

# 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 ..... 21/01/2021 15:12 (SGT)  
Date of Accident ..... 21/12/2020 23:10 (SGT)  
Exact Location of Accident ..... Stirling Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR2893P

### 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) +65-91998131  
Alternative Phone No ..... +65-91998131

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... DMHCSNA00001902000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO CHIN TIONG  
NRIC No ..... SXXXX790C  
Date Of Birth ..... 29/05/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/12/1980
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90222424
Alt. Phone Number .....	-
Email Address .....	peijie@expresscar.com.sg
Address .....	BLK 407 FAJAR ROAD
Address complement .....	#08-315
Postcode .....	670407
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 .....	Side Swipe
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210108/2005

#### 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 .....	FBQ7591B
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) ..... -

**SKETCH PLAN**


**IMPORTANT NOTICE**

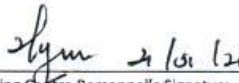
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:

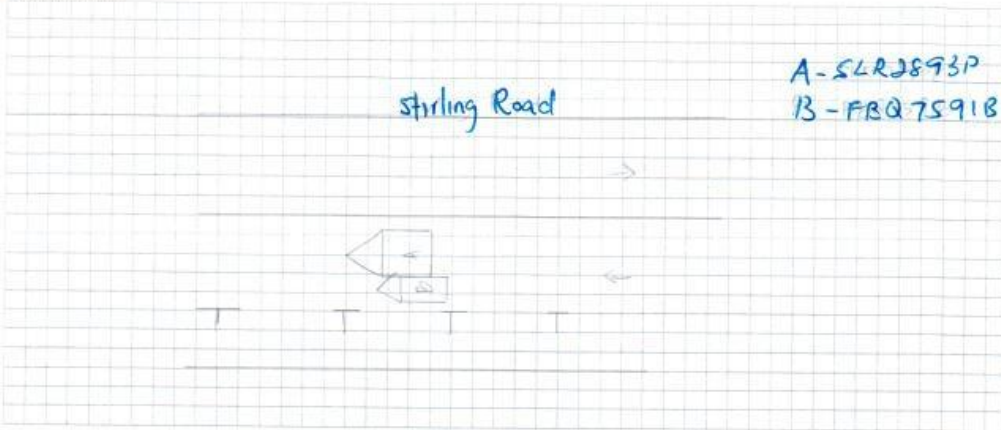
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 19/01/21

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


*Pls refer to the police report: 5/20210108/2005*

[Empty lines for describing the accident circumstances]

DECLARATION

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

  
Policyholder's Signature  
Date & Time: *14/01/21*

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

 *21/01/21*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20210108/2005

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210108/2005

CONTINUATION OF REPORT

**Brief Details.**

On the 21/12/2020 at around 11.10pm, while driving back home along Stirling Road. I suddenly felt an impact from the rear of my vehicle (SLR2893P), thereafter I immediately stop my vehicle to make a check. I then found out that a motorcycle (FBQ7591B) stopped at the front left side of the vehicle. I then check with the motorcycle rider whether if he is alright but he did not reply. I then proceeded to check my vehicle and found out that there's dent on the left rear bumper, scratches on the left side of both car doors and the left mirror. We then left the scene and went on our own ways.

I would like to state that I have received a letter from LTA reference to TP/IP/57667/2020 and was told to lodge this road traffic accident report. I would like to state that I did not suffer from any injuries and I do not know if the other party were injured or not as he did not reply to me. I would also like to state that I believed that the motorcycle (FBQ7591B) tried to squeeze through the narrow road on the left but failed to do so hence resulting in this road traffic accident.

























**SINGAPORE  
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T/20210108/2005

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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210108/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/01/2021 01:53	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: YEO CHIN TIONG		Address: APT BLK 407 FAJAR ROAD #08-315 SINGAPORE 670407	
ID Type / ID No.: NRIC NO / S1617790C		Contact No.:	Mobile: 90222424
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 29/05/1963	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2020 23:10	Type of Location: Straight Road
Location: STIRLING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
FBQ7591B	Motorcycle					0
SLR2893P	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210108/2005

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210108/2005

CONTINUATION OF REPORT

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T/20210108/2005

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Tel No: 1800-8929999

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Report No. T/20210108/2005

**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: J / SC2 ONG YI REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2021 01:53
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

SIGNATURE

