

# 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	16/06/2023 17:26 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 21:45 (SGT)
Exact Location of Accident	Beatty Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6474P
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DHIKSHA ENGINEERING PTE. LTD.
Company Reg No	2XXXXX053Z
Email Address	SKYCITY1818@GMAIL.COM
Mobile Phone No	(Phone) +65-96770025
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Every
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	Commercial vehicle
Transmission	Auto
CC	660

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125039273-01

### DRIVER

Name of Driver	SOH MENG SOON
NRIC No	SXXXX379E
Date Of Birth	06/10/1977
Occupation	Outdoor

Date Of Driving Pass .....	26/06/1995
Driving experience .....	28 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96770025
Alt. Phone Number .....	-
Email Address .....	SKYCITY1818@GMAIL.COM
Address .....	BLK 154 RIVERVALE CRESCENT #05-126
Address complement .....	-
Postcode .....	540154
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	4
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 .....	ALISHA
Gender .....	Female

#### PASSENGER 2

Name .....	SHAHRUN
Gender .....	Male

#### PASSENGER 3

Name .....	AH YONG
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



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 ..... SJP3402B  
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) ..... 1

**IMPORTANT NOTICE****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.
  - (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.



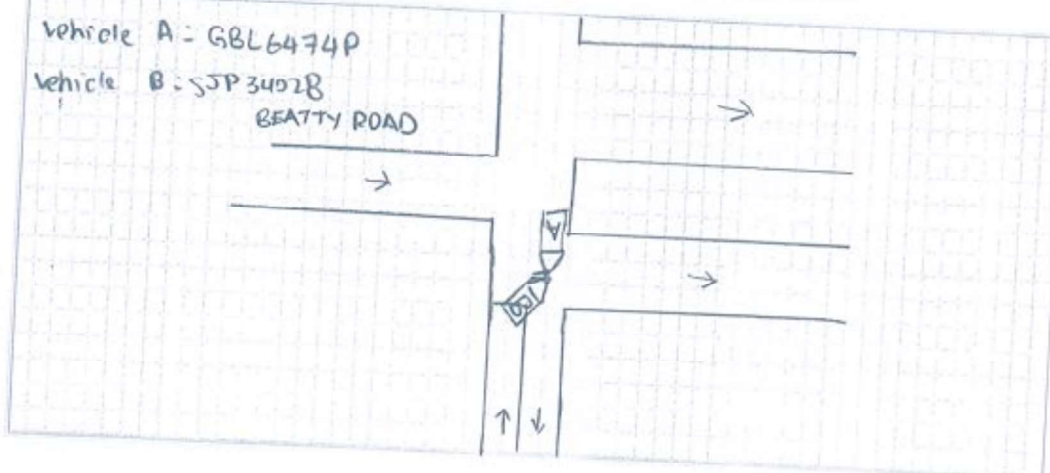
Policyholder's Signature (Date &amp; Time)

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



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

Sketch Plan



Describe Circumstances of the Accident

AS PER TP REPORT T/20230615/7058

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature (Date & Time)

*[Signature]*

Driver's Signature (If different from the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel (Name as in HOCs) (Date)



































Singapore | 2023.06.14 21:54



**SINGAPORE  
POLICE FORCE**



T/20230615/7058

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

1 of 3

Report No. T/20230615/7058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
15/06/2023 16:56

Vide Report No.:  
A/20230614/0135

Station Diary No.:

**Informant's Particulars**

Name of Informant: SOH MENG SOON			Address: 154 RIVERVALE CRESCENT #05-126 SINGAPORE 540154		
ID Type / ID No.: NRIC NO / S7729379E			Contact No.: Home/Office: Mobile: 96770025		
Nationality: SINGAPORE CITIZEN			Email: SKYCITY1818@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 06/10/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/06/2023 21:45	Type of Location: Y-Junction
Location:  BEATTY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL6474P	Van					0
SJP3402B	Car	HYUNDAI	I30	Grey	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230615/7058

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

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Report No. T/20230615/7058

**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	SOH MENG SOON	ID No.	S7729379E
Related Vehicle	GBL6474P (Van)	Contact No.	96770025
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
<b>Driver</b>			
Name	BEH HWEE KWANG	ID No.	S1436560E
Related Vehicle	SJP3402B (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

**Brief Details.**

DEAR SIR, I HAD PARKED MY VAN ON THE ROAD SIDE AND I WAS LOADING SOME LUGGAGES INTO MY VAN. SUDDENLY I HEARD A BANG SOUND, I TURNED AROUND AND SAW A CAR BEARING THE VEHICLE NUMBER SJP3402B, MODEL HYUNDAI I30, GREY IN COLOUR HAD BANG INTO THE FRONT OF MY VAN. THE DRIVER REFUSED TO DO PRIVATE SETTLEMENT, REFUSED TO EXCHANGE PERSONAL DETAILS AND DRIVING LICENCE. THEREFORE POLICE ASSISTANT WAS CALLED.

**SINGAPORE  
POLICE FORCE**

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



T/20230615/7058

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Report No. T/20230615/7058

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KOH WEI JIE  
Contact No.: 65476358

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
15/06/2023 16:56

Classification Of Case: