

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 20/05/2023 13:11 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 19/05/2023 18:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TWDS KPE (BEFORE LOR HALUS EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK7710L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIAH ZHENG JIE
NRIC No S9317911J
Email Address ZHENGJIE93@LIVE.COM
Mobile Phone No (Phone) +65-97985893
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1300

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5123584328-01

DRIVER

Name of Driver SIAH ZHENG JIE
NRIC No S9317911J
Date Of Birth 21/05/1993
Occupation Indoor

Date Of Driving Pass	22/07/2021
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97985893
Alt. Phone Number	-
Email Address	ZHENGJIE93@LIVE.COM
Address	32 MARSILING DR #02-349
Address complement	-
Postcode	730032
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	Clear
Road Surface	Dry

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

REFER TO SKETCH PLAN AND STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ101L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

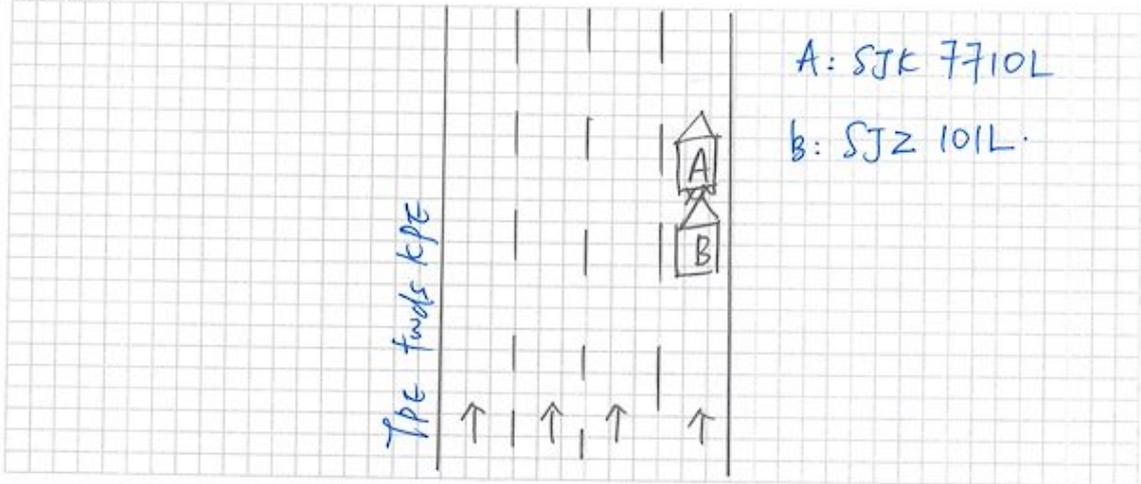
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA KAH SHENG EILENY
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIAH ZHENG JIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK7710L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report : T/20230520/7013.

DECLARATION

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

X Zhy
Policyholder's Signature
Date & Time:

X Zhy
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



















**SINGAPORE
POLICE FORCE**



T/20230520/7013

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

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Report No. T/20230520/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK7710L	NTUC Income Insurance Co-Operative Limited	5123584328-01	02/11/2022	30/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIAH ZHENG JIE		ID No.	S9317911J
Related Vehicle	SJK7710L (Car)		Contact No.	97985893
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/05/2023		Date	19/05/2023
No. of Days granted Medical Leave	05		Degree of	Serious
Driver				
Name	CHIA KAH SHENG ELLERY		ID No.	S9539547C
Related Vehicle	SJZ101L (Car)		Contact No.	97859170
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 19/05/2023 at 1810hrs, I was driving my vehicle bearing the car plate number SJK 7710L along TPE towards KPE before Lor Halus Exit. As my vehicle was reaching the exit, 1 vehicle in front of me decided to slow down and subsequently I also slow down my vehicle. Suddenly, a vehicle bearing the car plate number SJZ 101L hit the rear of my vehicle. I felt the impact greatly as my vehicle had flung forward. This incident happened in the first lane.

Subsequently, we went to the side of the road and exchanged particulars.

I have a in car camera which is currently working however the footages was not that clear.

After the incident, I felt some neck pain , shoulder and lower back pain thus I went to DR+ Medical & Paincare Marsiling, Doctor given MC for 5 days from 19/05/2023 - 23/05/2023.



**SINGAPORE
POLICE FORCE**



T/20230520/7013

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

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Report No. T/20230520/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
20/05/2023 10:41

Classification Of Case: