

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 18:39 (SGT)
Reported by Actual Driver
Date of Accident 19/07/2023 09:41 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH3184A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG CAR CHOICE PTE LTD

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant -
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5130976194

DRIVER

Name of Driver HASSAN BIN IBRAHIM
NRIC No S2513631D
Address BLK 967A JURONG WEST STREET 93 #13-809
Address complement -
Postcode 641967
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision

Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG1024H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMW5220Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HASSAN BIN IBRAHIM
Gender -
Phone No -
Injured person in which vehicle? SNH3184A

Describe Circumstance of the Accident:

REFER TO POLICE REPORT
T/20230719/2050

I wish to state that vehicle B first collided to
rear portion of my vehicle and caused vehicle C
hit onto vehicle B.

Declaration

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



Policyholder's Signature / Date & Time

[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

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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.



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

Vehicle A: SUV 3TR4A
Vehicle B: SKG 1028H
Vehicle C: Smw S230 B

**SINGAPORE
POLICE FORCE**

T/20230719/2050

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/20230719/2050

CONTINUATION OF REPORT

Driver Details (SKG1024H):
Name: Robin Lau Puong Yew
NRIC: S9181755A
Contract No: 85755092

Driver Details:
Name: Peter Ng Ah Chuan
NRIC: S1471154F
Contact No: 92366578

After a few minutes after driving off, I felt more discomfort and decided to visit a doctor at Mount Alvernia.
The doctor prescribed me 5 days of MC (Ref No. 192899). I am lodging this report for my insurance claim.



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



T/20230719/2050

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Report No. T/20230719/2050

CONTINUATION OF REPORT

Driver		ID No.	
Name	Robin Lau Puong Yew	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
Driver		ID No.	
Name	HASSAN BIN IBRAHIM	S2513631D	
Related Vehicle	SNH3184A (Car)	Contact No.	87553668
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver		ID No.	
Name	Peter Ng Ah Chuan	S1471154F	
Related Vehicle	NIL	Contact No.	92366578
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 around 0941hrs I was travelling in my vehicle (SNH3184A) along AYE towards CTE near exit 6 with 1 passanger. I was hit by a car (SKG1024H) from behind while moving. Subsequently, I made a check on myself and felt pain on my neck and back. My passanger complained of dizziness but was generally ok. I then left my vehicle and made on check on my car. The back of my car was damaged and I discovered that there was another vehicle that was involved. However, I did not take note of the other car's plate number.

I then spoke to the other driver who hit my car and we exchanged particulars. We agreed to claim insurance and left the scene. I then proceeded to drop my passanger off at Marina 1 and she informed me that she felt ok and not injured.


**SINGAPORE
POLICE FORCE**


T/20230719/2050

1 of 4

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

Report No. T/20230719/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2023 13:58	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: HASSAN BIN IBRAHIM			Address: APT BLK 967A JURONG WEST STREET 93 #13-809 SINGAPORE 641967		
ID Type / ID No.: NRIC NO / S2513631D			Contact No.: Home/Office: Mobile: 87553668		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 05/09/1956	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: GRAB 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: 19/07/2023 09:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Heavy rain		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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG1024H	Car				Slightly Damaged	0
SNH3184A	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

















