

## 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 .....	25/05/2023 15:51 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/05/2023 11:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SYED ALWI ROAD TOWARDS JALAN BESAR
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK3475L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LITTLE BIKE MOTOR
Company Reg No .....	5XXXX137C
Email Address .....	HEYLITTLEBIKE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87893938
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Every
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5117590936-02

#### DRIVER

Name of Driver .....	KHEH JUN YONG
NRIC No .....	SXXXX176H
Date Of Birth .....	26/08/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	16/03/2020
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93693271
Alt. Phone Number .....	-
Email Address .....	JUSTINKHEH05@GMAIL.COM
Address .....	476A YISHUN STREET 44 #10-36
Address complement .....	-
Postcode .....	761476
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	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 ATTACHED

#### 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 DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKR4833L
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KHEH JUN YONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBK3475L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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6. The 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.
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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 24.05.2023 at about 10:58 am. I was stationary due to the 203 Syed Alwi Road. I was going turn left. Suddenly, vehicle B (SKR 4833 L) hit my vehicle (GBK 3475 L) of the rear portion.

## Declaration

We declare the foregoing particulars are true in every respect.



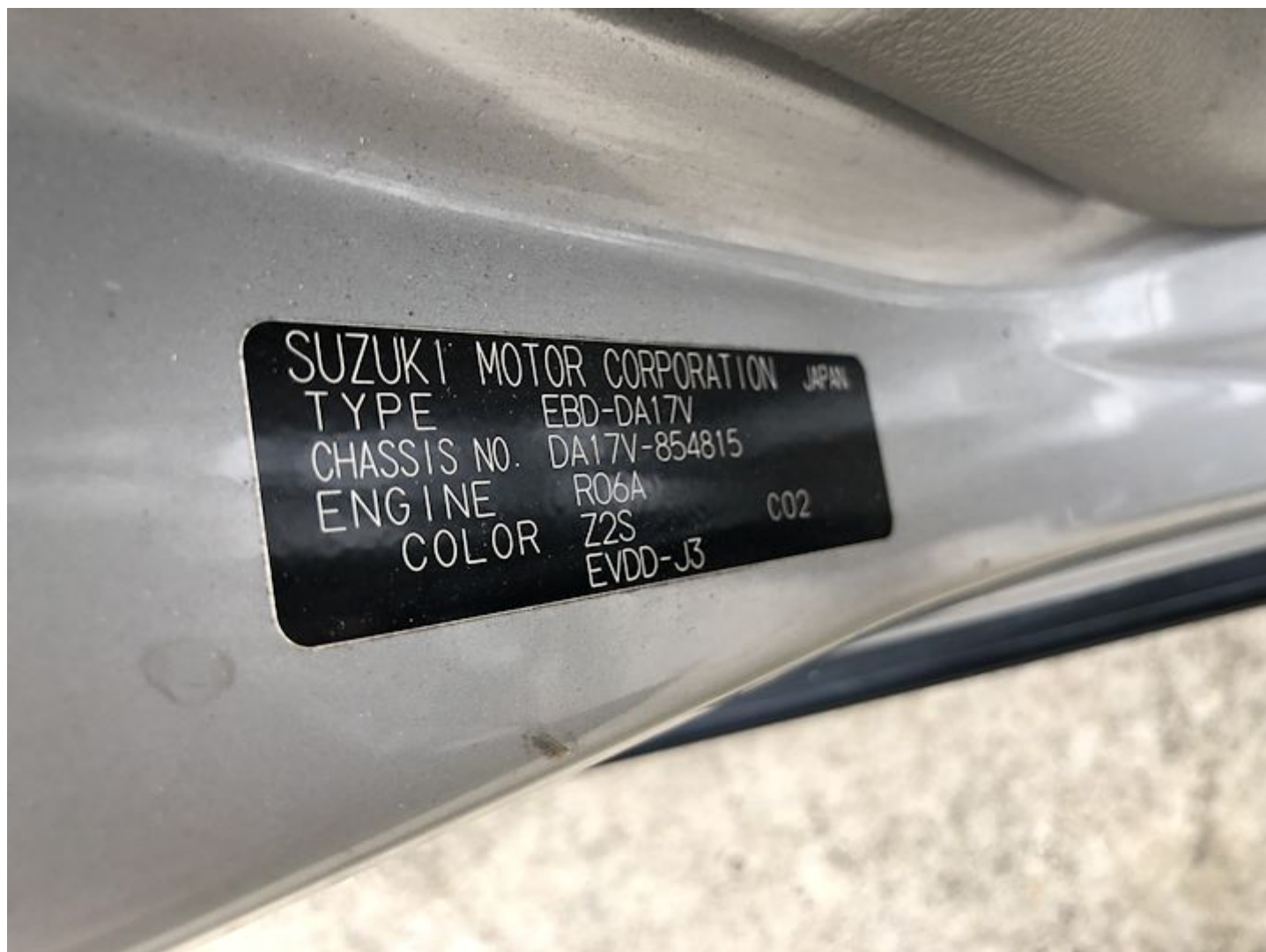
Policyholder's Signature / Date & Time

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

25/05/23 12:29

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**

T/20230525/2069

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

3 of 3

Report No. T/20230525/2069

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G /  
SGT 2 DARREN LAM KANG JUN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/05/2023 14:30

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JECK LENG LESLIE  
Contact No.: 65476151

Classification Of Case:

NP168





# SINGAPORE POLICE FORCE



T/20230525/2069

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/20230525/2069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2023 14:30	Vide Report No.:	Station Diary No.: 70
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### Informant's Particulars

Name of Informant: KHEH JUN YONG	Address: APT BLK 476A YISHUN STREET 44 #10-36 SINGAPORE 761476
ID Type / ID No.: NRIC NO / S9531176H	Contact No.: Home/Office: Mobile: 93693271
Nationality: SINGAPORE CITIZEN	Email: justinkheh05@gmail.com
Sex: Male	Age: 27
Date of Birth: 26/08/1995	Type of Informant: Driver
Race: Chinese	Language:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2023 11:00	Type of Location: T-Junction
Location:  SYED ALWI ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBK3475L	Van	SUZUKI	EVERY 660	Silver	Slightly Damaged	0
SKR4833L	Car	MITSUBISHI	OUTLANDE R	Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK3475L	NTUC Income Insurance Co-Operative Limited	5117590936-02	26/05/2022	25/05/2023




**SINGAPORE  
POLICE FORCE**


T/20230525/3089

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/20230525/2089

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHEH JUN YONG	ID No.	S9531176H
Related Vehicle	GBK3475L (Van)	Contact No.	93693271
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/05/2023	Date Discharge	25/05/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	SHANMUGAM DHARANIDHARAN	ID No.	G3126367R
Related Vehicle	NIL	Contact No.	91850174
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 the 24/05/23 @ about 1050am I was driving my wife's company vehicle bearing plate no. GBK3475L out, and while I was travelling along Syed Alwi Road turning left into Jalan Besar, I was inching forward slowing to make a left turn as there was traffic coming from the right major road, I slowly inched out I saw that there was oncoming traffic hence I stopped my vehicle however the vehicle bearing plate no. SKR4833L behind me did not see me stop and hit onto my rear bumper right side causing some dents, scratches and my rear door panel to be sticking out and not sitting flush. I have also suffered some whiplash, shoulder and lower back injury and have a MC for 7 days.

There were no ambulance or police at scene, I came down from my vehicle and exchanged contacts with the other driver and left the scene. The other drivers called his manager who came down and gave his contact namely, Kannan HP:91850174.

I am lodging this report for claiming and record purposes.





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY03235P0002-01 Vehicle Registration No: GBK 347SL  
Name (as shown in NRIC) : Little Bike Motor NRIC/FIN/Passport No : S3401137C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 476A Yishun Street 44 # 10-36 Singapore (761476)  
Contact (Tel) : 8789 3938 Mobile No. : \_\_\_\_\_  
Email Address : hey.littlebike@gmail.com  
Date of Accident : 24.05.2023 Time of Accident : 10:58am  
Place of Accident : Syed Alwi Road towards Jalan Besar  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

was the Accident reported to the Police ? = NO  
↳ change to = Yes (T/20230525/2069)

[Signature]  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_



AGNES  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_