

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	19/07/2023 17:08 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2023 09:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5220Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	E-CUBE VEHICLE RENTAL PTE LTD
Company Reg No	201607761H
Email Address	ecuberental@gmail.com
Mobile Phone No	(Phone) +65-87861881
Alternative Phone No	(Office) +65-96979666

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	KICKS PREMIUM PLUS 1.2L E-POWER
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	1198

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0000467

DRIVER

Name of Driver	PETER NG AH CHUAN
NRIC No	S1471154F
Date Of Birth	01/07/1961
Occupation	Outdoor

Date Of Driving Pass	06/09/1981
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87861881
Alt. Phone Number	-
Email Address	ecuberental@gmail.com
Address	104 BEDOK RESERVOIR ROAD #14-364
Address complement	-
Postcode	470104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20230719/2085

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	SKG1024H
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ROBIN
NRIC No	S9181755A
Contact Number	(Phone) +65-85755092
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH3184A
Vehicle Manufacturer	Honda
Vehicle Model	VEZEL 1.5G CVT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HASSAN
NRIC No	S2513631D
Contact Number	(Phone) +65-87553668
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	PETER NG AH CHUAN
Gender	Male
Phone No	(Phone) +65-98343458
Address	104 BEDOK RESERVOIR ROAD #14-364
Address Complement	-
Post Code	470104
Approximate Age Years Old	62
Injuries Sustained	3DAYS MC
Injured person in which vehicle?	SMW5220Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

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

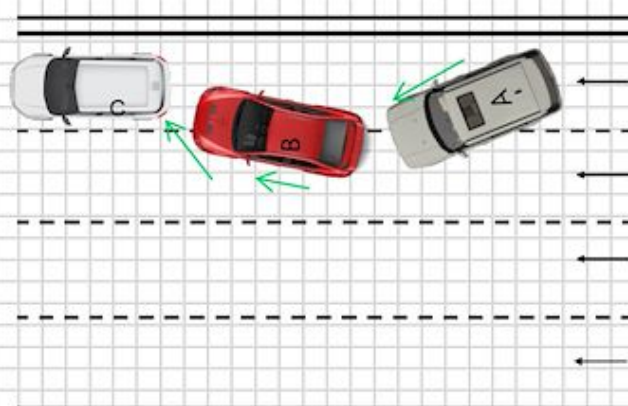
19/07/2023 1300hrs

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT
REPORTING OFFICER
FRO FIRDAUS

A - SMW5220Z
B - SKG1024H
C - SNH3184A

AYE TUAS
TOWARDS
ALEXANDRA
ROAD



Describe Circumstances of the Accident

AS PER POLICE REPORT No.T/20230719/2085

Declaration

We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT
REPORTING OFFICER
FRO FIRDAUS



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
19/07/2023 1300hrs

Witnessed by Reporting Centre
Personnel



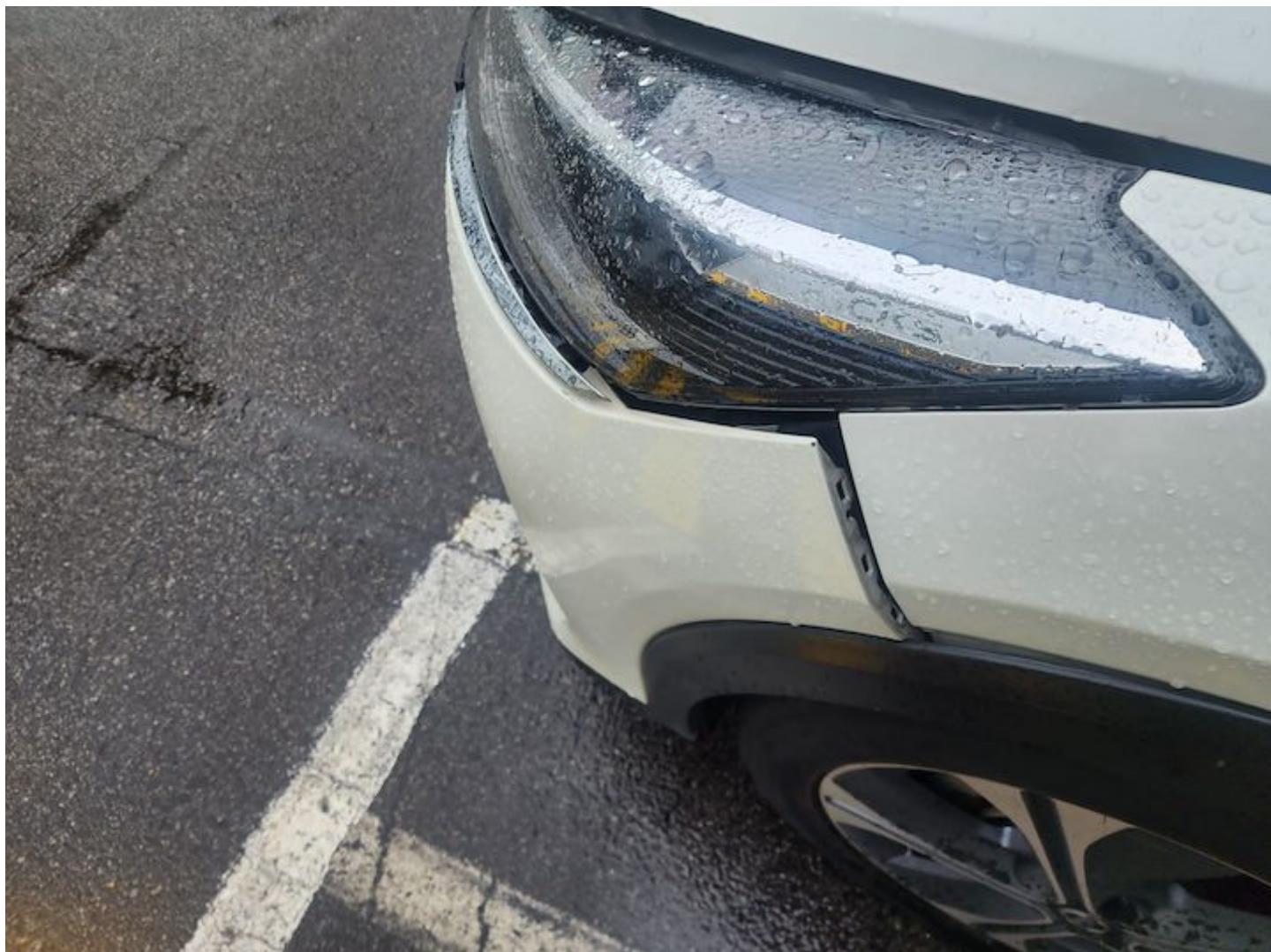








































**SINGAPORE
POLICE FORCE**



T/20230719/2085

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20230719/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2023 17:36		Vide Report No.:		Station Diary No.: 131
Name of Informant: PETER NG AH CHUAN		Address: APT BLK 104 BEDOK RESERVOIR ROAD #14-364 SINGAPORE 470104		
ID Type / ID No.: NRIC NO / S1471154F		Contact No.: Home/Office: 92366578 Mobile: 98343458		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 01/07/1961	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2023 09:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Colour	Vehicle Status
SKG1024H	Car	HYUNDAI				0
SMW5220Z	Car	NISSAN				2
SNH3184A	Car	HONDA				0



**SINGAPORE
POLICE FORCE**



T/20230719/2085

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230719/2085

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ROBIN	ID No.	S9181755A
Related Vehicle	SKG1024H (Car)	Contact No.	85755092
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	PETER NG AH CHUAN	ID No.	S1471154F
Related Vehicle	SMW5220Z (Car)	Contact No.	92366578
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/07/2023	Date Discharge	19/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name	HASSAN	ID No.	S2513631D
Related Vehicle	SNH3184A (Car)	Contact No.	87553668
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/07/2023 at about 0945hrs, I was driving my vehicle (SMW5220Z) along AYE towards City directions. When I was nearby the "exit" to Alexandra road, I saw the vehicle (SKG1024H) in front of mine collided into another vehicle (SNH3184A) in front of it. When I saw the collision, I quickly step on my brake but due to wet road, my vehicle started to skidded forward and collided into the rear of SKG1024H. After the collision, all 3 drivers (including me) alighted to check on the damages. We took photos of the damages and exchanged our particulars before driving off.

I did check with my passengers and both of them informed that they were fine. After sending the passengers to their destination, I drove back to the car rental company to inform them of the traffic



**SINGAPORE
POLICE FORCE**



T/20230719/2085

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230719/2085

CONTINUATION OF REPORT

accident. After that I went to seek treatment at hospital where I was given 3 days of medical certificate. After I finished my medical treatment, I send the car to the workshop before lodging a report.



**SINGAPORE
POLICE FORCE**



T/20230719/2085

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230719/2085

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SR STAFF SGT LIM BENG LEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:

Date/Time:
19/07/2023 17:36

Classification Of Case:

NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE ACCIDENT MANAGEMENT CENTRE
 6 Raffles Quay #22-00 Singapore 048500
 Tel (65) 6234 0000 Fax (65) 6234 1000
 Operating Hours: Monday to Friday 0900 - 1700
 URG 56656000 / EXT 300 Fax 6266002700

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G237J0017 Vehicle Registration No: SMW5220Z
 Name (as shown in NRIC): Peter Ng Ah Chuan NRIC/FIN/Passport No: S1971154F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 104 Bedok Reservoir Rd # 14-369 Singapore 479199
 Contact (Tel): 96979666 Mobile No.: _____
 Email Address: ecuberental@gmail.com
 Date of Accident: 19/07/2023 Time of Accident: 9.45 AM
 Place of Accident: A/E
 Insurance Company: III

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① I would like to change my statement to: "Refer to police report"
- ② Attached police Report
- ③ change from reporting to third party claim


 Policyholder / Driver's Signature
 Date: _____




 Reporting Officer's Signature

Date: _____
 Time: 21.07.2023