

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	24/08/2020 17:35
Date Of Accident	22/08/2020 06:25
Exact Location Of Accident	ALONG AIRPORT BOULEVARD TOWARDS T1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8870Z
Insured/Policyholder	
Name Of Registered Owner	SOH SAI CHEOW
NRIC No	S1393371E
Email Address	KEITHSOH@DESIGN18.COM
Mobile Phone No	(LOCAL) +65-96358872
Alternative Phone No	HOME-96358872

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00018392000
Cover Note Number	

Driver

Name of Driver	SOH JIAYI
NRIC No	S9306523I
Date Of Birth	04/02/1993
Occupation	INDOOR
Date Of Driving Pass	29/06/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92316655
Fax Number	
Contact Number	
Email Address	SOHJIAYI@GMAIL.COM

Address	19 HARVEY AVENUE
Postcode	489491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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: : MELINDA CHAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER ATTACHED SKETCH PLAN AND POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC323H
Vehicle Make/Model/Colour	TAXI WHITE COLOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	QUEK CHEE YONG, FRANKY
NRIC/Passport Number	
Contact Number	91510432
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

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:

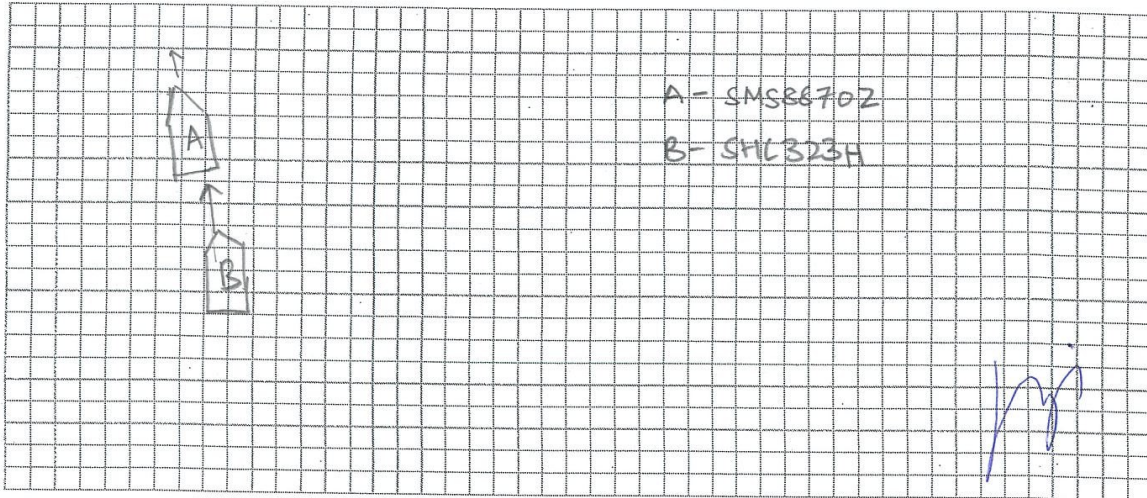
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/08/2020 4:55 PM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached Police report no: T/20200822/2026

Dated 22/08/2020 10:47 AM.

After impact, the car moved forward and hit the divider. central divider

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/08/2020 4:55 PM

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





**SINGAPORE
POLICE FORCE**



T/20200822/2026

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20200822/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2020 10:47		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: SOH JIAYI			Address: 19 HARVEY AVENUE SINGAPORE 489491		
ID Type / ID No.: NRIC NO / S9306523I			Contact No.: Home/Office: Mobile: 92316655		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 04/02/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Civil Servant			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/08/2020 06:25	Type of Location: Car Park
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHC323H	Car	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White	Slightly Damaged	0
SMS8870Z	Car	TOYOTA	RUSH 1.5X A	White	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20200822/2026

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20200822/2026

CONTINUATION OF REPORT

Driver			
Name	QUEK CHEE YONG, FRANKY		ID No. NIL
Related Vehicle	SHC323H (Car)		Contact No. 91510432
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	SOH JIAYI		ID No. S9306523I
Related Vehicle	SMS8870Z (Car)		Contact No. 92316655
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MELINDA CHAN		ID No. NIL
Related Vehicle	SMS8870Z (Car)		Contact No. 92257212
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 22/08/2020 at about 0622hrs, I was driving along the second lane of Airport Boulevard towards Terminal 1. However I slowed down on the same lane to see if I have time to change lane so I could drive into Jewel's carpark. In the meantime, I was rear-ended by the said Mercedes Benz Taxi.

The taxi driver and I then exited our vehicles and exchanged particulars as both of us were in a rush. Both of us were not injured.

My vehicle sustained 2 dents on each side of the boot and also the spare wheel cover was loosen. The other party's vehicle sustained a dent on the bonnet and also the grille was broken. One of the central divider along Airport Boulevard was also broken. There is a in-car-camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200822/2026

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
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Report No. T/20200822/2026

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20200822/2026

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20200822/2026

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:

G /

Sgt 3 MUHAMMAD RAIHAN BIN SUHAIMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2020 10:47

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



POLICE FORCE

SIGNATURE

INSURED CAR



INSURED CAR



INSURED CAR



INSURED CAR



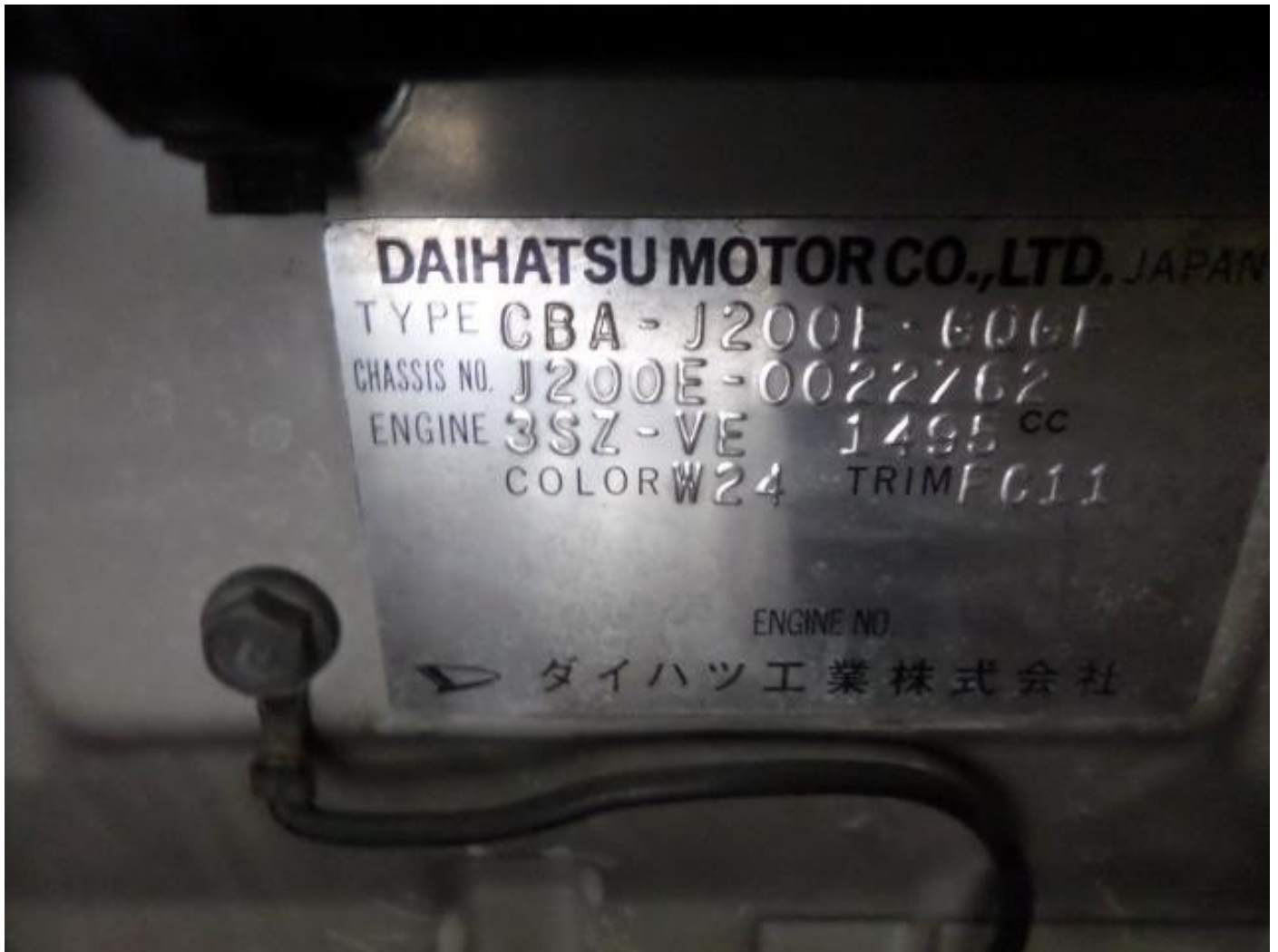
INSURED CAR



INSURED CAR



CHASSIS NUMBER



INSURED CAR



INSURED CAR



INSURED CAR



INSURED CAR



3RD PARTY TAXI



3RD PARTY TAXI

