

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 17/11/2020 16:44
 Date Of Accident 12/11/2020 13:40
 Exact Location Of Accident AH HOOD RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG222G
Insured/Policyholder
 Name Of Registered Owner CHUA CHENG HOE
 NRIC No SXXXX800I
 Email Address PAULSHARON1225@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-98571627
 Alternative Phone No Office-98571627

Vehicle Particulars

Manufacturer LEXUS
 Model RX200T-2.0 F SPORT S/R (A)
 Exact Purpose for which vehicle was being used at time of accident PERSONAL USAGE
 Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

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 DMPCSNW00068862000
 Cover Note Number

Driver

Name of Driver CHUA CHENG HOE
 NRIC No SXXXX800I
 Date Of Birth 25/07/1974
 Occupation INDOOR
 Date Of Driving Pass 04/11/1996

Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98571627
Fax Number	
Contact Number	OFFICE-98571627
EMail Address	PAULSHARON1225@YAHOO.COM.SG
Address	APT BLK 16 CHOA CHU KANG GROVE #20-42
Postcode	688210
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	SIDE SWIPE
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT NO. T/20201116/2040

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	SGS2575L
Vehicle Make/Model/Colour	TOYOTA / MR-S 1.8 M
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS
NRIC/Passport Number	
Contact Number	91522882
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA CHENG HOE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGG222G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN**IMPORTANT NOTICE**

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- 5) **Any false reporting may be referred to the police for investigation.**
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

POLICE REPORT PG1



SINGAPORE
POLICE FORCE



T/20201116/2040

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

1 of 4

Report No. T/20201116/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 12:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHENG HOE			Address: APT BLK 16 CHOA CHU KANG GROVE #20-42 SOL ACRES SINGAPORE 688210		
ID Type / ID No.: NRIC NO / S74238001			Contact No.:		Mobile: 98571627
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 25/07/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2020 13:10	Type of Location: Bend
Location: AH HOOD ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG222G	Car	TOYOTA	LEXUS RX200T F SPORT AT S/R	White	Slightly Damaged	0
SGS2575L	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT PG2



SINGAPORE
POLICE FORCE



T/20201116/2040

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

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Report No. T/20201116/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG222G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000688 62000	18/07/2020	17/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA CHENG HOE		ID No.	S74238001
Related Vehicle	SGG222G (Car)		Contact No.	98571627
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	12/11/2020		Date Discharge	13/11/2020
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SGS2575L (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

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS DRIVING MY CAR MAKING A LEFT TURN AT AH HOOD ROAD. THERE WAS A GREY CAR, (SGS2575L) PARKED AT THE ROAD SIDE UNDER THE SHADE WITHOUT ANY HAZARD LIGHTS. I COULDNT SEE THE VEHICLE AT FIRST DUE TO THE SHADE FROM THE TREE AND THE COLOUR OF THE CAR. THIS MADE IT HARD TO SEE. THE WEATHER WAS SUNNY ALSO WHICH MADE IT HARDER TO SEE. THE CAR WAS ALSO PARKED AT THE BLINDSPOT OF THE ROAD WHEN MAKING A LEFT TURN. I THEN COLLIDED ONTO THE REAR OF THE VEHICLE. MY CAR THEN FLIPPED SIDWAYS AFTER COLLIDING. TRAFFIC POLICE WAS AT SCENE AND I WAS CONVEYED TO TTSH AND WAS GIVEN 7 DAYS MC. I SUFFERED INJURIES TO MY HEAD AND CHEST. THATS ALL.

POLICE REPORT PG3



SINGAPORE
POLICE FORCE



T/20201116/2040

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

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Report No. T/20201116/2040

CONTINUATION OF REPORT

POLICE REPORT PG4



SINGAPORE
POLICE FORCE



T/20201116/2040

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

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Report No: T/20201116/2040

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 /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/11/2020 12:15

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

SINGAPORE POLICE FORCE stamp with logo and a handwritten signature over it.

Authentication Stamp
NP168

MEDICAL CERTIFICATE



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 8011

Tan Tock Seng Hospital
Emergency Diagnostic and Therapeutic Centres

MEDICAL CERTIFICATE

ORIGINAL

TTSH20225270

NAME: CHUA CHENG HOE

NRIC: S74238001

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 12-Nov-2020 to 18-Nov-2020 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 12-Nov-2020 14:43 to 13-Nov-2020 10:51

13-Nov-2020
Date
RUSSELLE LACAMBRA BALUBAL
(15777E)
Issued by

Emergency Department
Location

Signature
A member of National Healthcare Group
Advocates for the better life

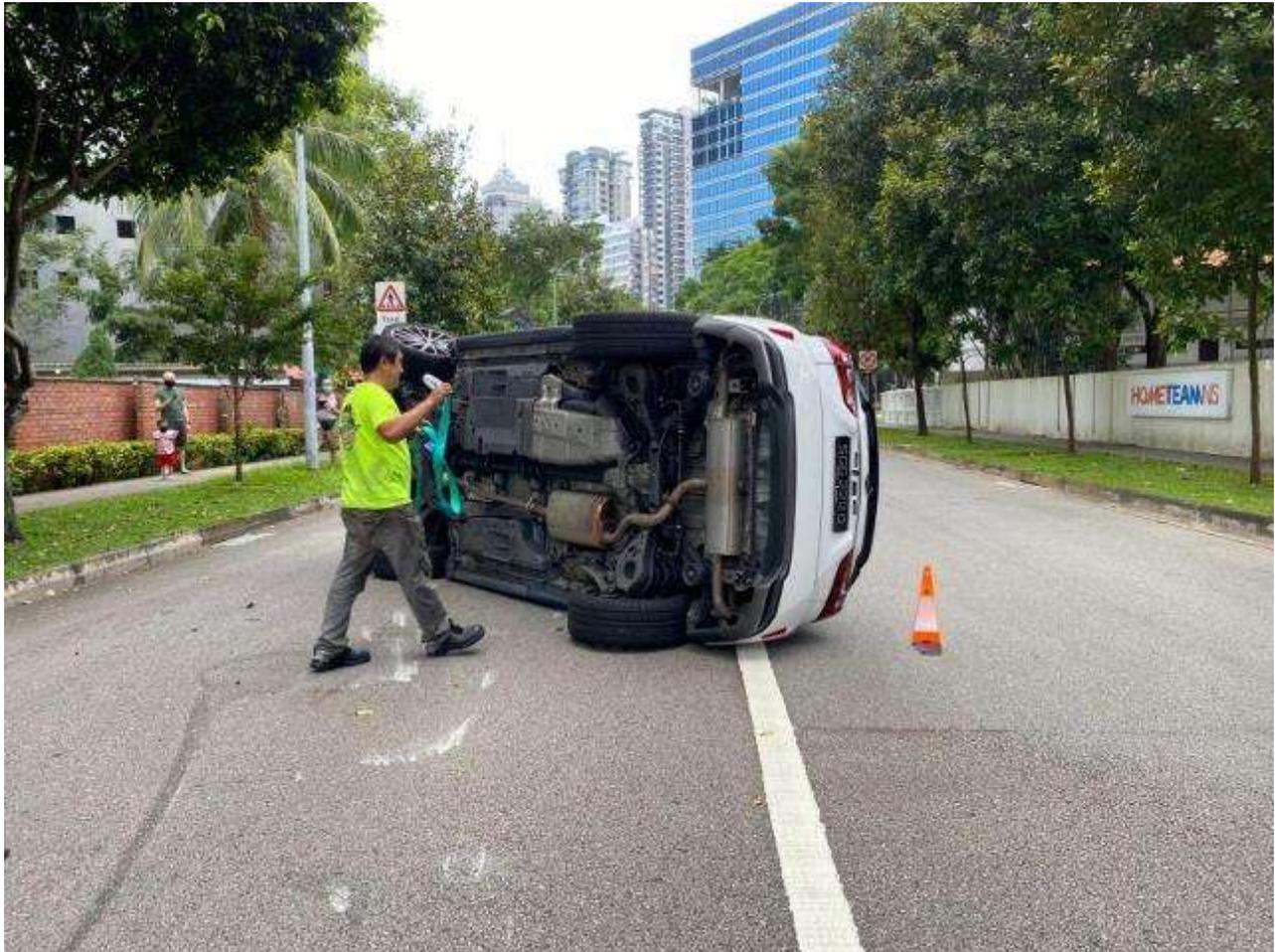
Accident Photo



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