

# 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 ..... 13/01/2021 11:04 (SGT)  
Date of Accident ..... 09/01/2021 10:10 (SGT)  
Exact Location of Accident ..... Old Airport Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB8032J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SEAH KIM TIONG  
NRIC No ..... SXXXX471F  
Email Address ..... seahzhiqin95@gmail.com  
Mobile Phone No ..... (Phone) +65-96714727  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Bus

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00012262000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SEAH KIM TIONG  
NRIC No ..... SXXXX471F  
Date Of Birth ..... 22/06/1960  
Occupation ..... Outdoor

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| Date Of Driving Pass .....                                         | 23/02/1987             |
| Driving experience .....                                           | 33 YEARS AND 11 MONTHS |
| Gender .....                                                       | Male                   |
| Mobile Number .....                                                | (Phone) +65-96714727   |
| Alt. Phone Number .....                                            | +--                    |
| Email Address .....                                                | seahzhiqin95@gmail.com |
| Address .....                                                      | BLK 58 DAKOTA CRESCENT |
| Address complement .....                                           | #10-263                |
| Postcode .....                                                     | 390058                 |
| Is the driver the policyholder? .....                              | Yes                    |
| If No, Relationship of the Driver with the Insured .....           | -                      |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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? .....                                                                | No  |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -   |
| 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 .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210109/2051.

#### 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 ..... | SLA917H     |
| Vehicle Manufacturer .....        | Mazda       |
| Vehicle Model .....               | 3           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| 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) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

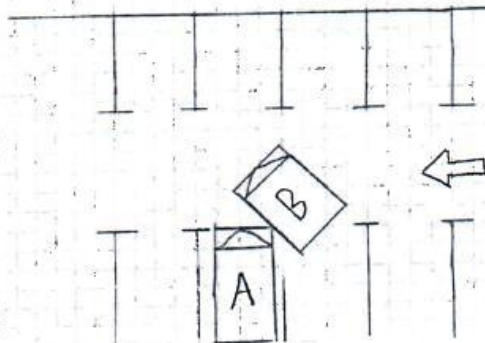
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 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.

Seah  
Policyholder's Signature / Date & Time

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

[Signature]  
Witnessed by Reporting Centre Personnel

### Sketch Plan



A-CB8032J  
B-SLA917H

**Describe Circumstances of the Accident**

A large rectangular area with horizontal lines for writing. A diagonal line is drawn from the top-left corner to the bottom-right corner. The text "Refer to police report" is written in the center of the area.

**Declaration**

We declare the foregoing particulars are true in every respect.

Soah-  
Policyholder's Signature / Date & Time

Soah-  
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]  
Witnessed by Reporting Centre Personnel















**SINGAPORE  
POLICE FORCE**



T/20210109/2051

1 of 3

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

Report No. T/20210109/2051

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |            |                              |                                                                 |                    |                            |
|--------------------------------------------|------------|------------------------------|-----------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>09/01/2021 13:02 |            | Vide Report No.:             |                                                                 | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |                                                                 |                    |                            |
| Name of Informant:<br>SEAH KIM TIONG       |            |                              | Address:<br>APT BLK 58 DAKOTA CRESCENT #10-263 SINGAPORE 390058 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1440471F   |            |                              | Contact No.:<br>Home/Office:                                    |                    | Mobile: 96714727           |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:                                                          |                    |                            |
| Sex:<br>Male                               | Age:<br>60 | Date of Birth:<br>22/06/1960 | Type of Informant:<br>Driver                                    |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:                                                       |                    | Institution / School Name: |
| Occupation:<br>Bus driver                  |            |                              | Driving Licence Information:<br>Class: 3,4                      |                    | Date of Expiry:            |

**General Information of the Accident**

|                                                               |                           |                      |                                            |                                     |
|---------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                             | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>09/01/2021 10:10 | Type of Location:                   |
| Location:<br><br>OLD AIRPORT ROAD                             |                           |                      |                                            |                                     |
| Weather:<br>Clear                                             |                           | Road Surface:<br>Dry |                                            | Road Speed Limit:                   |
| Traffic Flow:                                                 |                           | Traffic Control:     |                                            | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                      |                                            | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type                                | Make   | Model                            | Color  | Condition | No of Passenger |
|-------------|-------------------------------------|--------|----------------------------------|--------|-----------|-----------------|
| CB8032J     | Bus/Coach/Minibus (School Children) | TOYOTA | HIACE COMMUTER 3.0 GL AUTO       | Silver |           | 0               |
| SLA917H     | Car                                 | MAZDA  | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT | Grey   |           | 0               |


**SINGAPORE  
POLICE FORCE**

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



T/20210109/2051

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Report No. T/20210109/2051

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                               |                     |            |             |
|------------------------------|-----------------------------------------------|---------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                             | Insurance No        | Effective  | Expiry Date |
| CB8032J                      | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMB1SNW000122 62000 | 26/12/2020 | 25/12/2021  |

| Details of Person Involved        |                                               |                                |                                        |                                   |
|-----------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                                               | Use of Pedestrian Crossing: NA |                                        |                                   |
| No. of Pedestrians Injured: NIL   |                                               |                                |                                        |                                   |
| Driver                            | Name                                          |                                | ID No.                                 | S1440471F                         |
|                                   | SEAH KIM TIONG                                |                                | Contact No.                            | 96714727                          |
| Related Vehicle                   | CB8032J (Bus/Coach/Minibus (School Children)) |                                | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Hospital/Clinic                   | NIL                                           |                                | Date Discharge                         | NIL                               |
| Date Treatment                    | NIL                                           |                                | Degree of Injury                       | NIL                               |
| No. of Days granted Medical Leave | NIL                                           |                                |                                        |                                   |

**Brief Details.**

On the stated date, time and place.

I went to eat breakfast at Blk 51, Old Airport Road Hawker Center. When I came back to the carpark, the front right side of my vehicle was damaged. There was no contact details left behind. I proceeded to check my camera footage and realized that there was a car parked beside me and while it was turning to left to exit the lot, it hit onto my vehicle. That's all.



**SINGAPORE  
POLICE FORCE**



T/20210109/2051

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

Report No. T/20210109/2051

**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 /  
SC NAFEEES ABDUL KADER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/01/2021 13:02

Officer In Charge Of Case:

TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

**SINGAPORE  
POLICE FORCE**Authentication Stamp  
NP168

Signature: