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 witholding 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	07/06/2023 17:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/06/2023 22:20 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6114T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN WEE KEONG
NRIC No	S7870979J
Email Address	JACKYW.K@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92330094
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5104597038-04

DRIVER

Name of Driver	CHAN WEE KEONG
NRIC No	S7870979J
Date Of Birth	02/12/1978
Occupation	Indoor

Date Of Driving Pass	22/12/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92330094
Alt. Phone Number	-
Email Address	JACKYW.K@HOTMAIL.COM
Address	BLK 234B SUMANG LANE #16-291
Address complement	-
Postcode	822234
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	CHAN CHOOI YEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBU6900D
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD DANIAL BIN MAZIAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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

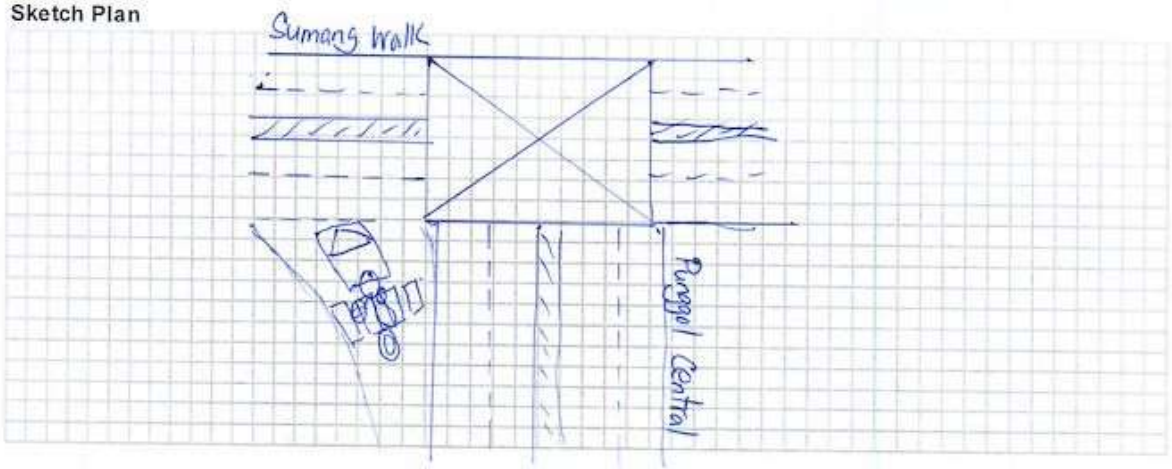
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

When I from Punggol Central going to turn left to Sumang Walk, got car from right side Sumang Walk coming I was slow down and stop ~~at~~ the car, behind got 1 motorbike hit my car behind.

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

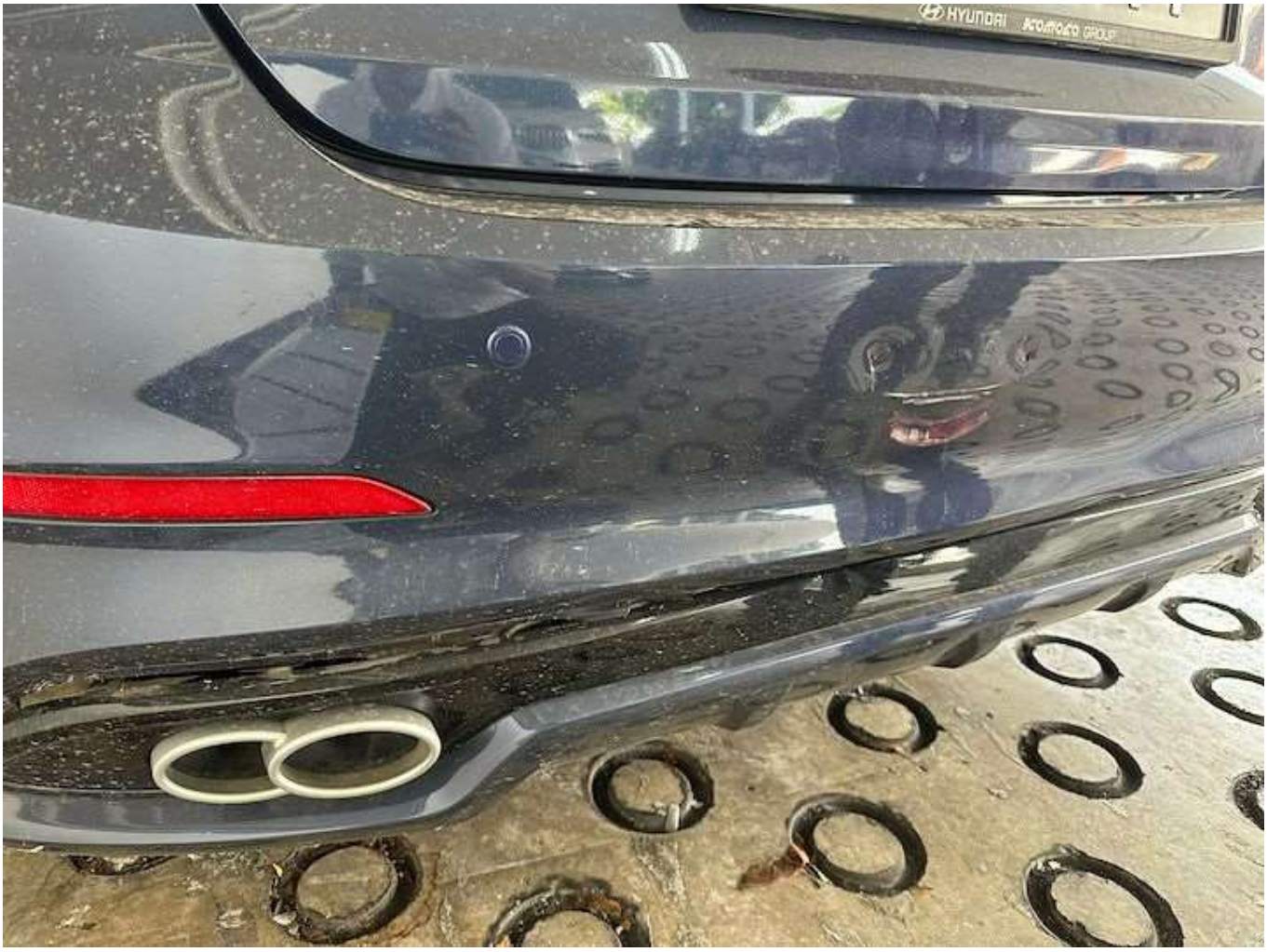
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7



IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19


현 대 자 동 차 (주)
변속기 차축 도장 의장
TRANSM AXLE PAINT TRIM
SG5 TRY
HYUNDAI MOTOR COMPANY
KMHD841CMJU570554

IMAGES #20

IMAGES #21

IMAGES #22

IMAGES #23

IMAGES #24

IMAGES #25

IMAGES #26

IMAGES #27

IMAGES #28

IMAGES #29

SINGAPORE POLICE FORCE

T/20230607/2031

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230607/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/06/2023 12:03	F/20230606/0147	22

Informant's Particulars

Name of Informant: CHAN WEE KEONG			Address: APT BLK 234B SUMANG LANE #16-291 SINGAPORE 822234	
ID Type / ID No.: NRIC NO / S7870979J			Contact No.: Home/Office: Mobile: 92330094	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 02/12/1978	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Crane Operator			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	06/06/2023 22:20	T-Junction

Location:
PUNGGOL CENTRAL

Weather:	Road Surface:	
Clear	Dry	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Brief Details.

On the above mentioned date, time and location, I was driving along Punggol Central near the junction to Sumang Walk. I was filtering left at the junction towards Sumang Walk when my vehicle bearing license plate SLT6114T was hit by a motorcycle bearing license plate FBU6900D. At the time of the incident, my wife was in the vehicle with me. She was seated at the front left passenger seat. The motorcyclist also had a female pillion.

After the incident, I immediately got out of my vehicle to make a check on the rider and his pillion. At the time of the incident, both the rider and his pillion informed me that they did not require ambulance. I then assisted them to move their bike to the pavement. After confirming with them that they did not require ambulance, I exchanged particulars with them and drove off shortly after at approximately 2230hrs. I wish to state that at the time of the incident, my wife was uninjured.

SINGAPORE POLICE FORCE

T/20230607/2031

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230607/2031

CONTINUATION OF REPORT

The details of the rider are as follows:
Name: MUHAMMAD DANIAL BIN MAZLAN
S8919532B
DOB: 18-06-1989
261C Punggol Way #02-327 Singapore 823261

That is all.

SINGAPORE POLICE FORCE

T/20230607/2031

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230607/2031

CONTINUATION OF REPORT

Signature of Officer Recording The Report: D / SGT 2 PIUS ZAI ZHEN NING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2023 12:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168