

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 04/02/2021 14:37 (SGT)
Date of Accident 30/01/2021 11:45 (SGT)
Exact Location of Accident Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX8295T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH WEI TING ESTELLA
NRIC No SXXXX364E
Email Address ESTELLASOH@GMAIL.COM
Mobile Phone No (Phone) +65-96850213
Alternative Phone No +65-96850213

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00077072000
Cover Note Number -

DRIVER

Name of Driver SOH WEI TING ESTELLA
NRIC No SXXXX364E
Date Of Birth 18/04/1989
Occupation Indoor

Date Of Driving Pass	02/07/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96850213
Alt. Phone Number	+65-96850213
Email Address	ESTELLASOH@GMAIL.COM
Address	BLK 12 EUNOS CRESCENT #10-2763
Address complement	-
Postcode	400012
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	Collision - Change/cross lane
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	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2037

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	YN9651S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

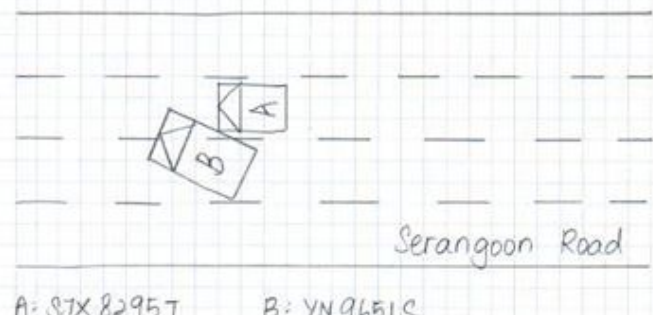
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan


Serangoon Road

A: SJX 8295T B: YN 9651S

Refer to police report 7/20210131/2037

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210131/2037

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20210131/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2021 12:39	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: SOH WEI TING, ESTELLA			Address: APT BLK 12 EUNOS CRESCENT #10-2763 SINGAPORE 400012		
ID Type / ID No.: NRIC NO / S8913364E			Contact No.: Home/Office: Mobile: 96850213		
Nationality: SINGAPORE CITIZEN			Email: estellasoh@gmail.com		
Sex: Female	Age: 31	Date of Birth: 18/04/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANK EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/01/2021 11:45	Type of Location: Straight Road
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8295T	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Beige	Seriously Damaged	0
YN9651S	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210131/2037

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20210131/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX8295T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000770 72000	15/07/2020	14/07/2021

Details of Person Involved				
Any Pedestrian involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOH WEI TING, ESTELLA		ID No.	S8913364E
Related Vehicle	SJX8295T (Car)		Contact No.	96850213
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
Driver				
Name	ZAKIR BIN BASAR		ID No.	S8028530B
Related Vehicle	YN9651S (Lorry)		Contact No.	97303104
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 30/01/2021 at about 11:43am, I was travelling along Serangoon Road heading towards PIE, right before the junction of Whampoa East.

While driving my car, I signaled and was about to switch on the lane on my left. When I checked that the lane was clear, I then drive into the lane on my left in order to complete my lane switch. After my vehicle had safely entered the lane, there was a white colored lorry from the lane on my left that was driving into my lane. As I thought that the lorry would gain speed in order to avoid collision, I did not honk towards him. Moments later, the said lorry had brushed the front left side of my vehicle causing a dent and scratches on it.

Both myself and the lorry driver then came to a complete stop to make a check on each other. We then established that nobody was injured or needed medical attention at that point of time. I am unsure if the lorry driver had any other passengers inside his vehicle as only the driver came out to make a check. The lorry had scratches on its middle right side of the vehicle. However, I am unsure if the damage on the lorry

**SINGAPORE
POLICE FORCE**

T/20210131/2037

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20210131/2037

CONTINUATION OF REPORT

was a result from this accident.

We then exchanged contact numbers. The lorry driver then advised me to make an insurance claim and to contact his employer. However, the lorry driver have yet to provide me with his employer's contact and company details. I wish to state that I did not have an in-vehicle camera installed inside my car as such there was no recording of the accident.



**SINGAPORE
POLICE FORCE**



T/20210131/2037

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400009
Tel No: 1800-7479999

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Report No. T/20210131/2037

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 KASYIDI BIN KADIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2021 12:39

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

