

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 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	25/07/2018 15:47
Date Of Accident	25/07/2018 07:55
Exact Location Of Accident	BISHAN ROAD TURNING INTO BISHAN STREET 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6261A
Insured/Policyholder	
Name Of Registered Owner	M/S DPE TRANSPORTATION SERVICES
Co Reg No	53367323B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91848608
Alternative Phone No	OFFICE-91848608

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 L I-VTEC (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1753171700
Cover Note Number	

Driver

Name of Driver	CHUI HOWE WAI
NRIC No	S7039032I
Date Of Birth	05/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91848608
Fax Number	
Contact Number	OTHERS-91848608
EEmail Address	NOEMAIL

Address	BLK 108 RIVERVALE WALK #08-112
Postcode	540108
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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?	NO
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180725/2015

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4852P
Vehicle Make/Model/Colour	TOYOTA PICNIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JURAIMAN BIN RAHIM
NRIC/Passport Number	S1794638B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name CHUI HOWE WAI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJA6261A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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 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:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *25/07/2018*
NRIC/FIN No: *Redi wadars*

Accident Sketch Plan

*SKETCH PLAN

BISHAN ROAD TURNING INTO BLISHTON ST 14



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25 JUL 2018, 0756 HRS I WAS DRIVING ALONG BISHAN ROAD WHILE I WAS STATIONARY WAITING TO TURN, VEHICLE B SUDDENLY COLLIDED INTO MY REAR



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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180725/2051

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180725/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2018 12:47	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars			
Name of Informant: CHUI HOWE WAI		Address: APT BLK 108 RIVERVALE WALK #08-112 SINGAPORE 540108	
ID Type / ID No.: NRIC NO / S7039032I		Contact No.: Home/Office: Mobile: 91848608	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 05/11/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 07:55	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BISHAN ROAD BISHAN STREET 14 Along Bishan Road, about to make a left turn to Bishan Street 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6261A	Car	HONDA	HONDA CITY LX 1.5 I-VTEC AUTO	Black	Slightly Damaged	0
SJN4852P	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Silver	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180725/2051

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180725/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA6261A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN17531717 00	08/08/2018	27/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUI HOWE WAI		ID No.	S7039032I
Related Vehicle	SJA6261A (Car)		Contact No.	91848608
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2018		Date Discharge	25/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	Juraiman Bin Rahim		ID No.	S1794638B
Related Vehicle	NIL		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	NIL	Degree of Injury	NIL	

Brief Details.

On 25/07/2018 at about 0756hrs, I was travelling along Bishan Road about to make a left turn to Bishan Street 14. I stopped before making the turn to ensure that the traffic is clear. I then felt an impact and a loud bang coming from the back of my vehicle. I then alighted to make a check and realised that one vehicle (SPN4852P) have collided onto the rear of my vehicle.

The collision has caused the door of my car boot to be unable to close and there are cracks on the rear bumper. There are some scratches on the other vehicle and the car licence plate is slightly slanted. The driver apologised to me profusely and we exchanged particulars.

Due to the impact, I have some pain on my neck, shoulder and back and at that time of accident, I felt giddy. Hence I went to seek medical attention and I was then given 5 days' medical leave. I am not sure if there is any injury on the other driver. I am lodging this report for recording and insurance purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180725/2051

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
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Report No. T/20180725/2051

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180725/2051

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180725/2051

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:

E /

Sgt 2 JASMINE LEAU WEI LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2018 12:47

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

SN 168

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70390321



Name
CHUI HOWE WAI

Race
CHINESE

Date of birth
05-11-1970

Country/Place of birth
SINGAPORE

Sex
M

S70390321

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S70390321

Name
CHUI HOWE WAI

Valid Date
05 Nov 1970

Issue Date
15 Nov 2003

001003031C

5635138



VINC No. S70390321



Date of expiry
26-07-2016

Address
APT BLK 108 RIVERVALE WALK
#08-112
SINGAPORE 640108

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Nov 1997

NP 425A

License No. S70390321

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

