

# 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 .....	08/06/2023 16:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/05/2023 09:30 (SGT)
Exact Location of Accident .....	Bedok, Singapore
Additional Location Information .....	BEDOK SOUTH AVENUE 1 (LAMP POST NUMBER 34)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG9735A

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA WEE KANG
NRIC No .....	SXXXX399E
Email Address .....	WILLIAM_CHUA80@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-96899333
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezei
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5121130751-02

### DRIVER

Name of Driver .....	CHUA WEE KANG
NRIC No .....	SXXXX399E
Date Of Birth .....	10/05/1980
Occupation .....	Outdoor

Date Of Driving Pass .....	19/04/2006
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96899333
Alt. Phone Number .....	-
Email Address .....	WILLIAM_CHUA80@YAHOO.COM.SG
Address .....	BLK 151 YISHUN STREET 11 #03-38
Address complement .....	-
Postcode .....	760151
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 .....	GOJEK PASSENGER
Gender .....	Male

#### 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 ATTACHED SKETCH PLAN

#### 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 .....	SLB6065X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 .....	CHUA WEE KANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SLG9735A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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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.

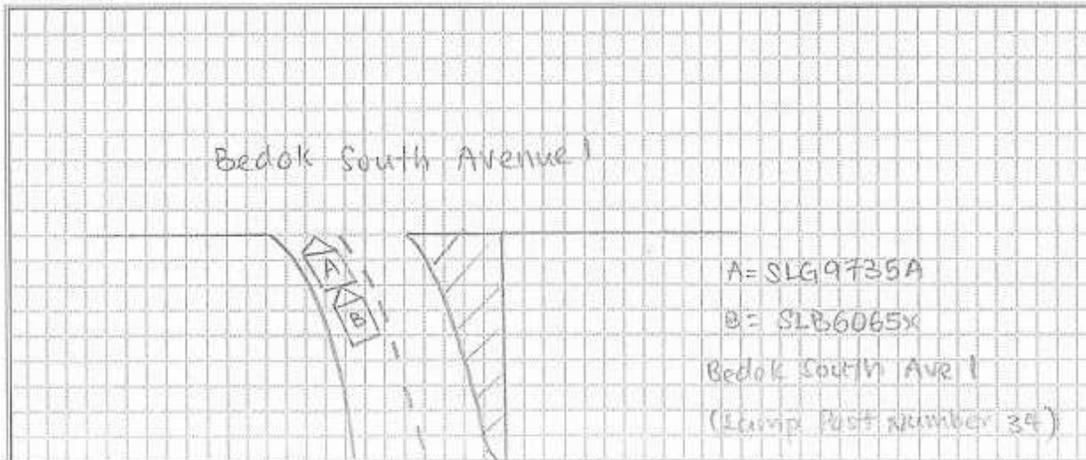
*[Handwritten Signature]*  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time



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

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20230531/7044

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

1 of 4

Report No. T/20230531/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2023 15:55	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHUA WEE KANG		Address: 151 YISHUN STREET 11 #03-38 SINGAPORE 760151	
ID Type / ID No.: NRIC NO / S8013399E		Contact No.: Home/Office:                      Mobile: 96899333	
Nationality: SINGAPORE CITIZEN		Email: WILLIAM_CHUA80@YAHOO.COM.SG	
Sex: Male	Age: 43	Date of Birth: 10/05/1980	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Private-hire car driver		Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/05/2023 09:30	Type of Location: Bend
Location:  BEDOK SOUTH AVE 1				
Lamp Post Number: 34				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB6065X	Car	TOYOTA	WISH	Blue	Seriously Damaged	2
SLG9735A	Car	HONDA	VEZEL HYBIRD		Seriously Damaged	1

**Details of Vehicle Insurance**

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



T/20230531/7044

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

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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

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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.



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T/20230531/7044

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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

This report is lodged at Traffic Police Kiosk 1  
NP168

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: