

## 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 Authorised 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 ability.
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 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 Report	26/12/2017 14:07
Date Of Accident	25/12/2017 12:25
Exact Location Of Accident	BLOCK 132 LORONG AH SOO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5894J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN MENG JIN DARIN
NRIC No	S1819502Z
Email Address	DARINMJCHAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94591880
Alternative Phone No	OTHERS-94591880

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
Exact Purpose for which vehicle was being used at time of accident	PTE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1763111700
Cover Note Number	

### Driver

Name of Driver	CHAN MENG JIN DARIN
NRIC No	S1819502Z
Date Of Birth	05/07/1967
Occupation	INDOOR
Date Of Driving Pass	10/11/1987
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94591880
Fax Number	
Contact Number	OTHERS-94591880
Email Address	DARINMJCHAN@YAHOO.COM.SG

Address	BLOCK 133 LORONG AH SOO #06-444
Postcode	530133
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON THE ABOVE MENTIONED TIME AND DATE, I WAS DRIVING MY VEHICLE WITH REGISTRATION PLATE NUMBER SJE5894J AT THE ABOVE MENTIONED CARPARK. AS I WANTED TO DROP MY GODCHILDREN AND MY FRIEND AT THE NEARBY HANDICAP LOT OF THE ABOVE MENTIONED LOCATION. WE WERE ALL STANDING OUTSIDE THE VEHICLE ON THE LEFT SIDE (NEAR TO THE HANDICAP LOT) WHEN SUDDENLY A VEHICLE WITH REGISTRATION PLATE NUMBER SJW7298Y COMING FROM THE PARKING LOT NEARBY HIT THE REAR RIGHT TIRE OF MY VEHICLE. DUE TO THE IMPACT, MY FRIEND AND I WERE FLUNG AND 2 OF MY GODCHILDREN'S (NATASHA PEK AND NATHAN PEK) LEGS GOT STUCK IN BETWEEN THE REAR LEFT TIRE OF MY VEHICLE AND A POLE (RED COLOUR POLE) NEAR TO THE HANDICAP LOT. BOTH ME, MY FRIEND AND SOME OF THE BYSTANDERS MANAGED TO PULL OUT NATHAN'S LEG BY PUSHING THE VEHICLE TO THE FRONT WHILE NATASHA'S LEG GOT OUT FROM THE STUCK BY LIFTING UP THE VEHICLE. AMBULANCE AND TRAFFIC POLICE WERE AT SCENE. BOTH NATASHA AND NATHAN WERE CONVEYED TO THE HOSPITAL BY THE AMBULANCE. THERE WERE SLIGHT DAMAGES ON BOTH OF THE VEHICLES. I DID NOT TAKE DOWN THE DETAILS OF OTHER VEHICLE. THIS IS THE FIRST TIME SUCH INCIDENT HAPPENED TO ME. VIDE REPORT: F/20171225/0208 DUE TO THE IMPACT FROM VEHICLE B, SJW7298Y, THE SEVEN PEOPLE STANDING BESIDE SJE5894J FELL DOWN, AND THE PASSENGER INSIDE SJE5894J ALSO GOT INJURED. 6 OF THE INJURED WERE CONVEYED TO HOSPITAL BY AMBULANCE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW7298Y
Vehicle Make/Model/Colour	

**Details Of Properties**

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name CHAN MENG CHIN DARIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address BLOCK 133 LORONG AH SOO #06-444

Postcode 530133

**DETAILS OF INJURED PERSON 2**

Name TEO FUI CHENG MADELINE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJE5894J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name PEK EN QI NATASHA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name PEK NIENG GUANG NATHAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 5**

Name	ETHAN REYES CHAN WEI SHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 6

Name	NG SWEE YING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 7

Name	PEK GUAT HONG NOEL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 8

Name	PEK SEK KAI NATHANAEL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodgment 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:

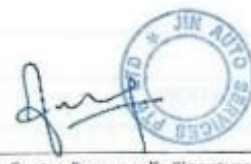
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature

Date & Time: 26/12/17 13:10 hrs

  
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 26/12/17 13:10 hrs

  
Reporting Centre Personnel's Signature

Name: April  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BLK 134		BLK 132	Accident Date: 25-12-17 A: SJE 5894J B: SJW 7298Y ⊗ = 7 Injured (Beside Vehicle) 1 Injured (Inside Vehicle)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached Police Report No: T/20171225/2049.

Due to the impact from vehicle B: SJW 7298Y, the seven people standing beside SJE 5894J fell down, and the passenger inside SJE 5894J also got injured. 6 of the injured were conveyed to hospital by ambulance.

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 26/12/17 1310h

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 26/12/17 1310h

Reporting Centre Personnel's Signature  
 Name: April  
 NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171225/2049

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 3

Report No. T/20171225/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2017 15:10	Vide Report No.:	Station Diary No.: 17
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### Informant's Particulars

Name of Informant: CHAN MENG JIN DARIN			Address: APT BLK 133 LORONG AH SOO #06-444 SINGAPORE 530133		
ID Type / ID No.: NRIC NO / S1819502Z			Contact No.: Home/Office: Mobile: 94591880		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/07/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/12/2017 12:25	Type of Location: Straight Road
Location: Along Road 1 LORONG AH SOO				
Carpark at Blk 132 Lorong Ah Soo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE5894J	Car	HONDA	AIRWAVE 1.5M A	Silver	Slightly Damaged	2
SJW7298Y	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE5894J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17631117 00	29/10/2017	28/10/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171225/2049

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20171225/2049

## CONTINUATION OF REPORT

### Brief Details.

On the above mentioned time and date, I was driving my vehicle with registration plate number SJE5894J at the above mentioned carpark. As I wanted to drop my godchildren and my friend at the nearby handicap lot of the above mentioned location. We were all standing outside the vehicle on the left side (near to the handicap lot) when suddenly a vehicle with registration plate number SJW7298Y coming from the parking lot nearby hit the rear right tire of my vehicle. Due to the impact, my friend and I were flung and 2 of my godchildren's (Natasha Pek and Nathan Pek) legs got stuck in between the rear left tire of my vehicle and a pole (red color pole) near to the handicap lot.

Both me, my friend and some of the bystanders managed to pulled out Nathan's leg by pushing the vehicle to the front while Natasha's leg got out from the stuck by lifting up the vehicle. Ambulance and traffic police were at scene. Both Natasha and Nathan were conveyed to the hospital by the ambulance. There were slight damages on both of the vehicles. I did not take down the details of the other vehicle.

Vide report : F/20171225/0208

This is the first time such incident happened to me.



Police Report



SINGAPORE  
POLICE FORCE



T/20171225/2049

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

3 of 3

Report No. T/20171225/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 MOHAMMAD AZRUL BIN AZMI

Signature Of Informant: 

Signature Of Interpreter:

Not applicable

Date/Time:

25/12/2017 15:10

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp  
NP168



## Identification Card



## Driving Licence







Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Scene Photo





Scene Photo



Scene Photo



Scene Photo





Scene Photo



Scene Photo





Scene Photo



Scene Photo





Scene Photo



Scene Photo

