

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

31/05/2023

Time of Accident:

09:30

(AM) / PM)

Location of Accident:

Bedok South Avenue 1 (Lamp Post Number: 34)

Country/State of Loss:

Singapore

Type of Accident:

Head - to - Rear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

-

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

-

No. of vehicles Involved in the accident (include own vehicle)

2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Traffic Police 10 Ubi Avenue 3

Was notice of Prosecution given?

Yes / No

If yes, against whom?

-

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SLG 9735A

Vehicle Category: A

Vehicle Manufacturer: Honda Vehicle Model: Vezel

Transmission: Manual / (Auto) Cc: 1-5

Exact purpose for which vehicle was being used at the time of accident:

(Private Car) / Private Use / Employment

No. of passengers (including driver) 2

Passenger Name: Gojek Passenger

Gender: (Male) / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: INCOME

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / (No)

Registered Owner Name: Chua Wee Kang

ID Type: UEN / (NRIC) / Passport or FIN / Work Permit

Registered Owner ID: S8013399E

Email: william_chua80@yahoo.com.sg

Mobile No: 9689 9333

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: Driver - 2 MC Days

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? SLG9735A

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

SKETCH PLAN

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 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.



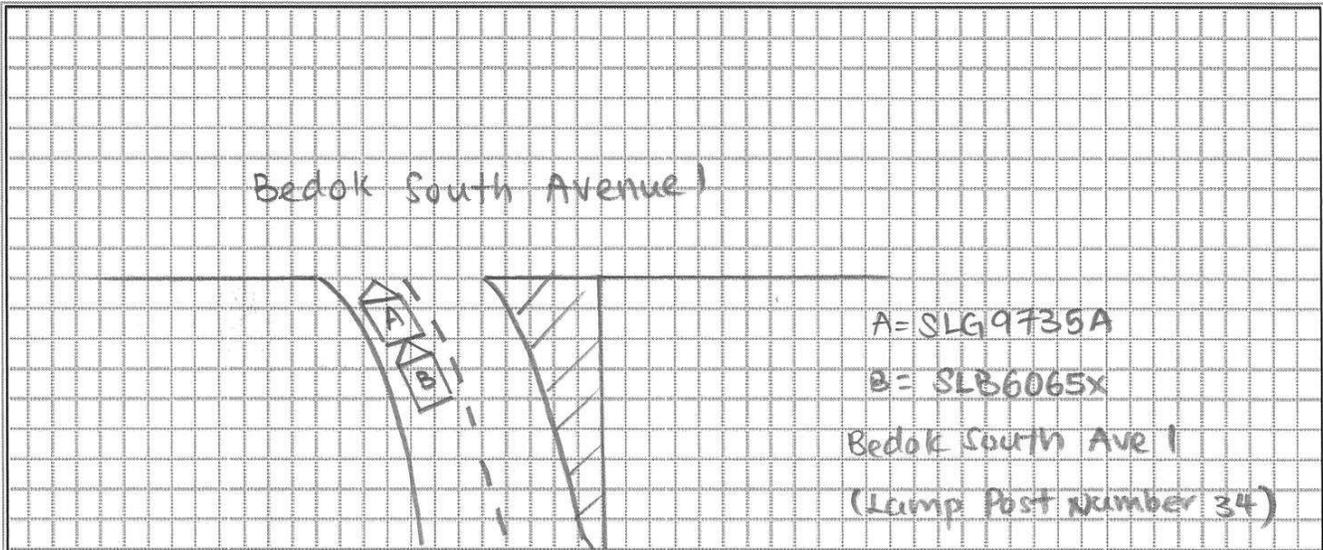
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230531/7044

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)



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

2 of 4
Report No. T/20230531/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG9735A	NTUC INCOME	5121130751-02	20/04/2023	19/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMED ALI S/O MOHAMED		ID No.	S7437982F
Related Vehicle	SLB6065X (Car)		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
Driver				
Name	CHUA WEE KANG		ID No.	S8013399E
Related Vehicle	SLG9735A (Car)		Contact No.	96899333
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	31/05/2023		Date	31/05/2023
No. of Days granted Medical Leave	02		Degree of	Slight
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SLG9735A (Car)		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



**SINGAPORE
POLICE FORCE**



T/20230531/7044

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

3 of 4

Report No. T/20230531/7044

CONTINUATION OF REPORT

Brief Details.

AFTER PICK UP MY PASSENGER FROM THE SHORE CONDOMINIUM TO HIS DESTINATION (CBD). I WAS TRAVELLING ON UPPER EAST COAST ROAD TOWARD BEDOK SOUTH AVE 1 JUNCTION, I AM MAKING A LEFT FILTER LANE TO MERGE INTO BEDOK SOUTH AVE 1 TOWARD ECP DIRECTION. I SLOW DOWN AND COME TO A STOP BEHIND THE BROKEN WHITE LINE TO CHECK ON TRAFFIC TO MAKE SURE IT SAFE TO MERGE INTO BEDOK SOUTH AVE 1. WHILE AT A STOP TO CHECK CLEAR TRAFFIC THAT WAS A LOUD BANG AND BIG PUSH ON MY VEHICLE. I HAD A SHORT BLACK OUT AT THAT MOMENT FOR ABOUT 5 SEC THAN I RELEASE I HAVE BEEN HEAD REAR FROM THE BACK BY ANOTHER VEHICLE. AFTER GET OUT OF MY VEHICLE, I CALL FOR AN AMBULANCE AND AT THE SAME TIME CHECK FOR ANY INJURY ON MY PESSAGER. AFTER 15MIN THE AMBULANCE AND THE TRAFFIC POLICE HAVE ARRIVALLED, THEY MAKE A CHECK ON THE PESSINGER AND CONFORM HE IS FINE, BUT I HAVE SOME PAIN ON MY SHOULDER AND NECK AND TOOK THE AMBULANCE TO CGH AND LEFT THE SCENE. MY VEHICLE IS STILL AT THE SCENE WHEN I LEFT.



**SINGAPORE
POLICE FORCE**



T/20230531/7044

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

4 of 4

Report No. T/20230531/7044

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 31/05/2023 15:55
Classification Of Case:

This report is lodged at Traffic Police Kiosk 1
NP168