

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 23/04/2021 15:10 (SGT)
Date of Accident 22/04/2021 21:45 (SGT)
Exact Location of Accident Teo Hong Rd, Singapore
Additional Location Information JUNCTION TOWARDS NEW BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF4347M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THEN CHEE HENG
NRIC No SXXXX335A
Email Address dazthen0203@gmail.com
Mobile Phone No (Phone) +65-98581550
Alternative Phone No +65-98581550

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00004282000
Cover Note Number -

DRIVER

Name of Driver THEN CHEE HENG
NRIC No SXXXX335A

Date Of Birth	03/02/1991
Occupation	Outdoor
Date Of Driving Pass	03/05/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98581550
Alt. Phone Number	+65-98581550
Email Address	dazthen0203@gmail.com
Address	BLK 475 ANG MO KIO AVENUE 10 #04-716
Address complement	-
Postcode	560475
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JULIEN FERNAND JEAN GAILLARD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND NOTICE OF REPORTING

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	SKE3327G
-----------------------------------	----------

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)	-

WITNESS DETAILS

WITNESS 1

Name	JULIEN FERNAND JEAN GAILLARD
Phone	(Phone) +65-96508637
Email	-

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 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.

<p><i>[Signature]</i> 23/04/21</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> 23/04/21</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> 23/04/2021</p> <p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p><i>New Bridge Rd</i></p>		


Describe Circumstances of the Accident


On 22.04.2021 at about 21:45 hrs I was travelling along Junction of Teo Hani Rd & New Bridge Rd. Upon reaching the junction, I slow down and stop. While waiting for green light turning green, I stop and am stationary. Once the traffic, turn green, I proceed ahead. All of a sudden a vehicle SKE 33276 had collided into my front left side position. I had a witness who saw the whole scene.


Name: Julien Fernandez Jean
HP : 9650 9637

Declaration

We declare the foregoing particulars are true in every respect.

 23/04/21
Policyholder's Signature / Date & Time

 23/04/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 23/04/2021
Witnessed by Reporting Centre Personnel

























NOTICE OF REPORTING

This is to confirm that Then Chee Heng, S9170335A (Hp: 98581550), has reported to the Police a non-injury traffic accident which occurred at Teo Hong towards New Bridge Road on 22/04/2021 at about 2145hrs involving the following vehicles:

- 1) SMF4347M (Complainant's car)
- 2) SKE3327G (Defendant's car/ Thia Toh Fei, i/c: S7612062E)

My passenger details: Julien Fernand Jean Gaillard (Fin: G3086339P/ Hp: 96508637)

1 On 22/04/2021 at about 2145hrs, while I was driving along Teo Hong Road towards New Bridge Road, one car, SKE3327G, hit my driver side door. The traffic light is in my favour and I believe the said car beat the red light before the driver hit me. No one was injure.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Complainant: Then Chee Heng
NRIC: S9170335A

Rank/Name of Issuing Officer: SSSgt T09575 Nor Yazid Bin Ab Aziz
Date: 22/04/2021 Time: 2353hrs

S/D Ref: 156

Police Post/Unit: Bukit Merah East NPC, Central Division

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



ST Marsh East, Negeri Sembilan
Police Centre
391 New Bridge Road
POLICE Cantonment Complex
Singapore 089763

