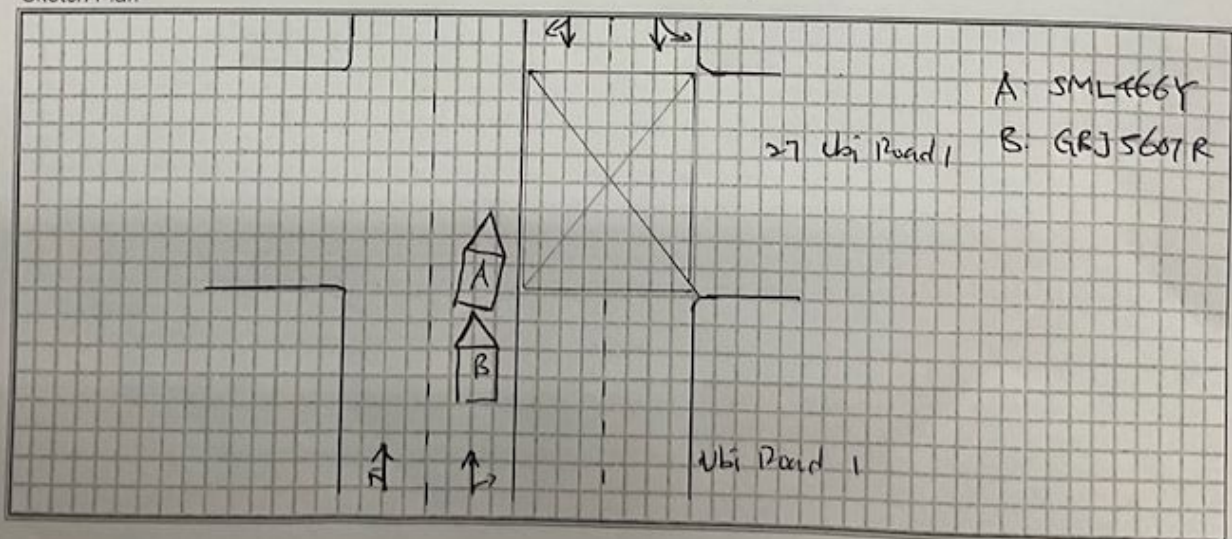


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report: T/20220228/2142

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 01/03/2023 1125 hrs

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





**SINGAPORE  
POLICE FORCE**



T/20230228/2142

2 of 3

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/20230228/2142

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	UDAIYAPPAN THIRUMOORTHY		ID No. NIL
Related Vehicle	GBJ5607R (Lorry)		Contact No. NIL
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
<b>Driver</b>			
Name	JEFF NG SAY BENG		ID No. S7514322B
Related Vehicle	SML466Y (Car)		Contact No. 88023463
Hospital/Clinic	LIFE FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2023		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight

**Brief Details.**

On 28/02/2023 at around 1230hrs, I was driving my vehicle (SML466Y) along Ubi Road 1 on the first lane. As I was about to enter ESR Reit Building by making a right turn, I turn on my right signal. There were oncoming vehicles on the opposite lane, so I stop my vehicle. In less than 3 seconds, a vehicle (GBJ5607R) from the back collided onto my vehicle. The impact was so hard that my rear mirror shattered, and my boot was dented. I exchange particulars with the driver of GBJ5607R.

However, as I went home, I felt pain on the back of my neck as well as my lower back. I decided to see a doctor at Life Family Clinic at Choa Chu Kang.

I am lodging this report as I received 3 days of Medical Certificate.

**SINGAPORE  
POLICE FORCE**

T/20230228/2142

3 of 3

Report No. T/20230228/2142

Police Station Of Origin:  
Choa Chu Kang N.P.C  
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 2 NUR SYUHADA BINTE  
ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/02/2023 23:18

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168