

# 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 ..... 21/11/2022 13:05 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/11/2022 08:00 (SGT)  
Exact Location of Accident ..... Pioneer Rd North, Singapore 627606  
Additional Location Information ..... PIONEER ROAD NORTH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN4834G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ADVANCE CR PTE LTD  
Company Reg No ..... 201320997M  
Email Address ..... PEIJIE@EXPRESSCAR.COM.SG  
Mobile Phone No ..... (Phone) +65-91998131  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
Variant ..... HYBRID 1.5G AUTO  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5121553281-01

### DRIVER

Name of Driver ..... CHENG NEE KOK  
NRIC No ..... S7342092Z  
Date Of Birth ..... 21/10/1973  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/09/1997
Driving experience .....	25 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98458582
Alt. Phone Number .....	-
Email Address .....	PEIJIE@EXPRESSCAR.COM.SG
Address .....	BLK 655A JURONG WEST STREET 61 #16-526
Address complement .....	-
Postcode .....	641655
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE388X
Vehicle Manufacturer .....	Volvo
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAMAIAH PALANIYAPPAN
NRIC No .....	G7823573Q
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**Describe Circumstances of the Accident**

This morning around 8:00am I was on the way home my last trip at Pioneer Rd north  
Abit to Redch Home, stopping at junction along Pioneer Rd north waiting traffic light  
to change green light suddenly a lorry hit from my ~~car~~ back of my car.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

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

*[Signature]*

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

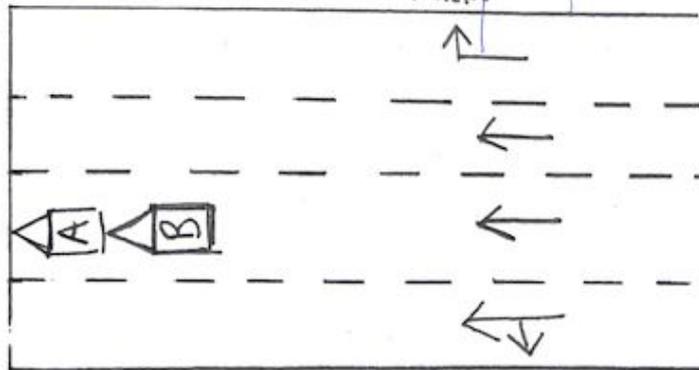


Witnessed by Reporting Centre Personnel

Sketch Plan

A-5MN4834G

B-XE388X





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20221119/2031

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Report No. T/20221119/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
19/11/2022 13:24

Vide Report No.:

Station Diary No.:  
66

**Informant's Particulars**

Name of Informant: CHENG NEE KOK			Address: APT BLK 655A JURONG WEST STREET 61 #16-526 SINGAPORE 641655		
ID Type / ID No.: NRIC NO / S7342092Z			Contact No.: Home/Office: Mobile: 98458582		
Nationality: SINGAPORE CITIZEN			Email: CHENG0343@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 21/10/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PVT HIRE DRIVER			Driving Licence Information: Class: 3A,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2022 08:00	Type of Location: X-Junction
Location: PIONEER ROAD NORTH				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SMN4834G	Car	HONDA	FRED	Silver	Seriously Damaged	0
XE388X	Lorry				No Damage	0

**Details of Person Involved**

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



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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



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Report No. T/20221119/2031

CONTINUATION OF REPORT

Driver			
Name	CHENG NEE KOK	ID No.	S7342092Z
Related Vehicle	SMN4834G (Car)	Contact No.	98458582
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A,4 Date of Expiry: NIL
Date Treatment	19/11/2022	Date Discharge	19/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAMAIAH PALANIYAPPAN	ID No.	G7823573Q
Related Vehicle	XE388X (Lorry)	Contact No.	94235744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 19/11/2022 at about 0800hrs at the junction of Pioneer Road North and Kain Teck Way heading toward Jurong West, I am travelling in my vehicle-SMN4834G and had stopped due to red light. About few minutes later, I felt a bang at the rear portion of my vehicle and my vehicle inch forward. I step out of my vehicle to make a check and spoke to the driver. We agreed to settle the issue via insurance. The damage to my vehicle was at the rear portion and had been towed back to my rental company.

I am still feeling fine during the accident. However, I started to feel unwell and proceed to see a doctor and i was given 3 days mc.



**SINGAPORE  
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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



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Report No. T/20221119/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SI Foo Chih Soon 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2022 13:24
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168