

# 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 .....	31/05/2023 16:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/05/2023 14:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PICKERING STREET (NEAR GREAT EASTERN CENTRE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH3548H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KWAH KIAT SOON
NRIC No .....	S7130363B
Email Address .....	KS.KWAH1971@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-93875918
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5120202776-02

### DRIVER

Name of Driver .....	KWAH KIAT SOON
NRIC No .....	S7130363B
Date Of Birth .....	27/07/1971
Occupation .....	Outdoor

Date Of Driving Pass .....	16/04/2001
Driving experience .....	22 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93875918
Alt. Phone Number .....	-
Email Address .....	KS.KWAH1971@HOTMAIL.COM
Address .....	40 BEO CRESCENT #05-10
Address complement .....	-
Postcode .....	160040
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) .....	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 .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kaki Bukit Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004429999
Alt. Police Station Phone No .....	(Fax) +65-62444377
Police Station Address .....	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD2233L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	KWAH KIAT SOON
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH3548H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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:

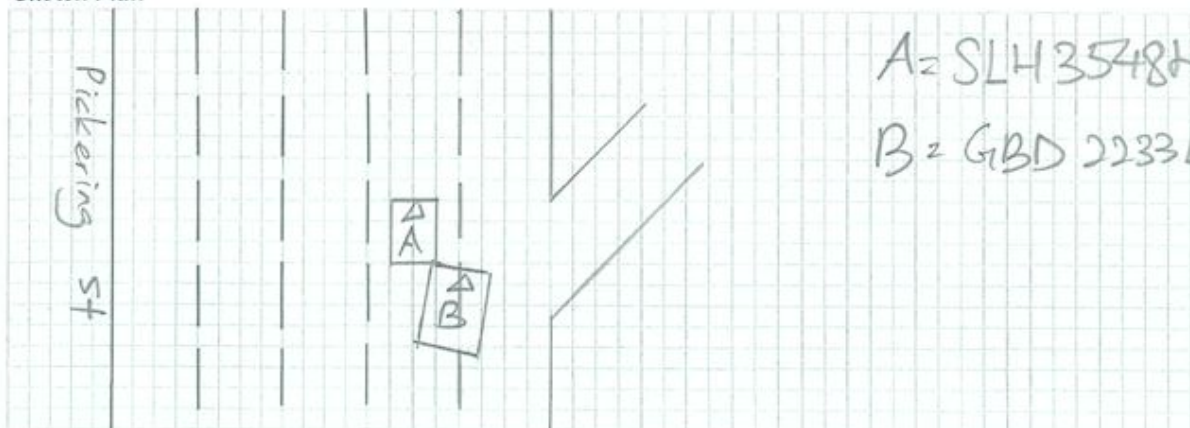
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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
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## Sketch Plan



Please Refer to the police report no. ,

T/20230533/2083

We declare the foregoing particulars are true in every respect.

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

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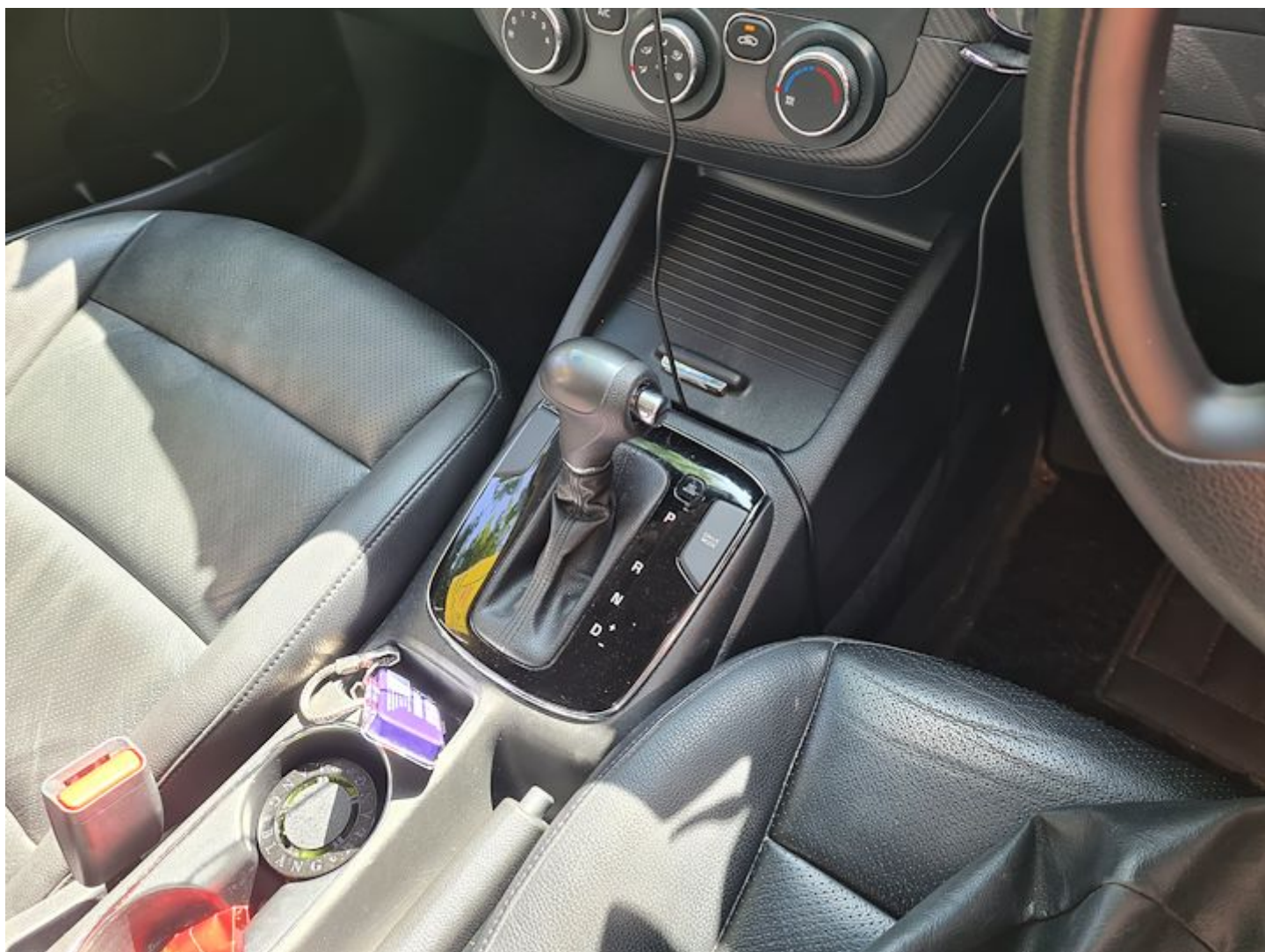





























**SINGAPORE  
POLICE FORCE**


T2020530-2083

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Report No: T2020530-2083

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2023 18:17	Video Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: KWAH KIAT SOON		Address: APT BLK 40 BEO CRESCENT #05-10 SINGAPORE 160040	
ID Type / ID No.: NRIC NO / S7130363B		Contact No.: Home/Office: Mobile: 93875918	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 27/07/1971	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2023 14:10	Type of Location: Straight Road
Location:  PICKERING STREET				
Weather: Clear		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
GBD2233L	Lorry	MITSUBISHI		White	Seriously Damaged	0
SLH3548H	Car	KIA	FORTE K3 1.6A	Grey	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH3548H	NTUC Income Insurance Co-Operative Limited	5120202776-02	01/05/2023	30/04/2024


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999



F/20230530/2093

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Report No. F/20230530/2093

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KWAH KIAT SOON	ID No.	S7130363B
Related Vehicle	SLH3548H (Car)	Contact No.	93875918
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	30/05/2023	Date Discharge	30/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 30/05/2023 at about 1410hrs, I was driving vehicle SLH3548H along Pickering Street near to Great Eastern Centre when another vehicle from the rear hit the rear of my car. I then stop my vehicle and make a check. It was a goods lorry (GBD2233L) that had hit the rear right side of my car.

As I was doing a Grab driver job at the point of accident, there was a female passenger at the rear seat. I did make a check with her and she informed that she is fine at that moment. As for myself I feel pain on my body and I decided to go for a medical check up.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999



T/20230530/2093

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Report No: T/20230530/2093

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /  
SR STAFF SGT MOHAMED NOR  
BIN MOHAMED ALI JINNAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/05/2023 18:17

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

Classification Of Case:

NP168



