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 witholding 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

1986

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.sq 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 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

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 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? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

VEHNO. SLCG7126

INSURER: IN(ome.

DATE OF ACC: 4/4/23

1 Please recort correct

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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.

8. Time

(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 the firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (righter) in not the policyholder) / Date

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

Sketch Plan

PLEASE
TURN

OVER

1

	comprehensive policy. Pls check yo	ur policy for	
) Claim Own Policy	(Claim Third party	() Reporting Onlly
) Claim OD/ TP at of	ner workshop (
Sembaurang Road Statement 1	Janubase Gam Ja		8 embarang Road
eclaration We declare the foregoing particula	rs are true in every respect.	01	5/4/23





Report No. T/20230404/2098

1 of 3

Police Station Of Origin:

Sembawang N.P.C

4 Sembawang Crescent SINGAPORE

757633

Tel No: 1800-5549999

33

REPORT OF A TRAFFIC ACCIDENT

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

04/04/20	23 18:38		L/20230404/0091 71		
Informant's Particulars					
Name of Informant: Address: OH WEE SIONG APT BLK 507B WELLINGTON CIRCLE #08-134 \$ 752507			ON CIRCLE #08-134 SINGAPORE		
	/ ID No.: D / S80339	50Z	Contact No.: Home/Office:	Mobile: 98896669	
Nationality: SINGAPORE CITIZEN		'EN	Email:	93,90	
Sex: Male	Age: 42	Date of Birth: 05/11/1980	Type of Informant: Driver		
		Language: English			
		Driving Licence Information: Class: 3A	Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Covernment Vehicle		Date/Time of Accident: 04/04/2023 15:40	Type of Location: Straight Road
CAMBAS AV Weather: Clear	ENUE	Road Surface: Dry		
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		te		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	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



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



2 of 3

Report No. T/20230404/2098

CONTINUATION OF REPORT

Driver				The state of	-	
Name	OH WEE SIONG			ID No		S8033950Z
Related Vehicle	SLC6712G (Car)			Conta	ct No.	98896669
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	ALL PARTS	Date Disc	harge	NIL	
No. of Days gran	ted 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.



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



Report No. T/20230404/2098

3 of 3

CONTINUATION OF REPORT

Signature Of Informant:
Date/Time: 04/04/2023 18:38
Classification Of Case: