

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	05/04/2023 18:52 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 15:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6712G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OH LIMO SERVICES
Company Reg No	5XXXX987L
Email Address	kravitzoh@yahoo.com.sg
Mobile Phone No	(Phone) +65-96925993
Alternative Phone No	+65-96925993

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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	1986

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5100220607-04

DRIVER

Name of Driver	OH WEE SIONG(HU WEIXIANG)
NRIC No	SXXXX950Z
Date Of Birth	05/11/1980
Occupation	Indoor

Date Of Driving Pass	30/03/2007
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98896669
Alt. Phone Number	+65-96925993
Email Address	kravitzoh@yahoo.com.sg
Address	BLK 507B WELLINGTON CIRCLE #08-134
Address complement	-
Postcode	752507
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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	PHV PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT: T/20230404/2098

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	WILL SUBMIT TO INSURER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1809A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	GISELLA CHUA YI TING
Contact Number	(Phone) +65-97332179
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO: SLC6712G
 INSURER: Income
 DATE OF ACC: 4/4/23
@ 15 John

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 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:

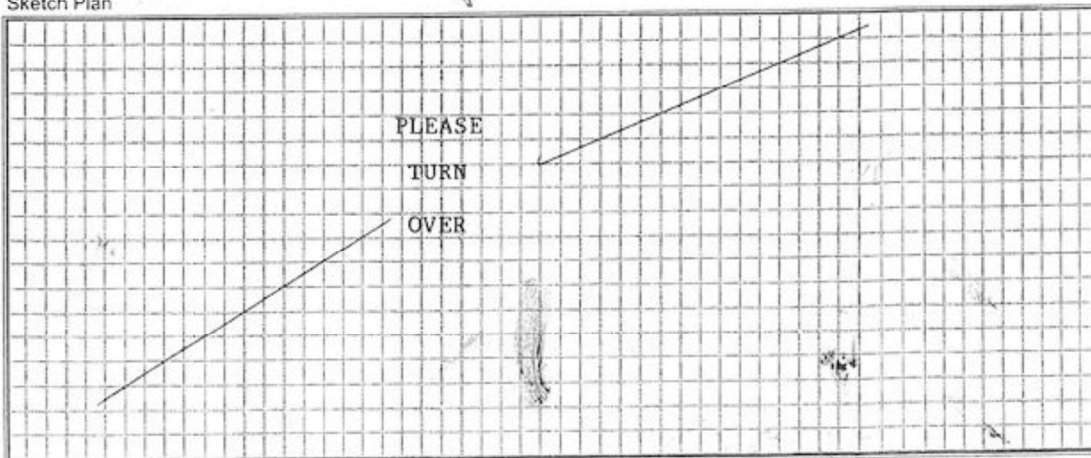
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A-SLC 67126
B-QX 1809A

Sembawang Road

Gambas Ave

Statement refer to Police Report T/20230404/2098

Declaration

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



Psychologist'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) Efenda

5/4/23 (YS)
Classified by Reporting Center Personnel
as in NRICID card) Ederda

2



**SINGAPORE
POLICE FORCE**



T/20230404/2098

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20230404/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2023 18:38	Vide Report No.: L/20230404/0091	Station Diary No.: 71
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: OH WEE SIONG	Address: APT BLK 507B WELLINGTON CIRCLE #08-134 SINGAPORE 752507		
ID Type / ID No.: NRIC NO / S8033950Z	Contact No.:	Mobile: 98896669	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 05/11/1980	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: PRIVATE HIRE VEHICLE	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 04/04/2023 15:40	Type of Location: Straight Road
Location: GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1809A	Car				Slightly Damaged	0
SLC6712G	Car				Slightly Damaged	1

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20230404/2098

2 of 3

Report No. T/20230404/2098

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver			
Name	OH WEE SIONG	ID No.	S8033950Z
Related Vehicle	SLC6712G (Car)	Contact No.	98896669
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.

I am a Private Hire Driver driving my personal vehicle SLC6712G. On 04/04/2023 at about 1541hrs I was driving my car carrying a passenger along Yishun Avenue 7 towards Gambas Avenue. As I exited the cross junction, I suddenly felt a collision from my left side. I immediately parked my vehicle to the side and come out to assess the accident. Turns out, a police car QX1809A had collided onto the left rear door of my car. I was driving at lane 1 and the police car was at lane 2. I believe the officer was changing lane into lane 1 and in the midst of changing lane, the police car collided into mine.

I made a check with my passenger, she informed that she was not injured, and I am also not injured currently. We both exchanged particulars and went on our way as I needed to send my passenger to her destination. My car has some minor dents and scratches and that is all.

**SINGAPORE
POLICE FORCE**

T/20230404/2098

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20230404/2098

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /

SGT 3 CHUA YU HANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/04/2023 18:38

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168