

## 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 .....	22/05/2023 17:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/05/2023 12:43 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KAKI BUKIT AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX3343X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KHOA WEI YONG (XU WEIYONG)
Company Reg No .....	SXXXX480F
Email Address .....	khoa.albert@gmail.com
Mobile Phone No .....	(Phone) +65-92325759
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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 .....	1800

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5130172874

#### DRIVER

Name of Driver .....	KHOA WEI YONG (XU WEIYONG)
Company Reg No .....	SXXXX480F
Date Of Birth .....	16/11/1989
Occupation .....	Indoor

Date Of Driving Pass .....	18/09/2013
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92325759
Alt. Phone Number .....	-
Email Address .....	khoa.albert@gmail.com
Address .....	BLK 434 TAMPINES ST 43 #03-79
Address complement .....	-
Postcode .....	520434
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	Yes
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 POLICE REPORT

#### 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 .....	EMAIL TO INS

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YK5522Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN YEW PENG
NRIC No .....	SXXXX196G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KHOA WEI YONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS HOSPITALISATION LEAVE
Injured person in which vehicle? .....	SJX3343X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

VEH NO: SJX 3343X  
 INSURER: Home  
 DATE OF ACC: 19/05/23 @ 1243

**IMPORTANT NOTICE**

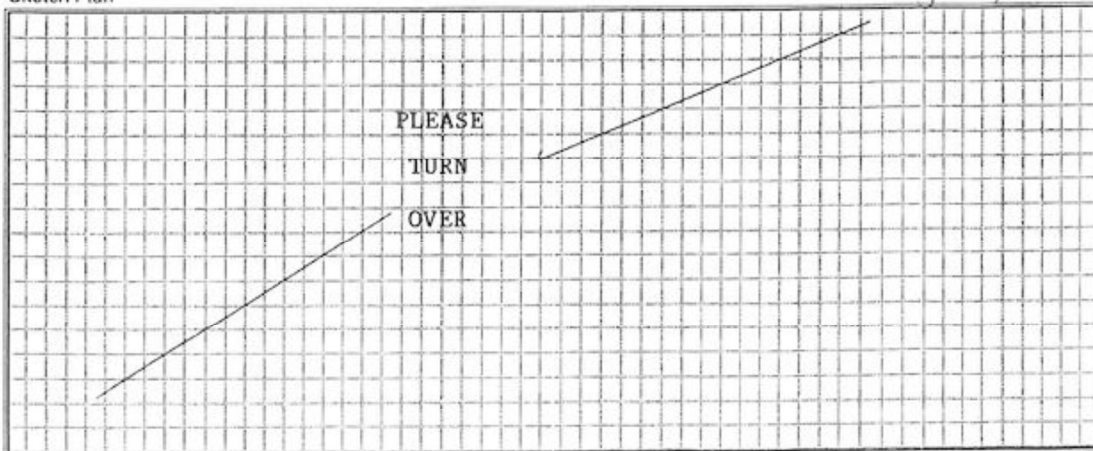
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

[Signature] 22/5/2023  
 Policyholder's Signature / Date & Time

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

[Signature] 22/05/23  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) [Signature]

**Sketch Plan**



Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(☒) Claim OD TP at other workshop ( )

Sketch Plan

Vehicle No: SJX 3343X (Income)

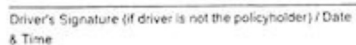
Date & Time: 19/05/23 @ 1243 (Monday)


refer to police report.

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) (Ys)





**SINGAPORE  
POLICE FORCE**



T/20230520/7014

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

1 of 3

Report No. T/20230520/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2023 11:11	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KHOA WEI YONG			Address: 434 TAMPINES STREET 43 #03-79 SINGAPORE 520434		
ID Type / ID No.: NRIC NO / S8941480F			Contact No.: Home/Office: Mobile: 92325759		
Nationality: SINGAPORE CITIZEN			Email: KHOA.ALBERT@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 16/11/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Plumber			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/05/2023 12:43	Type of Location: Straight Road
Location:  KAKI BUKIT PLACE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX3343X	Car	AUDI	a3 cabriolet	White	Slightly Damaged	0
YK5522Z	Lorry			White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230520/7014

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

2 of 3

Report No. T/20230520/7014

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3343X	NTUC Income Insurance Co-Operative Limited	5130172874	22/09/2022	21/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KHOA WEI YONG		ID No.	S8941480F
Related Vehicle	SJX3343X (Car)		Contact No.	92325759
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/05/2023		Date	20/05/2023
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	TAN YEW PENG		ID No.	S1494196G
Related Vehicle	NIL		Contact No.	NIL
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 May 2023(12.45pm) , I am arranging the location on my handphone map whereas my car is still parked stationary at the carpark lot outside KUM ENG HUAT ELECTRIC CO. Suddenly a lorry(plate number:YK5522Z) from trend technologies) hit my driver side mirror and right front bumper. I alighted my car and checked on the other driver who was okay. We then exchanged particulars. I then called for police assistance as I was feeling giddy. The other driver(IC number:S1494196G) drove off before police arrived. The other driver said that he was in a hurry. Police and ambulance soon came and I was conveyed to Changi General Hospital and I was warded from 19/05/2023-20/05/2023. I was also given 5 days hospitalisation leave.

Damages to my car would be: my driver side mirror damaged ,front bumper and exterior at my right side of the car have scratches

I HAVE VIDEOS THAT WHAT HAPPEN

**SINGAPORE  
POLICE FORCE**

T/20230520/7014

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

3 of 3  
Report No. T/20230520/7014

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RAIMIE BIN ABDUL KARIM  
Contact No.: 65476437

This report is lodged at Yishun North NPC Kiosk 2  
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 11:11

Classification Of Case: