

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	04/07/2023 11:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2023 13:30 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8987X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HONG FUN ANN
NRIC No	S7935363I
Email Address	HONGFUNANN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92312972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5115174596-03

DRIVER

Name of Driver	HONG FUN ANN
NRIC No	S7935363I
Date Of Birth	04/11/1979
Occupation	Outdoor

Date Of Driving Pass	24/11/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92312972
Alt. Phone Number	-
Email Address	HONGFUNANN@HOTMAIL.COM
Address	APT BLK 266A PUNGGOL WAY #09-398
Address complement	-
Postcode	821266
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)	1
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	-

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	SHD4422Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	HONG FUN ANN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLG8987X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

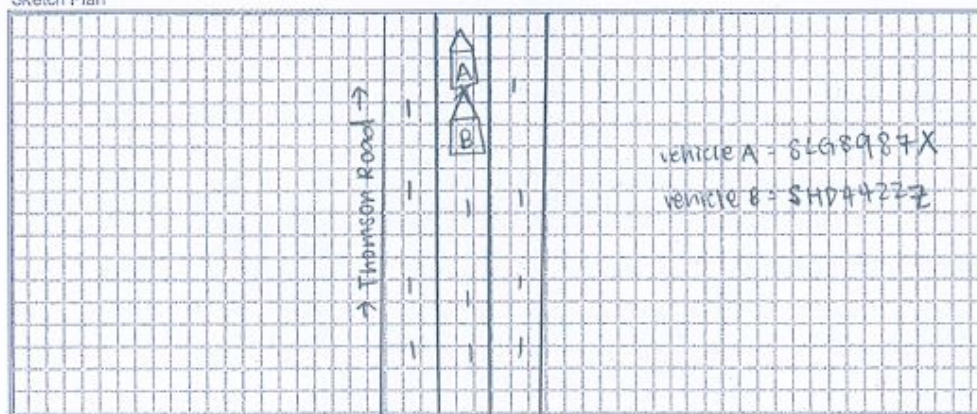
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 attached police report
T/20230704 / 7003

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)





















**SINGAPORE
POLICE FORCE**



T/20230704/7003

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

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Report No. T/20230704/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 10:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HONG FUN ANN			Address: 266A PUNGGOL WAY #09-398 SINGAPORE 821266		
ID Type / ID No.: NRIC NO / S7935363I			Contact No.: Home/Office: Mobile: 92312972		
Nationality: SINGAPORE CITIZEN			Email: HONGFUNANN@HOTMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 04/11/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2023 13:30	Type of Location: T-Junction
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
SHD4422Z	Car	HYUNDAI		Blue	Slightly Damaged	0
SLG8987X	Car	HONDA	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD	Black		0



**SINGAPORE
POLICE FORCE**



T/20230704/7003

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

2 of 3
Report No. T/20230704/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG8987X	NTUC Income Insurance Co-Operative Limited	5115174596-03	18/04/2023	17/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HONG FUN ANN		ID No.	S7935363I
Related Vehicle	SLG8987X (Car)		Contact No.	92312972
Hospital/Clinic	TOA PAYOH CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2023		Date	03/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On 3rd July 2023 1:30pm , i was driving along Thomson Road. While i was waiting a traffic light near the Goldhill Shopping Center. Suddenly i feel an big impact from my rear side of the car. A Taxi SHD4422Z bang into my car. We exchanged driving license. And after that i went to clinic to see the doctor due back pain due to the accident.



**SINGAPORE
POLICE FORCE**



T/20230704/7003

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

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Report No. T/20230704/7003

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
04/07/2023 10:39

Classification Of Case:

NP168



Toa Payoh Clinic & Surgery
Blk 233 Toa Payoh Lorong 8 #01-258 S310233
Tel: 62518353

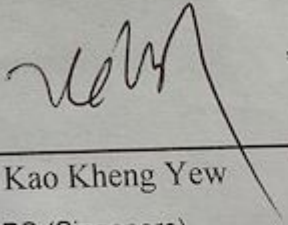
Medical Certificate

Date : 03 Jul 2023
MC No. : 0000017608

This is to certify that :

Name : HONG FUN ANN
NRIC : S7935363I

is Unfit for Duty for 3 days
from 03/07/2023 to 05/07/2023 inclusive.



Dr Kao Kheng Yew
MBBS (Singapore)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*