

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 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 Report	10/01/2020 10:11
Date Of Accident	09/01/2020 09:20
Exact Location Of Accident	ESPLANADE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3404D
Insured/Policyholder	
Name Of Registered Owner	SH INTEGRATED SERVICES PTE LTD
Co Reg No	2XXXXX248Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62855880

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5L AT ABS D/AB HID 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMPCSNA00000522002
Cover Note Number	

Driver

Name of Driver	CHEA WAI LOONG
NRIC No	SXXXX979B
Date Of Birth	11/06/1988
Occupation	INDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92958585
Fax Number	
Contact Number	OFFICE-92958585
Email Address	NOEMAIL

Address	BLK 167 HOUGANG AVENUE 1 #10-1568
Postcode	530167
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 (including own vehicle) 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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200109/2044.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW2933R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG POH LUN
NRIC/Passport Number	SXXXX137D
Contact Number	98277692
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

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

CHEA WAI LOONG

BODY
SKQ3404D
YES
NO

Accident Sketch Plan

SKETCH PLAN

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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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Esplanade

A: SKD 34047
B: JLV 2933R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20200109/2044.

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/20200109/2044

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3

Report No. T/20200109/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2020 12:08	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: CHEA WAI LOONG			Address: APT BLK 167 HOUGANG AVENUE 1 #10-1568 SINGAPORE 530167		
ID Type / ID No.: NRIC NO / S8856979B			Contact No.: Home/Office: Mobile: 92958585		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 11/06/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 ESPLANE DRIVE				
Along Esplanade Drive, Esplanade bridge towards city				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
SGW2933R	Car					0
SKQ3404D	Car					0

Details of Person Involved

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

Police Report



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T/20200109/2044

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20200109/2044

CONTINUATION OF REPORT

Driver			
Name	TANG POH LUN		ID No. S8407137D
Related Vehicle	SGW2933R (Car)		Contact No. 98277692
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			
Name	CHEA WAI LOONG		ID No. S8856979B
Related Vehicle	SKQ3404D (Car)		Contact No. 92958585
Hospital/Clinic	CRESCENT CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	09/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On 09/01/2019 at about 9:20am, I was driving my vehicle, SKQ3404D along esplanade drive, Esplanade Bridge towards City. My vehicle was stationary due to the traffic jam. Suddenly, one vehicle, SGW2933R had collided my vehicle rear. I had come down and exchanged particulars with the other driver. After exchanging the particulars and took photo of the accident, we then left the accident site. After leaving the accident site, I feel pain at my neck area as such went to seek medical treatment and was given two days MC. There was no traffic police and ambulance was at the accident site.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200109/2044

3 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20200109/2044

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 /

Sr Staff Sgt TAN MENG SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/01/2020 12:08

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 57

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

