

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	11/05/2023 14:54 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYER RAJAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5586U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS LEASING PTE LTD
Company Reg No	201603575K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128626563

DRIVER

Name of Driver	CHOO CHIEN HSING, CLARENCE (ZHU JIANXING)
NRIC No	S8815752D
Date Of Birth	30/04/1988
Occupation	Outdoor

Date Of Driving Pass	13/07/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84681915
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	996A BUANGKOK CRESCENT #10-877
Address complement	-
Postcode	531996
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT. I AM UNSURE HOW MANY PAXS IN VEHICLE B AND C.

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	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7990E
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	LEOW CHIEW LAM
NRIC No	S7202367F
Contact Number	(Phone) +65-90717972
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	SKW7387L
Vehicle Manufacturer	Hyundai
Vehicle Model	Accent
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	PANG TECK HOON
NRIC No	S6934313I
Contact Number	(Phone) +65-91550574
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	CHOO CHIEN HSING, CLARENCE (ZHU JIANXING)
Gender	Male
Phone No	(Phone) +65-84681915
Address	996A BUANGKOK CRESCENT #10-877
Address Complement	-
Post Code	531996
Approximate Age Years Old	35
Injuries Sustained	WHIPLASH AND VOMITTING
Injured person in which vehicle?	SMR5586U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

I/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 (Name as in NRIC/ID card)

11/05/2023 1440HRS

TIEN TOH KIAT HENRY

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.

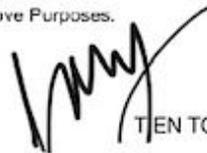
(collectively the "Purposes")

- (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.



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

11/05/2023 1440HRS

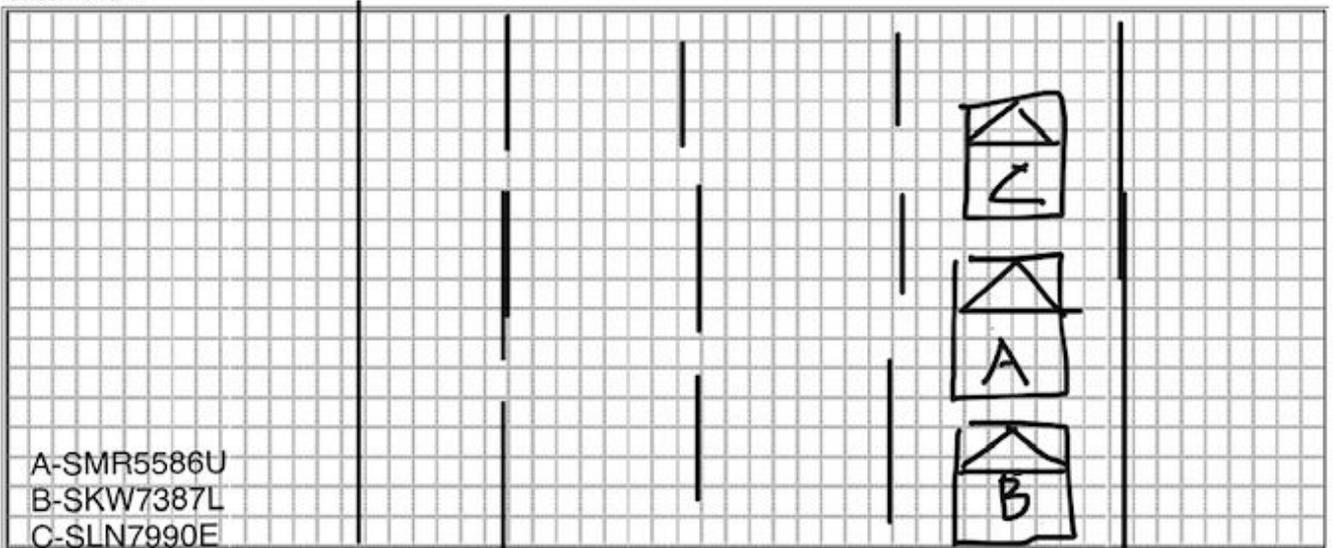


TEN TOH KIAT HENRY

Policyholder's Signature / Date & Time

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

Sketch Plan









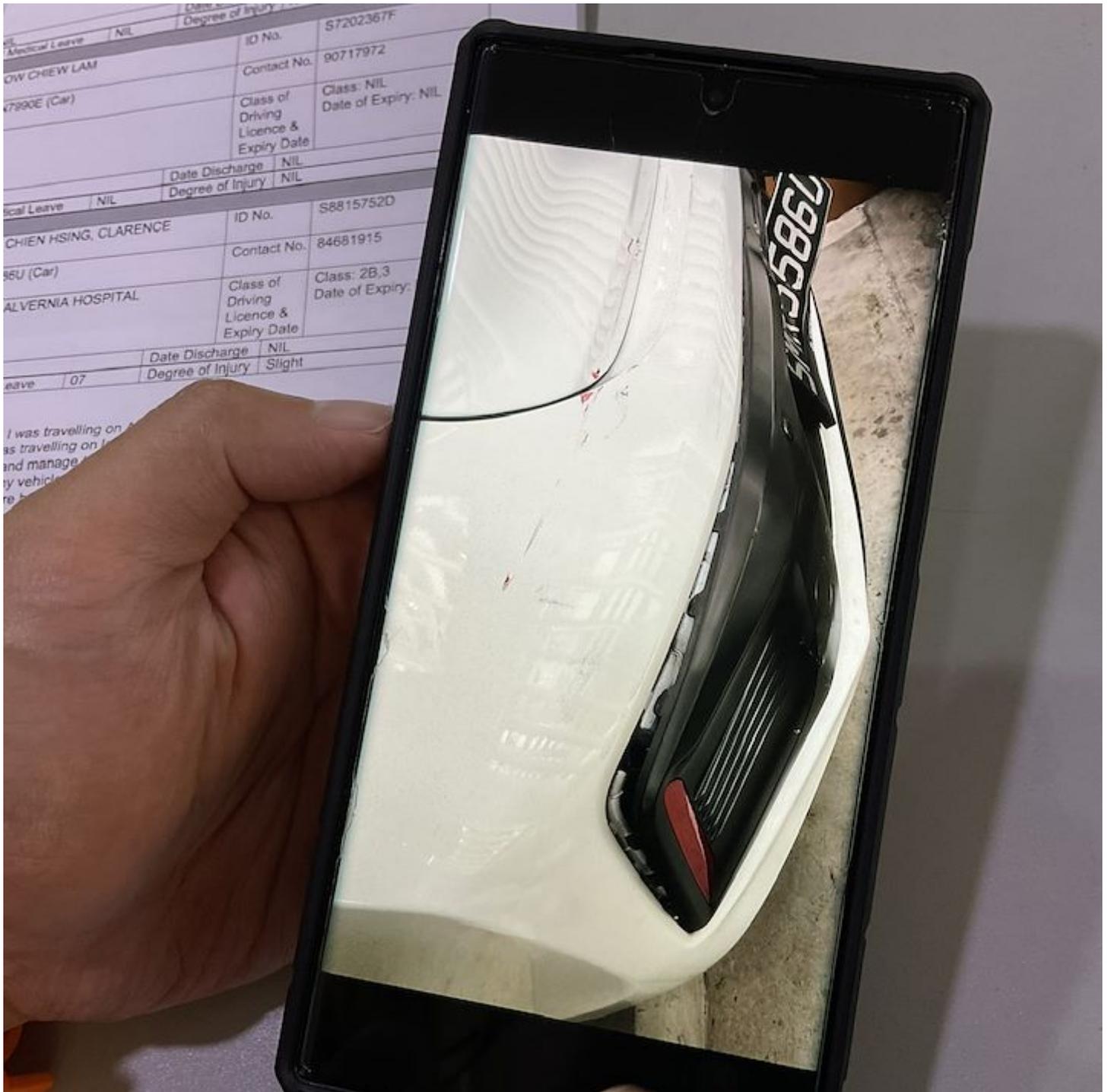


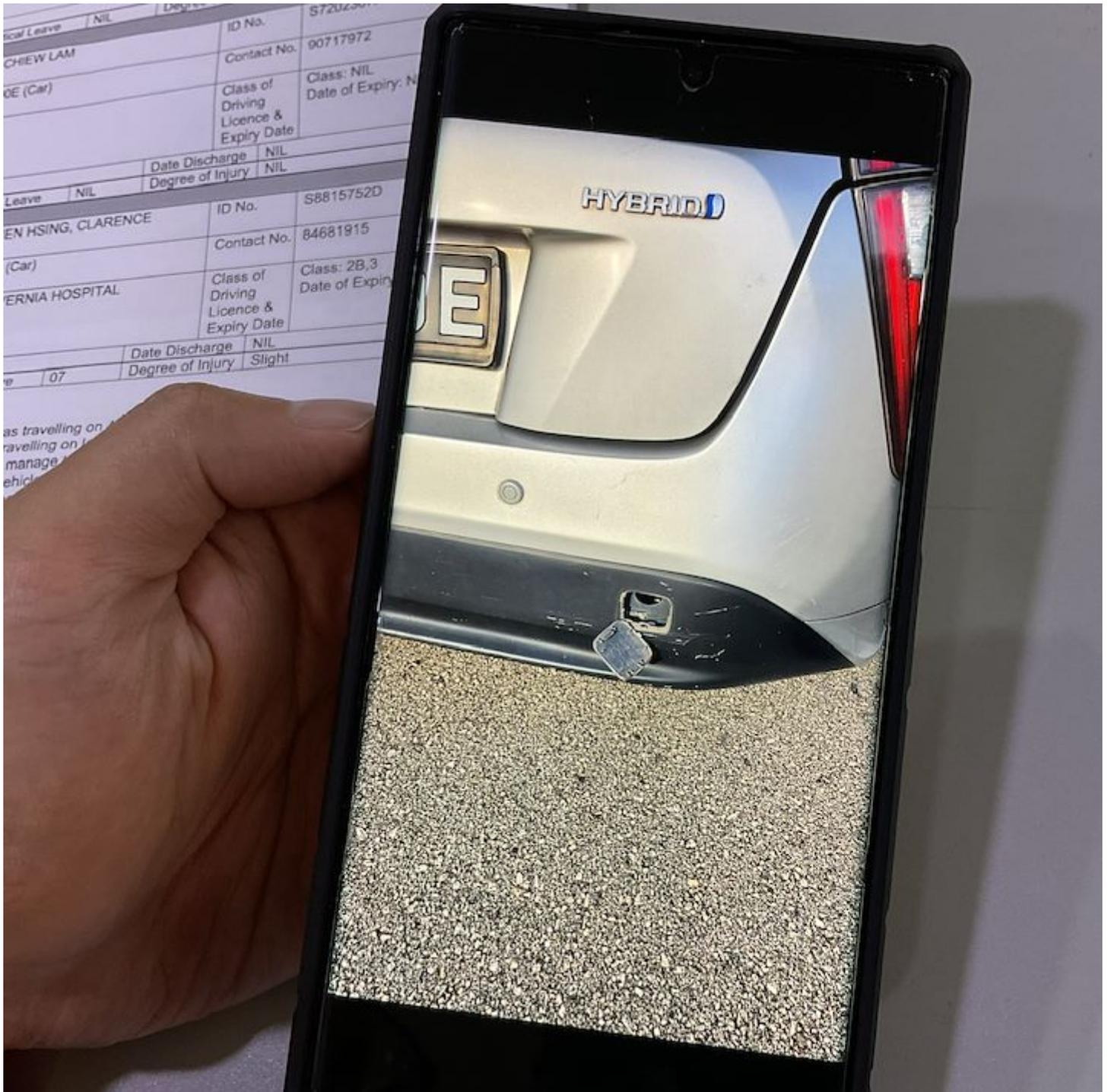


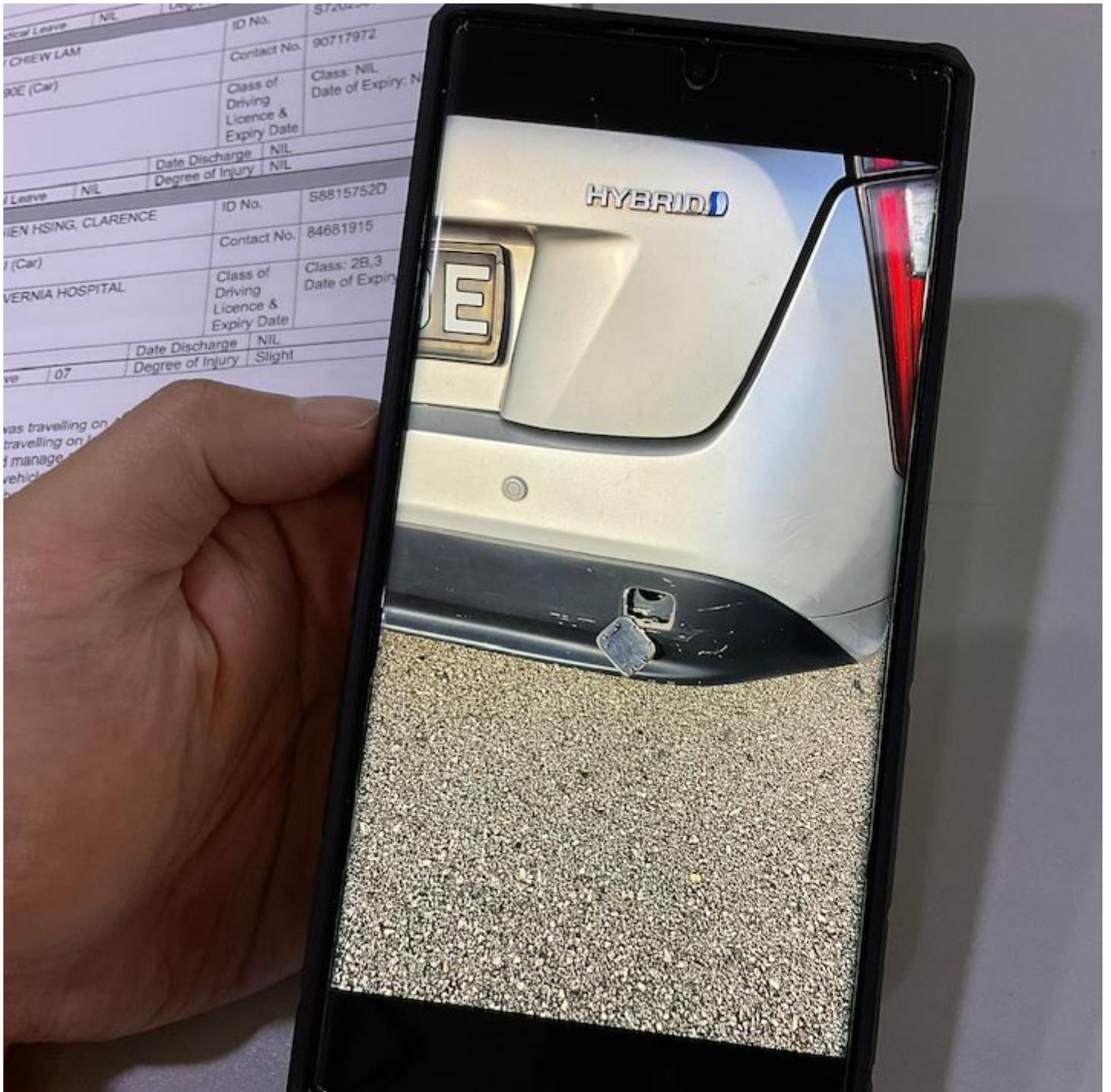


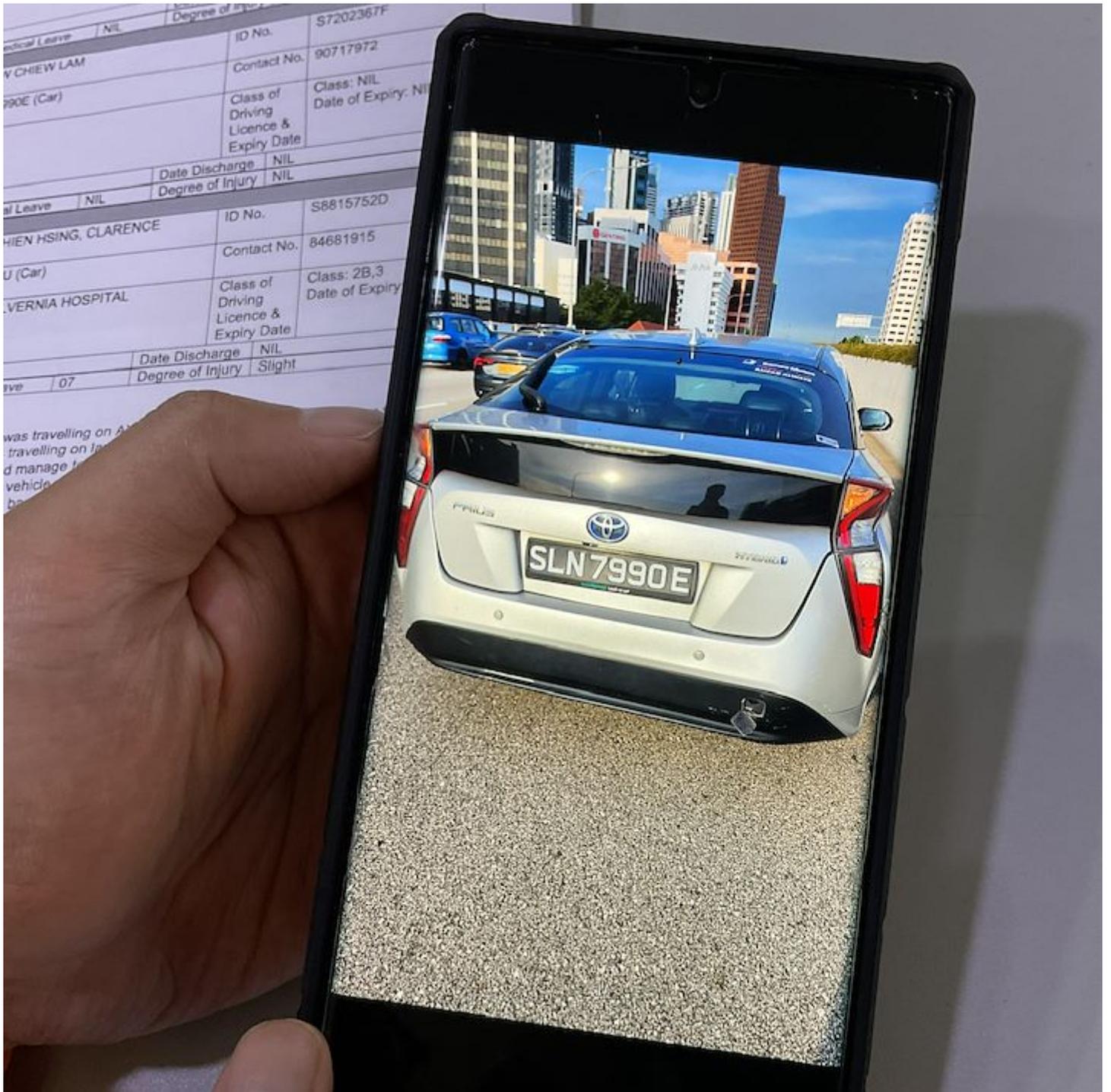




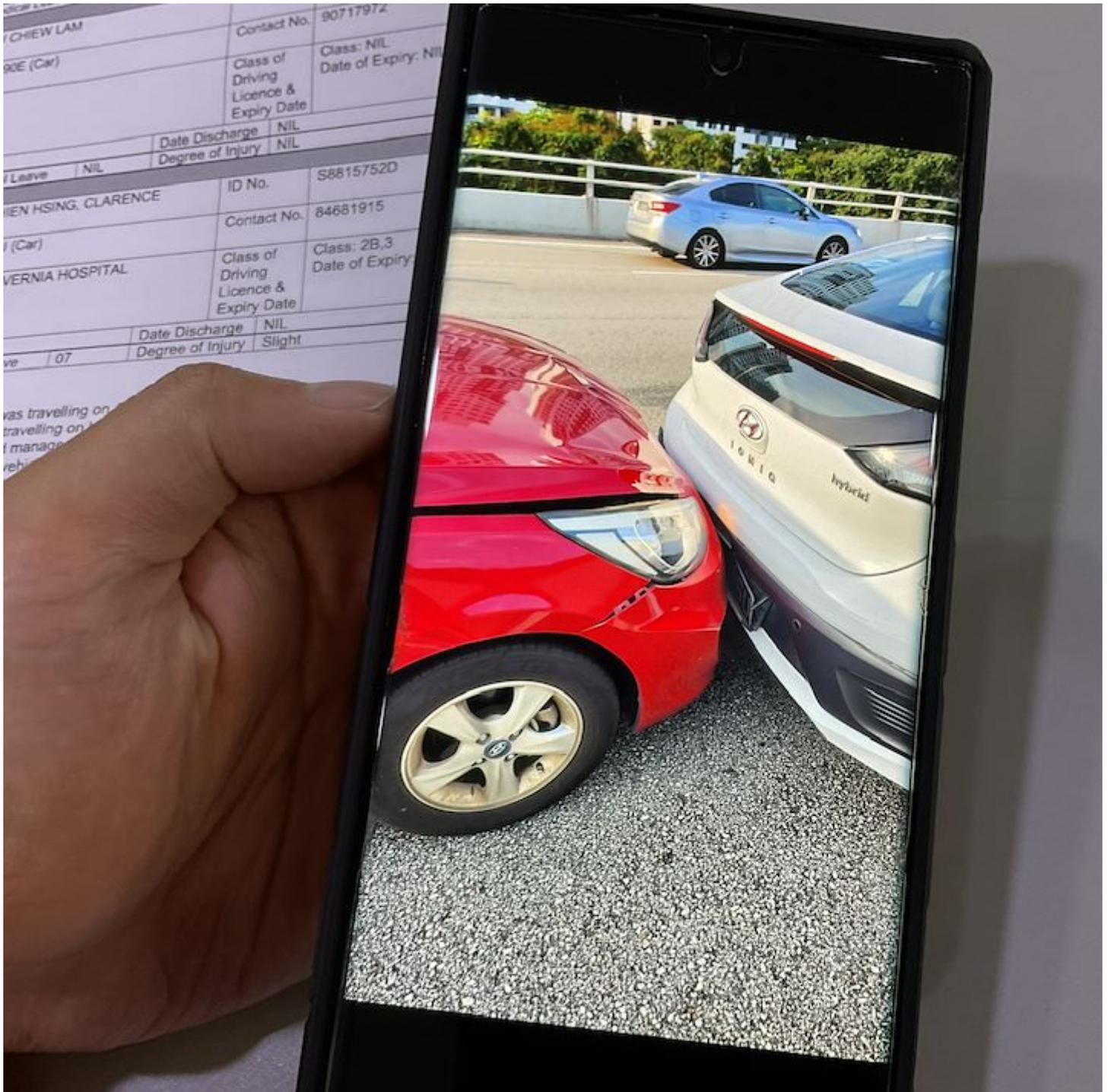














**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230511/2047

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Report No. T/20230511/2047

CONTINUATION OF REPORT

I would like to state that I have in-car camera for both the front and back.



**SINGAPORE
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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230511/2047

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Report No. T/20230511/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANG TECK HOON	ID No.	S6934313I
Related Vehicle	SKW7387L (Car)	Contact No.	91550574
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
Driver			
Name	LEOW CHIEW LAM	ID No.	S7202367F
Related Vehicle	SLN7990E (Car)	Contact No.	90717972
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
Driver			
Name	CHOO CHIEN HSING, CLARENCE	ID No.	S8815752D
Related Vehicle	SMR5586U (Car)	Contact No.	84681915
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 10/05/2023 at about 1745hrs, I was travelling on AYE towards MCE as it was peak hour there was a lot of cars on the expressway. I was travelling on lane 1 and suddenly the front car (SLN7990E) emergency break, I slowed down and manage to come into a complete stop. However, the car behind me (SKW7387L) hit onto the back of my vehicle and as the impact was hard my car hit onto the front car. The damages to my car (SMR5586U) are back bumper damage and front number plate dented.

On 11/05/2023. I woke up with neck pain and vomiting last night. The doctor gave me a 7 days MC.



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POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230511/2047

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Report No. T/20230511/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2023 12:32	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: CHOO CHIEN HSING, CLARENCE		Address: APT BLK 996A BUANGKOK CRESCENT #10-877 SINGAPORE 531996	
ID Type / ID No.:	NRIC NO / S8815752D	Contact No.:	Home/Office: Mobile: 84681915
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 30/04/1988	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 10/05/2023 17:45	Type of Location: Flyover
Location: AYER RAJAH EXPRESSWAY			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKW7387L	Car				Slightly Damaged	0
SLN7990E	Car				Slightly Damaged	1
SMR5586U	Car				Slightly Damaged	1





Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and
Emergency Department

No: M230000118743

This is to certify that CHOO CHIEN HSING, CLARENCE, S8815752D, is granted Outpatient Sick Leave for 7 day (s) from 11-May-2023 to 17-May-2023.

Remark :

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin
MCR : 06147F

11/05/2023

Date