

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 30/03/2023 12:45 (SGT)
Reported by Actual Driver
Date of Accident 29/03/2023 11:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG CHANGI SOUTH AVE 3.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP947R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VENTURE CARS PTE. LTD.
Company Reg No 200921343K
Email Address Allysonong@bw.com.sg
Mobile Phone No (Phone) +65-97318883
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 5126085493-01

DRIVER

Name of Driver KWOK YING KIT (GUO YINGJIE)
NRIC No S7831646B
Date Of Birth 25/10/1978

| | |
|--------------------------------------------------------------------|---------------------------------------|
| Date Of Driving Pass | 12/07/2004 |
| Driving experience | 18 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98462588 |
| Alt. Phone Number | - |
| Email Address | Allysonong@bw.com.sg |
| Address | BLK 60 NEW UPPER CHANGI ROAD #25-1214 |
| Address complement | - |
| Postcode | 461060 |
| 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 | 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) | 0 |
| 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 | Tanah Merah Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18004499999 |
| Alt. Police Station Phone No | (Fax) +65-62447251 |
| Police Station Address | Blk 51 New Upper Changi Road #01-1514 Singapore 461051 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND 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 | PA8481Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|-----------------------------------------------|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ROZAIL BIN BUANG |
| NRIC No | S1288393E |
| Contact Number | (Phone) +65-86557433 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.
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.



Policyholder's Signature / Date & Time

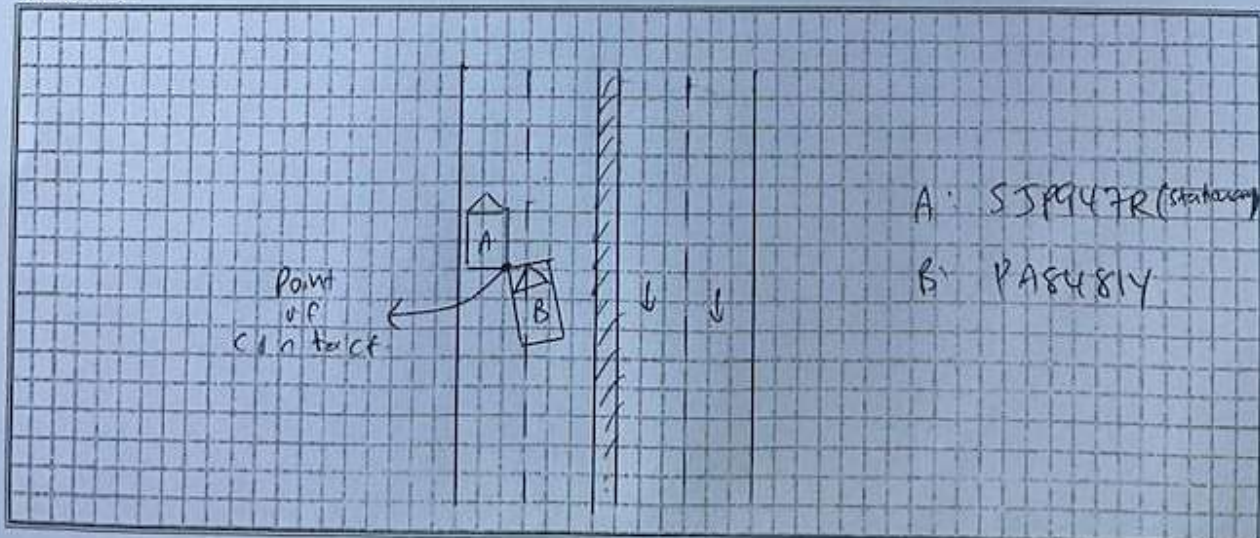
[Signature]

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

30/2/2023
E1300HJ

[Signature] Muhammad Nizam
B. Ali

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) S99385

Sketch Plan


Describe Circumstance of the Accident


refer to police report T/20230329/2057.

Declaration

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


Policyholder's Signature / Date & Time

 30/3/2023
e 1300h
Driver's Signature (if driver is not the policyholder) / Date & Time

 muhammad nizam
Bin Ali
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 5993573











**SINGAPORE
POLICE FORCE**



T/20230329/2057

2 of 3

Report No. T/20230329/2057

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------|------------------|-----------------------------------------------------------------------------------|
| Driver | | | |
| Name | ROZAIL BIN BUANG | | ID No. S1288393E |
| Related Vehicle | PA8481Y (Van) | | Contact No. 86557433 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | KWOK YING KIT | | ID No. S7831646B |
| Related Vehicle | SJP947R (Car) | | Contact No. 98462588 |
| 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.

On 29/03/2023 at about 1100hrs, I was standing outside my vehicle and my vehicle was stationary at the roadside on a 2 lane road along Changi South Ave 3. Subsequently, I saw a white HIACE van, PA8481Y travelling very fast on the second lane. The driver then collided onto the rear of my Grey Toyota car, SJP947R and mounted the kerb before hitting the bridge. As a result, my vehicle rear right was crumpled in and rear bumper was dislodged from my vehicle. There is in-car camera in my vehicle however, it is not recording. So far, no one is injured, and I do not have any witnesses. Both the driver and I then exchange particulars and we were later attended by the traffic police.


**SINGAPORE
POLICE FORCE**


T/20230329/2057

1 of 3

Report No. T/20230329/2057

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|-------------------------|
| Date/Time Report Made: 29/03/2023 14:00 | Vide Report No.: | Station Diary No.: 9 |
|--------------------------------------------|------------------|-------------------------|

Informant's Particulars

| | | | |
|------------------------------------------|------------|---------------------------------------------------------------------------|------------------------------|
| Name of Informant: KWOK YING KIT | | Address: APT BLK 60 NEW UPPER CHANGI ROAD #25-1214 SINGAPORE 461060 | |
| ID Type / ID No.: NRIC NO / S7831646B | | Contact No.: Home/Office: | Mobile: 98462588 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 44 | Date of Birth: 25/10/1978 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|----------------------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 29/03/2023 11:00 | Type of Location: Straight Road |
| Location: CHANGI SOUTH AVENUE 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| PA8481Y | Van | | | | Totally Damaged | 0 |
| SJP947R | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230329/2057

Police Station Of Origin:
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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

3 of 3

Report No. T/20230329/2057

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

STAFF SGT HEAP ZHI YONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2023 14:00

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

NP168

