

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 First Submission	03/07/2024 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/07/2024 09:02 (SGT)
Exact Location of Accident	Tampines Industrial Cres, Singapore
Additional Location Information	TAMPINES INDUSTRIAL CRESCENT IN FRONT OF SILITRONIC SILICON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7427J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ AUTO PTE LTD
Company Reg No	201732057R
Email Address	richard.ng@sjauto.sg
Mobile Phone No	(Phone) +65-97711118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC I2
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00000892400

DRIVER

Name of Driver	CHIA YIN SENG
NRIC No	S1462119I
Date Of Birth	02/06/1961

Occupation	Outdoor
Driving Pass Date	11/04/1984
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98446848
Alt. Phone Number	-
Email Address	richard.ng@sjauto.sg
Address	APT BLK 107 SIMEI STREET 1 #11-822
Address complement	-
Postcode	520107
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	Collision - Change/cross lane
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)	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 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	FBJ6695D
Vehicle Manufacturer	-
Vehicle Model	-


Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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 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

refer to Police report
Annex 1

Describe Circumstances of the Accident

Handwritten notes in the sketch plan area:

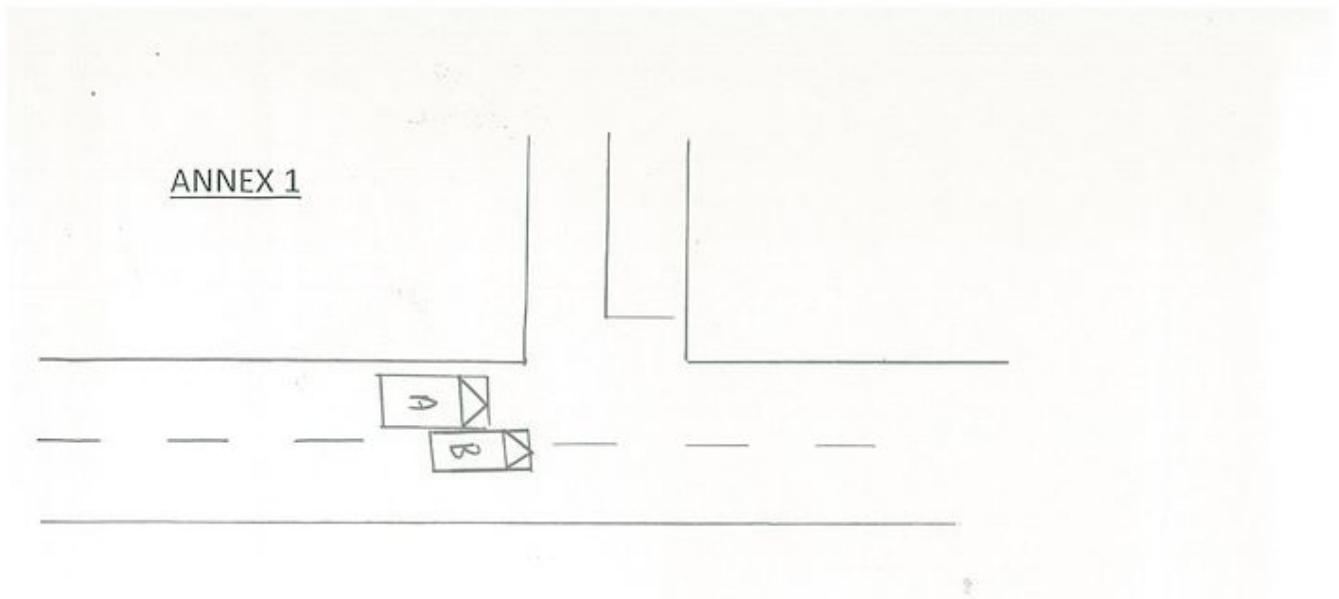
- ref to
- Police report
- in
- amptx

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date:  EN: 20/11/2015
 Driver's Signature (If driver is not the policyholder) / Date & Time: 

Witnessed by Reporting Centre Personnel:  



----- REFER TO POLICE -----

[Handwritten signature]



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**SINGAPORE
POLICE FORCE**



T/20240703/7045

1 of 3

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

Report No. T/20240703/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2024 12:53		Vide Report No.: G/20240703/0041		Station Diary No.:
Informant's Particulars				
Name of Informant: CHIA YIN SENG		Address: 107 SIMEI STREET 1 #11-822 SINGAPORE 520107		
ID Type / ID No.: NRIC NO / S14621191		Contact No.: Home/Office: Mobile: 98446848		
Nationality: SINGAPORE CITIZEN		Email: JEFFREYCHIA7@GMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 02/06/1961	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 03/07/2024 09:05	Type of Location: Straight Road
Location: TAMPINES INDUSTRIAL AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ6695D	Motorcycle	HONDA	CBR 150R MANUAL	Black	Slightly Damaged	0
SNF7427J	Motor car	MAZDA	3 4DR 1.5 AT M- Hybrid Classic I2	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNF7427J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHSCSNA0000089 2400	01/01/2024	31/12/2024



**SINGAPORE
POLICE FORCE**



T/20240703/7045

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

2 of 3

Report No. T/20240703/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KUPUSAMY SATHIYAMOORTHY	ID No.	G8316417X
Related Vehicle	FBJ6695D (Motorcycle)	Contact No.	NIL
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 (MC)	NIL	Degree of Injury	Slight
Driver			
Name	CHIA YIN SENG	ID No.	S1462119I
Related Vehicle	SNF7427J (Motor car)	Contact No.	98446848
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON 03-07-2024 I (SNF7427J) WAS DRIVING ALONG TAMPINES INDUSTRIAL AVE 5 WITH 1 MALE TADA PASSENGER, HE WAS GOING TO SILITRONIC SILICON AT TAMPINES INDUSTRIAL CRESCENT. AFTER I ALIGHTED THE PASSENGER I PROCEED TO MOVE OFF, SUDDENLY I HEARD A BANG SOUND AND I SAW A MOTOR BIKE (FBJ6695D) WAS ON MY BLIND SPOT OF MY RIGHT SIDE AND MY VEHICLE COLLIDED ON TO THE MOTOR BIKE.

I STOPPED MY VEHICLE AND ALIGHTED, I SAW THE BIKER WAS ON THE ROAD AND I ASSISTED HIM TO STAND UP. I ASKED THE BIKER WHETHER HE IS INJURED OR ANYWHERE NOT FEELING WELL, HE TOLD ME HE IS FINE ONLY SOME BRUISES ON HIS LEG AND ARM.

AFTER AWHILE AN AMBULANCE REACHED, THE MEDICS CHECKED ON THE BIKER INJURIES AND THE BIKER SAID HE IS FINE NEED NOT CONVEY TO HOSPITAL BUT THE MEDICS INSISTED TO BRING THE BIKER TO THE HOSPITAL FOR FURTHER CHECKUP. SHORTLY THE TRAFFIC POLICE CAME, THE TRAFFIC POLICE CAME TO TAKE SOME STATEMENT AND PARTICULARS. HE ASKED ME TO LODGE A TRAFFIC POLICE ACCIDENT REPORT AND INSURANCE ACCIDENT REPORT.

I INFORMED MY RENTAL COMPANY AND THEY ARRANGED A TOW TRUCK TO TOW MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20240703/7045

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

3 of 3

Report No. T/20240703/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD ISA BIN OMAR ALHABSHEE
Contact No.: 65476187

NP168

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

Date/Time:
03/07/2024 12:53

Classification Of Case:

