

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	09/02/2023 17:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/02/2023 22:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE EXIT TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3342G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HONG CHEE WEE
NRIC No	S8243504B
Email Address	LASHONG82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98264221
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5103852281-04

DRIVER

Name of Driver	HONG CHEE WEE
NRIC No	S8243504B
Date Of Birth	31/12/1982
Occupation	Outdoor

Date Of Driving Pass	17/09/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98264221
Alt. Phone Number	-
Email Address	LASHONG82@HOTMAIL.COM
Address	BLK 104 LORONG 1 TOA PAYOH
Address complement	#08-247
Postcode	310104
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	JUN XING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800294999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE7800T
Vehicle Manufacturer -
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) -

WITNESS DETAILS

WITNESS 1

Name JUN XING
Phone (Phone) +65-84688782
Email -

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.

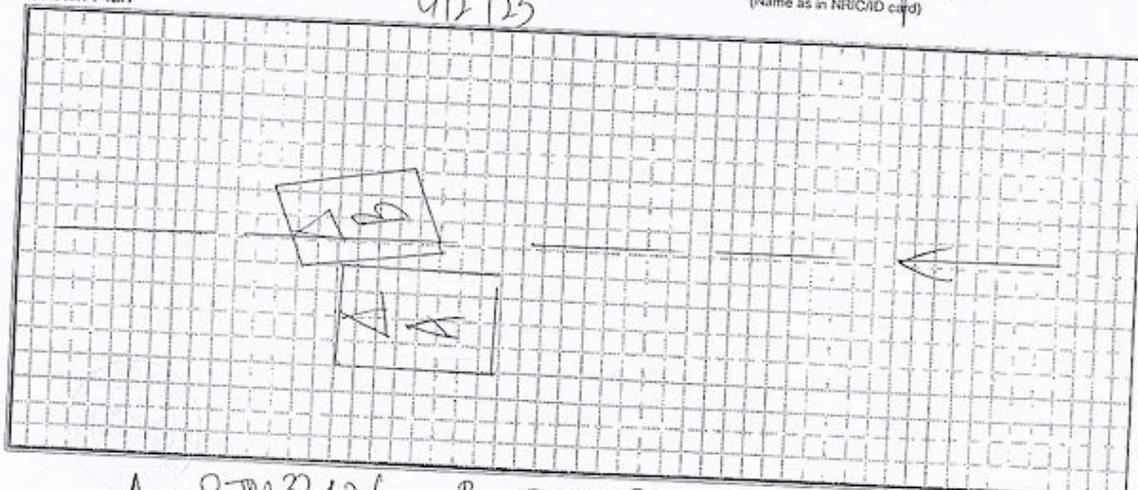
Policyholder's Signature / Date & Time

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

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



Sketch Plan



A - SJM33426 B - SLEA800T

Describe Circumstance of the Accident

Police Report

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

Policyholder's Signature / Date & Time

LHS
Driver's Signature (if driver is not the policyholder) / Date & Time
9/2/23

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
















**SINGAPORE
POLICE FORCE**


T/20230208/2115

1 of 3.

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20230208/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2023 23:27	Vide Report No.:	Station Diary No.: 162
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Informant's Particulars

Name of Informant: HONG CHEE WEE		Address: APT BLK 104 LORONG 1 TOA PAYOH #08-247 SINGAPORE 310104	
ID Type / ID No.: NRIC NO / S8243504B		Contact No.:	Mobile: 98264221
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 31/12/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PHV DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2023 22:25	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		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
SJM3342G	Car	MAZDA	MAZDA3 SP	Grey	Seriously Damaged	1
SLE7800T	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3342G	NTUC Income Insurance Co-Operative Limited	5103852281-04	29/12/2022	28/12/2023



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Tel No: 1800-2949999

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Report No. T/20230208/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HONG CHEE WEE	ID No.	S8243504B
Related Vehicle	NIL	Contact No.	98264221
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/02/2023, at about 2227 hrs, I was driving my vehicle bearing plate number SJM 3342 G and was travelling along Pan Island Expressway (PIE) which is exiting into Central Expressway (CTE) towards the direction of City. Which I was travelling on the left lane, I observed that there was another vehicle that was travelling very close to me on my right-hand side. Out of the sudden, the said vehicle then swerve into my lane that I was on and side swipe against my vehicle.

However, the said vehicle driver did not slow down or came to a stop. Instead, it accelerated and continued driving forward. I then started to horn and high beam at the said vehicle driver so as to get his attention. However, to no response by the said vehicle driver.

After I had managed to get close to the said vehicle to get this plate number "SLE 7800 T". I then stop chasing and went to the nearest police station to lodge a police report for it.

As of the moment, there was no injuries sustained by me and due to the darkness, I could only give an initial assessment of the scratches that was sustained by my vehicle near to the right fender area.

During the journey, I was also fetching one passenger (Name: Jun Xing , HP: 8468 8782) who was seated at the rear left passenger side of my vehicle. The said passenger had witnessed the accident process and is willingly to be contacted for further information.

I wish to state that there is an in-car camera that is installed at the front and rear of my vehicle, and I have downloaded the footage of the accident to hand over to the Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20230208/2115

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20230208/2115

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: A / SGT 3 LOW JIN KUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2023 23:27
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:

NP168

