

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 12/03/2021 12:48 (SGT)
Date of Accident 06/12/2020 16:30 (SGT)
Exact Location of Accident Marina Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML4246P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VOULEZ CARS
Company Reg No -
Email Address DESMOND.CCY66@GMAIL.COM
Mobile Phone No (Phone) +65-97217512
Alternative Phone No +65-97217512

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00006392000
Cover Note Number -

DRIVER

Name of Driver CHAI CHENG YEAN
NRIC No SXXXX695G
Date Of Birth 21/01/1966
Occupation Outdoor

Date Of Driving Pass	20/11/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97217512
Alt. Phone Number	-
Email Address	DESMOND.CCY66@GMAIL.COM
Address	BLK 462C YISHUN AVE 6 #02-1113
Address complement	-
Postcode	763462
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

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/20210223/7029

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 SMG4698U
Vehicle Manufacturer -
Vehicle Model -
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

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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.



[Handwritten signature]

12/03/20

[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>GARDEN BY THE BAY</p>		<p>MARINA LINK</p>		<p>A: SML 4246P</p>	
				<p>B: SMG 4698U</p>	
<p><i>[Handwritten sketch of a car accident scene on a grid, showing two cars labeled A and B.]</i></p>					

REFER TO POLICE REPORT T/2021 0223 / 7029

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



are true in every respect.

[Signature] 12/03/20

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

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**SINGAPORE
POLICE FORCE**



T/20210223/7029

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

Report No. T/20210223/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2021 18:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAI CHENG YEAN			Address: 462C YISHUN AVENUE 6 #02-1113 SINGAPORE 763462		
ID Type / ID No.: NRIC NO / S2755695G			Contact No.: Home/Office: Mobile: 97217512		
Nationality: MALAYSIAN			Email: DESMONDCHAI59@YAHOO.COM.SG		
Sex: Male	Age: 55	Date of Birth: 21/01/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PVH			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2020 16:30	Type of Location: T-Junction
Location: MARINA LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMG4698U	Car	HONDA	jazz	Red	Seriously Damaged	1
SML4246P	Car	TOYOTA	Noah	Silver	Seriously Damaged	6



**SINGAPORE
POLICE FORCE**



T/20210223/7029

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

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Report No. T/20210223/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIM PAR	ID No.	S74120531
Related Vehicle	SMG4698U (Car)	Contact No.	98457143
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHAI CHENG YEAN	ID No.	S2755695G
Related Vehicle	SML4246P (Car)	Contact No.	97217512
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SML4246P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 06/12/2020 at about 4pm, I was at Marina Boulevard road going towards Garden by the bay. It was a traffic junction at the most left side. I stopped there as it was red light.

I was driving SML4246P, with 6 passenger. The light turn green, I move off suddenly a car SMG4698U banged onto my left front and back door of my car.

I and the other car driver come out from the car. The other driver claim I was wrong so we discuss a while and he decided to settle privately I actually wanted to call the police but he



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POLICE FORCE**



T/20210223/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210223/7029

CONTINUATION OF REPORT

say the car does not belong to him so he wants to consult his friend so I agree.

No one injured. My left side is badly dented and his front side is badly dented.

Today at 5pm, i received a call from traffic police asking me to make a police report reference TP//IP/55355/2020. I told the officer I was waiting for the other party to update me what he decided to do with the accident so I did not make a report.

**SINGAPORE
POLICE FORCE**

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



T/20210223/7029

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Report No. T/20210223/7029

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NG BEIFENG
Contact No.: 65476845

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/02/2021 18:43

Classification Of Case:

