

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 | 11/04/2023 18:29 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/04/2023 17:55 (SGT) |
| Exact Location of Accident | 143 Victoria St, Singapore 188020 |
| Additional Location Information | CROSS JUNCTION OF ROCHOR ROAD AND VICTORIA STREET |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SJT28Y |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | MOK CHEK NGAM |
| NRIC No | SXXXX198A |
| Email Address | MATTHEWMOKMM@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98000430 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vellfire |
| 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 | 2500 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5102847071-04 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | MOK CHEK NGAM |
| NRIC No | SXXXX198A |
| Date Of Birth | 22/08/1964 |

| | |
|--|-----------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 03/04/1986 |
| Driving experience | 37 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-98000430 |
| Alt. Phone Number | - |
| Email Address | MATTHEWMOKMM@GMAIL.COM |
| Address | 15 TANAH MERAH KECHIL RIDGE |
| Address complement | - |
| Postcode | 465599 |
| 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 | 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 10.04.2023 A ABOUT 17:55 HOURS AT CROSS JUNCTION OF ROCHOR ROAD AND VICTORIA STREET, I WAS TRAVELLING STRAIGHT ON LANE 4 (ALONG ROCHOR ROAD TOWARDS ROCHOR CANAL ROAD) AND WHEN THE FRONT VEHICLE SLOWED DOWN AND STOPPED, HENCE I FOLLOWED SUIT.

SUDDENLY I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED, I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A).

VEHICLE (A): SJT28Y
VEHICLE (B): SHA3636X

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 | SHA3636X |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | MOK CHEK NGAM |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS MC |
| Injured person in which vehicle? | - |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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)

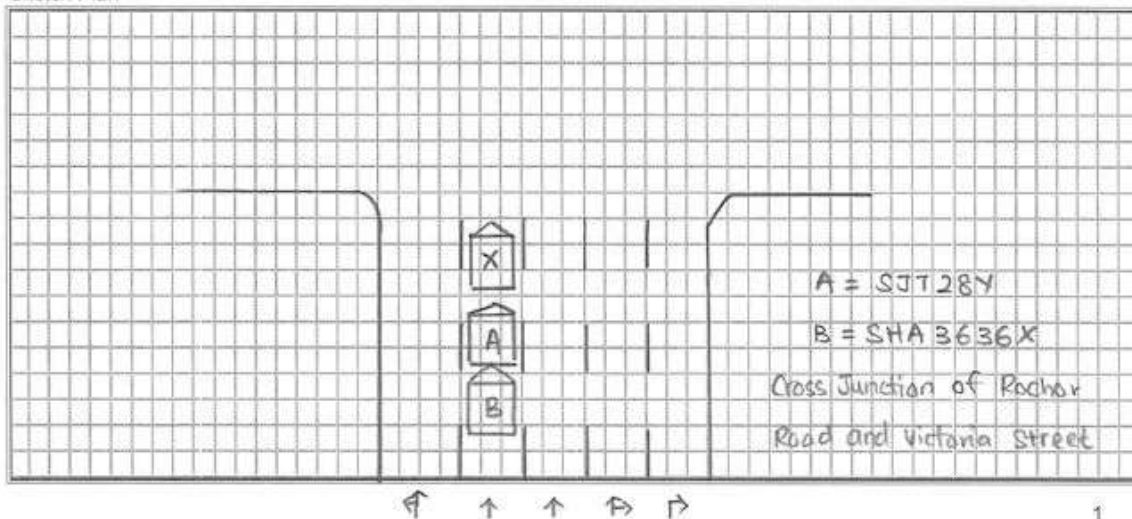
I understand, acknowledge, agree and consent that:

- (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


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

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

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20230411/7055

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made: 11/04/2023 15:57 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MOK CHEK NGAM | | | Address: 15 TANAH MERAH KECHIL RIDGE SINGAPORE 465599 | | |
| ID Type / ID No.: NRIC NO / S1652198A | | | Contact No.: Home/Office: Mobile: 98000430 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: MATTHEWMOKMM@GMAIL.COM | | |
| Sex: Male | Age: 58 | Date of Birth: 22/08/1964 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Director | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/04/2023 17:55 | Type of Location: |
| Location: ROCHOR CANAL ROAD | | | | |
| Weather: | | Road Surface: | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-----------------------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJT28Y | Car | TOYOTA | VELLFIRE 2.5ZG CVT | Grey | | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|---|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJT28Y | NTUC Income Insurance Co-Operative Limited | 5102847071-04 | 08/08/2022 | 07/08/2023 |



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230411/7055

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MOK CHEK NGAM | ID No. | S1652198A |
| Related Vehicle | SJT28Y (Car) | Contact No. | 98000430 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

On the stated date and time I vehicle SJT28Y was travelling straight along Rochor Canal Road towards Bukit Timah Direction.

As the vehicle in front stopped I gradually follow suit.

Suddenly vehicle SHA3636X came from behind and hit onto my vehicle's rear portion.

The impact was great.

After a while I start to feel pain on my neck, shoulders and back areas.

The next day I proceeded to LifePlus medical group bedok to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230411/7055

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230411/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/04/2023 15:57

Classification Of Case: