

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	12/08/2020 10:13
Date Of Accident	10/08/2020 14:45
Exact Location Of Accident	ALONG VERDE VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB9179E
Insured/Policyholder	
Name Of Registered Owner	CHIU CHWEE HENG
NRIC No	SXXXX463B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88386644
Alternative Phone No	OTHERS-98637773

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00756214
Cover Note Number	28/01/2020 - 27/01/2021

Driver

Name of Driver	LI XIAOHUA
NRIC No	SXXXX596G
Date Of Birth	15/04/1974
Occupation	INDOOR
Date Of Driving Pass	01/03/2011
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98637773
Fax Number	
Contact Number	OTHERS-88386644
EEmail Address	CHINCHWEE@YAHOO.COM.SG

Address	96A HENDERSON ROAD #35-58
Postcode	151096
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	NO
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)	2
Passenger 1	NAME: : CHEN SHENG XI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SHC403K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

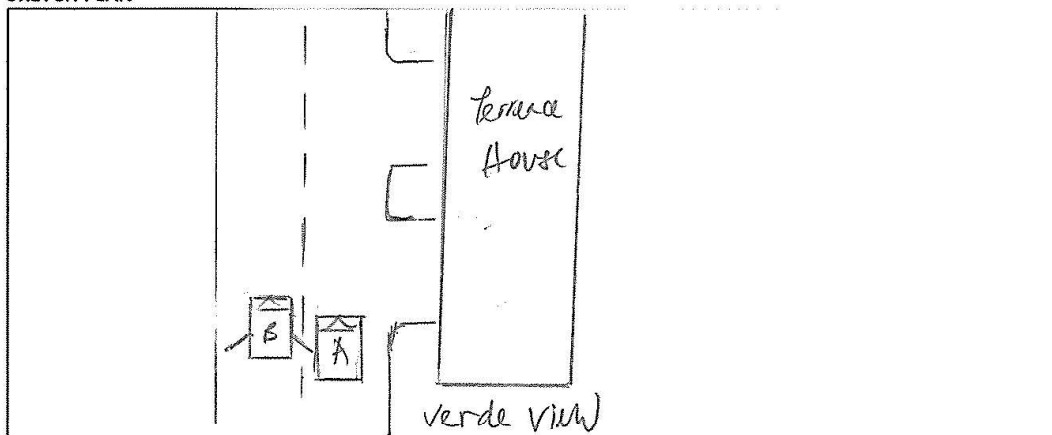
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

Date of accident: 10/08/2020 Time: 14:45 Location: 190 Verde view
My Vehicle A: SJB9179Z Vehicle B: SHC 403K Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200811/2072

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Optimal webz for led

Email address : Sham P m. 02

& myself : *chuchwee@yahoo.com.sg*
Email address :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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: Z. J. 17

NRIC/FIN No.

ALLIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20200811/2072

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

1 of 3

Report No. T/20200811/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2020 14:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI XIAOHUA			Address: APT BLK 96A HENDERSON ROAD #35-58 CITY VUE @HENDERSON SINGAPORE 151096		
ID Type / ID No.: NRIC NO / S7484596G			Contact No.: Home/Office: Mobile: 98637773		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 15/04/1974	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Tour guide			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/08/2020 14:45	Type of Location: Straight Road
Location: Along Road 1 VERDE VIEW 190 VERDE VIEW 688648				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC403K	Car	TOYOTA	COROLLA AXIO 1.5X A			3
SJB9179E	Car	TOYOTA	PRIUS HYBRID 1.8 CVT			1

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



SINGAPORE
POLICE FORCE



T/20200811/2072

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

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Report No. T/20200811/2072

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHC403K (Car)		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
Driver			
Name	LI XIAOHUA		ID No. S7484596G
Related Vehicle	SJB9179E (Car)		Contact No. 98637773
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 STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG VERDE VIEW WITH MY CAR. THE ROAD IS TWO WAY ROAD. UPON REACHING 190 VERDE VIEW, I NOTICED A COMFORTDELGRO TAXI STOPPED AT THE SIDE ROAD TO DROP OFF HIS PASSENGERS. I NOTICED THAT THE REAR SIDE OF THE TAXI DOOR WAS OPENED AND THE PASSENGERS WAS COMING OUT FROM THE TAXI. I WAITED FOR A WHILE BECAUSE THEY ALIGHTED QUITE SLOW. AFTER CHECKING THE PASSENGERS WERE ALIGHTING AT LEFT SIDE AND THERE WAS NO CAR AHEAD, I DECIDED TO SURPASS THE TAXI WITH SLOW SPEED. OUT OF A SUDDEN, THE RIGHT SIDE OF THE PASSENGER DOOR OPENED AND HIT MY FRONT LEFT SIDE OF MY CAR. I STOPPED MY CAR AFTER THE IMPULSION AND I STOPPED IN FRONT AT THE SIDE ROAD.

I REQUESTED FOR THE TAXI DRIVER PARTICULARS BUT HE REFUSED TO PROVIDE. AFTER THAT, HE FORCED HIMSELF AND GO OFF FROM THE SCENE AFTER SAYING THAT HE WAS BUSY AT THE MOMENT. MY PASSENGER AND I TRIED TO STOP HIM BUT FAILED.



SINGAPORE
POLICE FORCE



T/20200811/2072

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

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Report No. T/20200811/2072

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

(Handwritten signature)

Date/Time:
11/08/2020 14:50

Classification Of Case:

