

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 26/05/2023 18:23 (SGT)
Reported by Actual Driver
Date of Accident 26/05/2023 10:00 (SGT)
Exact Location of Accident Bayfront Ave, Singapore
Additional Location Information BATYFRONT AVENUE TOWARDS MARINA BOULEVARD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNK1572K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG CAR CHOICE LEASING PTE. LTD.
Company Reg No 2XXXXX892N
Email Address RONALD@CARCHOICE.COM.SG
Mobile Phone No (Phone) +65-98319998
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 2500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5134802293-000013

DRIVER

Name of Driver OW GEN JIN
NRIC No SXXXX601A
Date Of Birth 05/03/1983
Occupation Outdoor

Date Of Driving Pass	16/04/2004
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88141413
Alt. Phone Number	-
Email Address	GENJIN14@GMAIL.COM
Address	288C PUNGGOL PLACE #04-835
Address complement	-
Postcode	823268
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 - Cross Junction
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?	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	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 T/20230526/2051

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	SHB6381E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NOR KHAIRIN BIN MASWARI
NRIC No	SXXXX878D
Contact Number	(Phone) +65-97904023
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	OW GEN JIN
Gender	Male
Phone No	(Phone) +65-88141413
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GRANTED FOR 5 DAYS MC
Injured person in which vehicle?	SNK1572K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

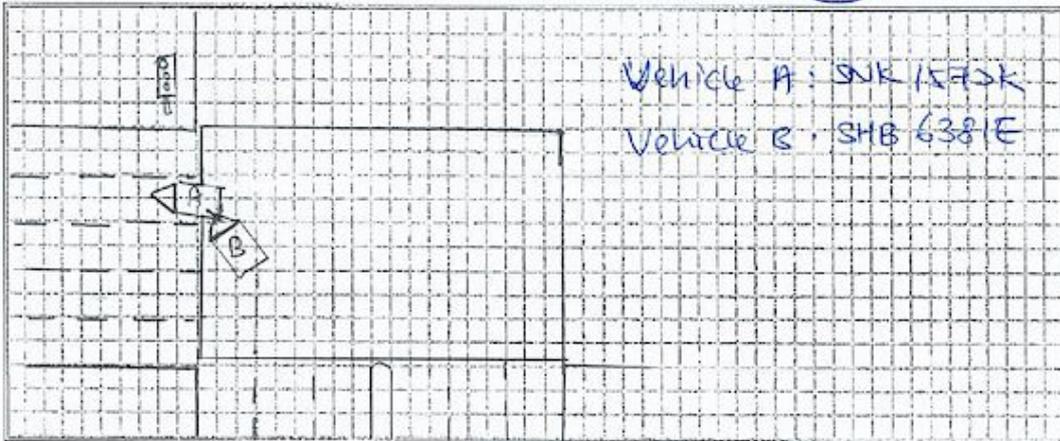
[Handwritten Signature]

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



Witnessed by *[Handwritten Name]*
(Name as in NRIC/Passport)

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I was traveling along Bayfront Ave and turning left to Marina Boulevard. When I making left turn, suddenly I felt an impact from my rear. After alighted and realized it was vehicle B that making a wide turn and collided to rear left portion of my vehicle.

I wish to state that I have scene photo that show I am still within my lane during the accident.

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

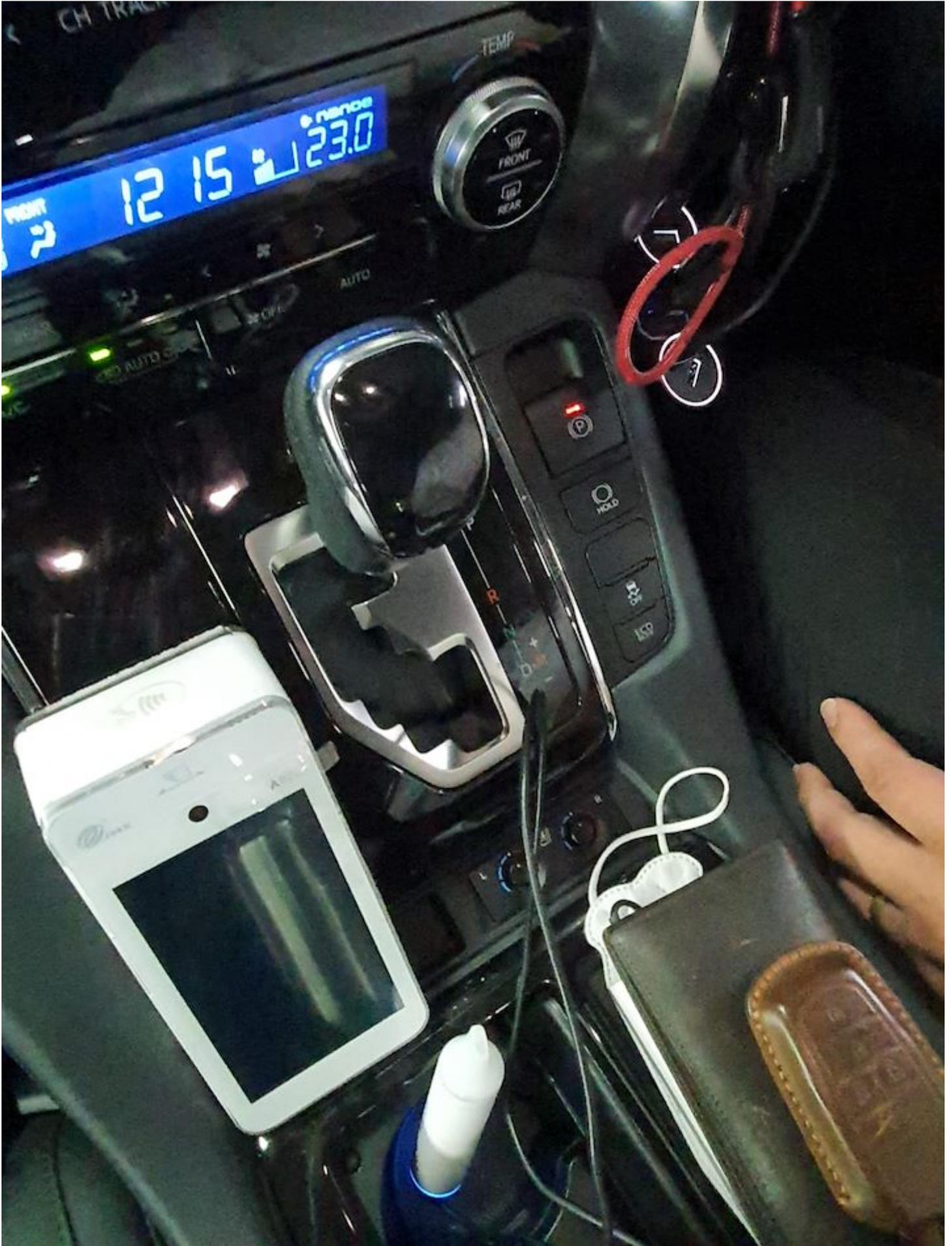

 Witnessed by Reporting Agency Personnel (Name as in NRICID card)



















**SINGAPORE
POLICE FORCE**



T/20230526/2051

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

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Report No. T/20230526/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2023 15:07	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: OW GEN JIN		Address: APT BLK 288C PUNGGOL PLACE #04-835 SINGAPORE 823288	
ID Type / ID No.: NRIC NO / S8307601A		Contact No.:	Mobile: 88141413
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 05/03/1983	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: PRIVATE HIRER DRIVER		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: 26/05/2023 10:00	Type of Location: X-Junction
Location: BAYFRONT AVENUE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6381E	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Seriously Damaged	1
SNK1572K	MPV	TOYOTA	ALPHARD 7- SEATER 2.5 SC CVT	Black	Seriously Damaged	0



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Tel No: 1800-5529999

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Report No. T/20230526/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORKHAIRIN BIN MASWARI	ID No.	S7237878D
Related Vehicle	SHB6381E (Car)	Contact No.	97904023
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	OW GEN JIN	ID No.	S8307601A
Related Vehicle	SNK1572K (MPV)	Contact No.	88141413
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/05/2023	Date Discharge	26/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 26/05/2023 at about 1000hrs, I was driving my rental car SNK1572K (V1) along Bayfront Avenue making a left turn to Marina Boulevard. I was travelling on 2nd lane from the left side which allows me to travel either straight or make a left turn. However, I decided to make a left turn and I was indicating my signal to the left. As I was making a left turn, suddenly a vehicle SHB6381E (V2, Blue comfort taxi) was going beyond his lane and collided onto my left rear side of my vehicle. The damages to my vehicle were scratches and dents and my rear left door could not open smoothly like before.

I managed to talk to V2 driver however V2 keep insisting it was my fault. I did explain to him I did follow my lane of direction and his vehicle was making a wide turn causing the accident to happen. Subsequently the driver kept silent. I wish to state during the accident traffic police nor ambulance came. However, I managed to exchange particulars with V2, Subsequently I felt pain on my neck, whole back and feeling drowsy as such I went to see a doctor at Mount Alvernia Hospital and was given 5days MC from 26/05/2023 till 30/05/2023. I do have a in car footage camera however my workshop claimed that I could not retrieve it.

I am lodging this report for insurance claims and traffic police to investigate this matter.



**SINGAPORE
POLICE FORCE**



T/20230526/2051

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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230526/2051

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 2 JEFFREY LOIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2023 15:07
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



