

# 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 00:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/04/2023 14:20 (SGT)
Exact Location of Accident .....	Near 10 Defu Ln 1, Singapore 539485
Additional Location Information .....	Along Tampines Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC8210B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Khier Bin Salleh
NRIC No .....	SXXXX592J
Email Address .....	khier_k@ymail.com
Mobile Phone No .....	(Phone) +65-91374794
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	1.5G CVT
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 .....	5124642221-01

### DRIVER

Name of Driver .....	Khier Bin Salleh
NRIC No .....	SXXXX592J
Date Of Birth .....	21/04/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	07/11/2000
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91374794
Alt. Phone Number .....	-
Email Address .....	khia_r_k@ymail.com
Address .....	293 Punggol Central
Address complement .....	#10-435
Postcode .....	820293
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Grab Passenger
Gender .....	Female

#### 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

Refer to Sketch Plan

#### 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 .....	Video with Traffic Police

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLH8448E
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJL5378X
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SKZ8661Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	Grab Passenger
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-

Injured person in which vehicle? ..... SNC8210B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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.

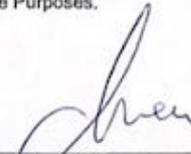
(collectively the "Purposes")

(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

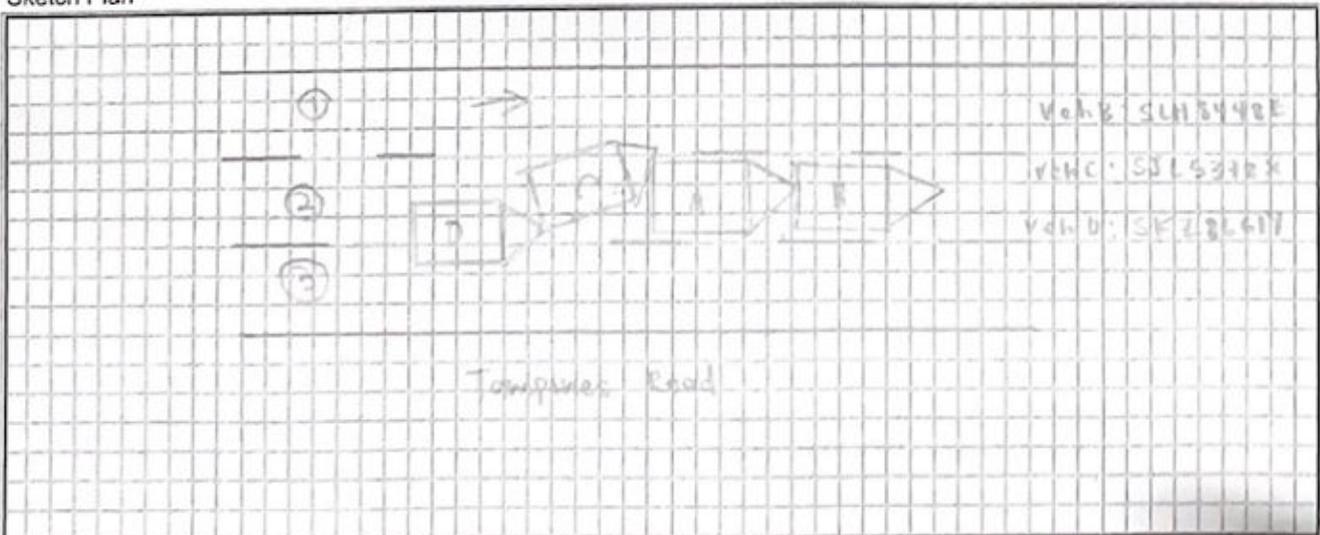
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

**Describe Circumstance of the Accident**

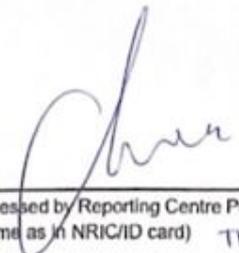
On 08/04/2023 @1420hrs. I was travelling along Tampines Road. I suddenly felt a hard impact from my rear and when I alighted and I realised it was a chain collision with 4 cars involved. Vehicle D (SKZ 8661Y) hit onto stationary vehicle C: (SJK 5378X), and vehicle C hit onto my stationary vehicle A: (SN 8210B) which resulted my vehicle moving forward & hitting the rear of vehicle B: (SLH 448E.).

**Declaration**

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

  
Policyholder's Signature / Date & Time

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

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





































SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

V2  
SNC 8210B  
Honda Grey

Ref: Report No: 6/20230403/0133

I, SGT(3) Syafiq Latiff  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP HQ  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One 32GB "IROP" micro-sd card
- 2 That is all
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S/772592J Khair Bin Salleh DOB: 21/04/199 & 21/04/1966  
(Name, NRIC or Passport No. / Rank and No.)

of Block 293 Punggol Central #10-435 S(820293)  
(Address / Police Station / NPC / NPP)

on 08/04/2023 at 1535hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]

Received by:

[Signature]

Khair Salleh S/772592/J  
(Name, NRIC or Passport No. / Rank and No.)

SGT(3) Syafiq Latiff  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: Tp To Daniel Kwok, contact: 89220186  
To do: Lodge traffic accident report immediately



**SINGAPORE  
POLICE FORCE**



T/20230408/7041

1 of 3

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

Report No. T/20230408/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/04/2023 20:00		Vide Report No.: G/20230408/0133		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHIAR BIN SALLEH			Address: 293 PUNGGOL CENTRAL #10-435 SINGAPORE 820293		
ID Type / ID No.: NRIC NO / S1772592J			Contact No.: Home/Office:		Mobile: 91374794
Nationality: SINGAPORE CITIZEN			Email: khiar_k@ymail.com		
Sex: Male	Age: 56	Date of Birth: 21/04/1966	Type of Informant: Vehicle Owner		
Race: Malay		Language: English		Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3		Date of Expiry: 17/03/2024

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2023 15:35	Type of Location: Straight Road
Location:  TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL5378X	Car	HONDA		Black	Seriously Damaged	0
SKZ8661Y	Car	HONDA	Vezel	Brown	Totally Damaged	2
SLH8448E	Car	MAZDA		Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230408/7041

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

2 of 3  
Report No. T/20230408/7041

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNC8210B	Car	HONDA	VezeL 2021	Grey	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC8210B	NTUC Income Insurance Co-Operative Limited	5124642221-01	17/11/2022	16/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KHIAR BIN SALLEH	ID No.	S1772592J
Related Vehicle	SNC8210B (Car)	Contact No.	91374794
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 17/03/2024
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

## Brief Details.

Accident happened aprox.2.20pm. Police arrived later .My vehicle driving at slow speed frm KPE exit Tampines Rd.Moving in the center lane twds hougang. Slow moving vehicle started to stop due to traffic light turn red.Its a chain collision where 4 cars involved. My car was the 3rd frm the back.The car in front n back was on stationary when this happened. The 1st car was driving at high speed n hit the 2nd car.My 1pax was sent to hospital .



**SINGAPORE  
POLICE FORCE**



T/20230408/7041

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

3 of 3  
Report No. T/20230408/7041

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65472077

NP168

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

Date/Time:  
08/04/2023 20:00

Classification Of Case:

