

# 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 Submission ..... 06/01/2021 15:03 (SGT)  
Date of Accident ..... 06/01/2021 09:40 (SGT)  
Exact Location of Accident ..... Sembawang Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV5308Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ASIA EXPRESS CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX882D  
Email Address ..... PEIJIE@EXPRESSCAR.COM.SG  
Mobile Phone No ..... (Phone) +65-91155526  
Alternative Phone No ..... +65-91155526

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00001942000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... OLIVIA CHUA CHEO TEE  
NRIC No ..... SXXXX871Z  
Date Of Birth ..... 27/10/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/08/1983
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90907132
Alt. Phone Number .....	-
Email Address .....	PEIJIE@EXPRESSCAR.COM.SG
Address .....	BLK 493 ADMIRALTY LINK #08-161
Address complement .....	-
Postcode .....	750493
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210106/2042

#### 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 .....	FBQ3122Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-

Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... RIDER  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBQ3122Z  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN****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. 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: 06 Jan 2021  
1pm

Driver's Signature

(If driver is not the policyholder)

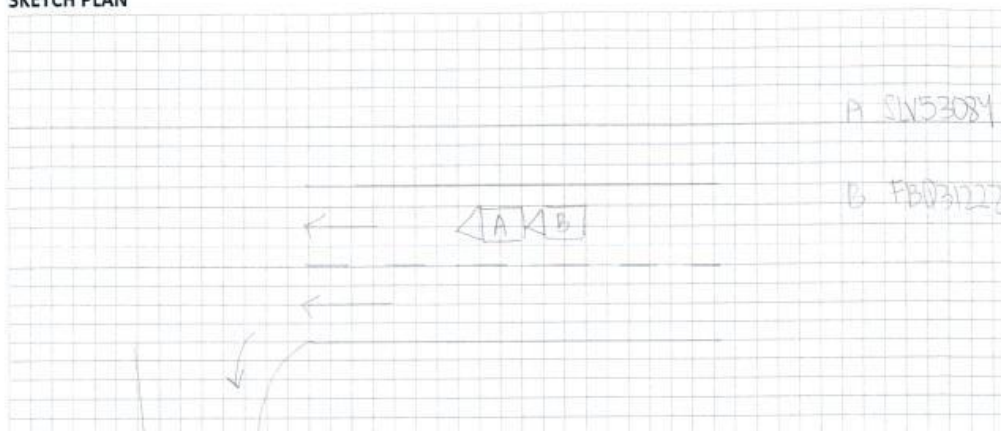
Date & Time: 06/01/21  
1pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

DECLARATION

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

Policyholder's Signature  
Date & Time: 06 Jan 2021 1:00 PM

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/01/21 1PM

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




















**SINGAPORE  
POLICE FORCE**


T/20210106/2042

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210106/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2021 12:05	Vide Report No.: L/20210106/0054	Station Diary No.: 30
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: OLIVIA CHUA CHEO TEE		Address: APT BLK 493 ADMIRALTY LINK #08-161 SINGAPORE 750493	
ID Type / ID No.: NRIC NO / S1712871Z		Contact No.: Home/Office:	Mobile: 90907132
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 27/10/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 09:40	Type of Location: Straight Road
Location:  SEMBAWANG DRIVE				
Lamp Post Number: 63				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBQ3122Z	Motorcycle				Slightly Damaged	1
SLV5308Y	Car				Seriously Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210106/2042

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No. T/20210106/2042

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	GEORGE GUO QIAO ZHI		ID No. S8425631E
Related Vehicle	FBQ3122Z (Motorcycle)		Contact No. 97433491
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	Serious
<b>Driver</b>			
Name	OLIVIA CHUA CHEO TEE		ID No. S1712871Z
Related Vehicle	SLV5308Y (Car)		Contact No. 90907132
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 date, time and location, I was driving my vehicle(Silver Honda Shuttle) bearing license plate no. SLV5308Y along Sembawang Drive towards Sembawang Avenue. While I was driving, I saw a man pushing an uncle on a wheelchair in the middle of the road divider, I slowed down as I thought they were planning to cross as the front half of the wheelchair was already protruding. As I slowed down and came to a stop, 5 seconds later a grey & black Yamaha Aerox bearing license plate no. FBQ3122Z banged the center rear of my vehicle.

I then exited to check on the rider and noticed that the rider was injured. A passerby saw the accident and assisted to call for an ambulance. I also noticed that my vehicle's rear windscreen was shattered and the back of my vehicle was caved in. Shortly after ambulance arrived and immediately conveyed the injured rider to the hospital. TP then arrived. TP interviewed me, seized my SD card from my dash cam and issued an acknowledgement slip. He also issued me a case card and informed me to proceed to the nearest NPC to lodge a police report.

I am lodging this report as advised by the Traffic Police officer, TP IO Wei Li Tel. 65476394.





# SINGAPORE POLICE FORCE



T/20210106/2042

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20210106/2042

## 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:

L /

Sgt 2 GERALDINE QUEK JIE YI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:

06/01/2021 12:05

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

SN 130

Authentication Stamp  
NP168



Signature:

Singapore Police Force

