

# 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 .....              | 20/04/2021 13:41 (SGT) |
| Date of Accident .....                | 19/04/2021 12:30 (SGT) |
| Exact Location of Accident .....      | Orchard Rd, Singapore  |
| Additional Location Information ..... | Orchard Public carpark |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SJC2464Y |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | Yes                      |
| Name Of Registered Owner ..... | Stars Rental & Leasing   |
| Company Reg No .....           | 53312317L                |
| Email Address .....            | starsrentlease@gmail.com |
| Mobile Phone No .....          | (Phone) +65-88288824     |
| Alternative Phone No .....     | (Home) +65-88288824      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Stream                    |
| 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              |
| Transmission .....   | Auto                      |
| CC .....   | 1799                      |

### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | ThirdParty                             |
| Fleet Policy .....              | No                                     |
| Policy Number .....             | 5113229301-01-000003                   |
| Cover Note Number .....         | -                                      |

### DRIVER

|                      |                   |
|----------------------|-------------------|
| Name of Driver ..... | Chen Deneng Benny |
| NRIC No .....        | S8104232B         |

|  |                                 |
|--|---------------------------------|
| Date Of Birth .....  | 17/02/1981                      |
| Occupation .....   | Outdoor                         |
| Date Of Driving Pass .....   | 21/04/2008                      |
| Driving experience .....   | 13 YEARS                        |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-88288824            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | starsrentlease@gmail.com        |
| Address .....  | 50 Serangoon North Ave 4 #02-11 |
| Address complement .....   | -                               |
| Postcode .....   | 555856                          |
| 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 .....   | Collision - Head to Rear |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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 .....                       | Sembawang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005549999               |
| Police Station Address .....                    | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

refer attached police report.

#### 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 ..... | SJZ943Z             |
| Vehicle Manufacturer .....        | Kia                 |
| Vehicle Model .....               | Sorento             |
| Vehicle Variant .....             | -                   |
| Vehicle Colour .....              | -                   |
| Vehicle Category .....            | Private car         |
| Name of Driver .....              | Delahunty Peta Jane |

|   |                      |
|---|----------------------|
| Work Permit No .....                          | G6096580W            |
| Contact Number .....                          | (Phone) +65-92726305 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                   |
|---|-------------------|
| Name of injured person .....                              | Chen Deneng Benny |
| Address .....   | -                 |
| Address Complement .....                                  | -                 |
| Post Code .....   | -                 |
| Approximate Age Years Old .....                           | -                 |
| Injuries Sustained .....                                  | -                 |
| Injured person in which vehicle? .....                    | SJC2464Y          |
| Were seat belts worn? .....                               | -                 |
| Was this injured conveyed to hospital by ambulance? ..... | No                |

Describe Circumstances of the Accident:

I WAS EXITING OUT OF MY PARKING LOT. SUDDENLY THE  
VEHICLE SJZ943Z REVERLE SUDDENLY AND HIT MY BUMPER.  
THERE WAS NO HAZARD LIGHT ON FROM SJZ943Z  
NEITHER THE INTENTION OF PARKING.  
I HAVE THE FOOTAGE OF THE INCIDENT.

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

Holder's Signature / Date

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**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' 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")

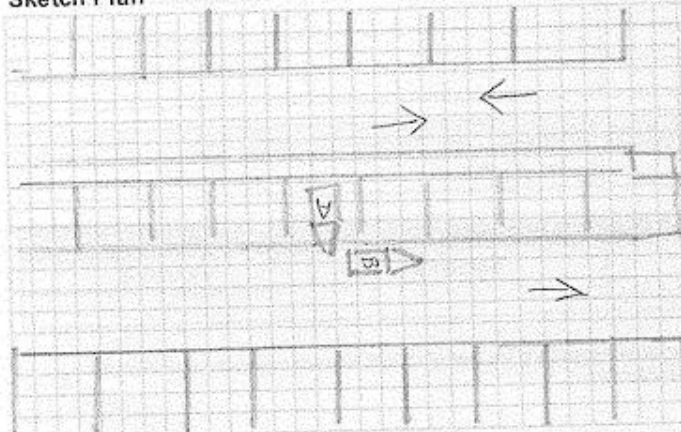
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SJ02464Y

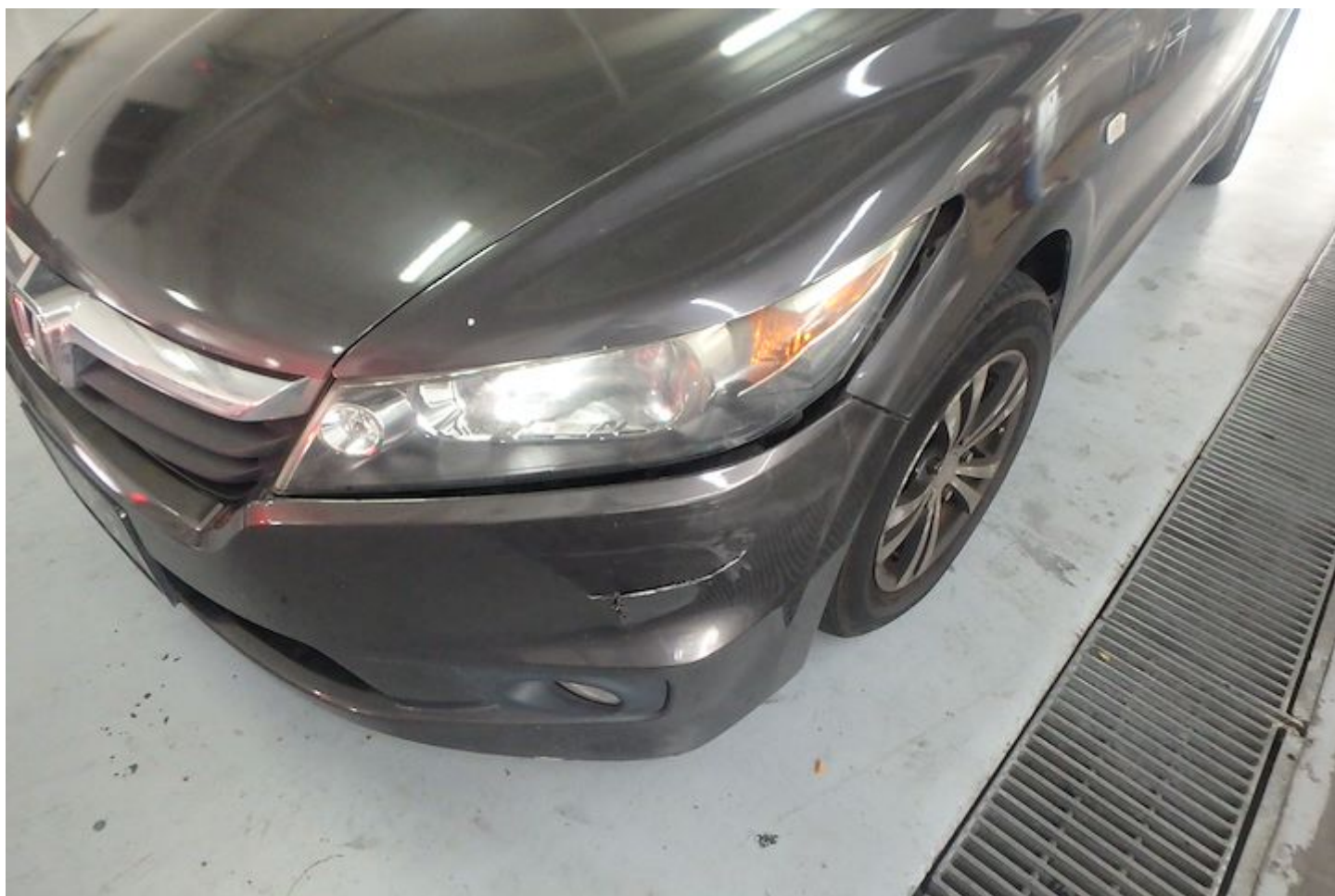
B: SJZ943Z

LOCATION: ORCHARD  
PUBLIC CARPARK






















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20210419/2119

1 of 3

Report No: T/20210419/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
19/04/2021 18:43

Vide Report No.:

Station Diary No.:  
51

**Informant's Particulars**

Name of Informant:  
CHEN DENENG, BENNY

Address:  
APT BLK 365B SEMBAWANG CRESCENT #15-121  
SINGAPORE 752365

ID Type / ID No.:  
NRIC NO / S8104232B

Contact No.:  
Home/Office: Mobile: 88288824

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 40 17/02/1981

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
PRIVATE HIRER

Driving Licence Information:  
Class: 2B,3,4,5

Date of Expiry:

**General Information of the Accident**

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>19/04/2021 12:30 | Type of Location:<br>Car Park          |
| Location:<br><br>ORCHARD ROAD                                |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model   | Color  | Condition           | No of Passenger |
|-------------|------|-------|---|--------|---------------------|-----------------|
| SJC2464Y    | Car  | HONDA | STREAM<br>1.8X A                                | Brown  | Slightly<br>Damaged | 0               |
| SJZ943Z     | Car  | KIA   | SORENTO<br>2.4 AT ABS<br>D/AB 2WD<br>5DR HID SR | Silver | Slightly<br>Damaged | 0               |


**SINGAPORE  
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Police Station Of Origin:  
Sembawang N.P.C.  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/0210419/2119

2 of 3

Report No: T/0210419/2119


**CONTINUATION OF REPORT**

| Details of Person Involved        |                                   |  |   |
|-----------------------------------|-----------------------------------|--|---|
| Any Pedestrian Involved: No       |                                   |  |   |
| No. of Pedestrians Injured: NIL   |                                   | Use of Pedestrian Crossing: NA         |   |
| <b>Driver</b>                     |                                   |  |   |
| Name                              | CHEN DENENG, BENNY                | ID No.                                 | S8104232B                                 |
| Related Vehicle                   | SJC2484Y (Car)                    | Contact No.                            | 88288824                                  |
| Hospital/Clinic                   | CITIZEN FAMILY CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: 2B, 3, 4, 5<br>Date of Expiry: NIL |
| Date Treatment                    | 19/04/2021                        | Date Discharge                         | 19/04/2021                                |
| No. of Days granted Medical Leave | 03                                | Degree of Injury                       | Slight                                    |
| <b>Driver</b>                     |                                   |  |   |
| Name                              | DELAHUNTY PETA JANE               | ID No.                                 | G6096560W                                 |
| Related Vehicle                   | SJZ943Z (Car)                     | Contact No.                            | 92726305                                  |
| Hospital/Clinic                   | NIL                               | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL         |
| Date Treatment                    | NIL                               | Date Discharge                         | NIL                                       |
| No. of Days granted Medical Leave | NIL                               | Degree of Injury                       | NIL                                       |

**Brief Details.**

On 19/04/2021 at about 1230hrs, I was at the open spaced carpark beside Far East Plaza Shopping Centre. I was in my vehicle, a Grey in colour Honda Stream bearing vehicle license plate SJC2484Y. As I wanted to leave the carpark, I inched forward out of the lot and noticed another vehicle, a Grey in colour Kia Sorento vehicle bearing vehicle license plate SJZ943Z was in front of me. Hence I stopped. As the vehicle moved forward, I followed and when he came to a stop, I stopped behind his vehicle. Suddenly, the vehicle reversed and collided into the front part of my vehicle. After the vehicle collided into my vehicle, we both alighted our vehicles and exchanged our particulars. After leaving the area, whilst checking my blind spots while driving, I felt pain at the rear right side of my neck. I then went to Citizen Family Clinic and Surgery located at Block 102 Yishun Avenue 5 #01-117 and had obtained 3 days of MC. I had informed my insurance company regarding the issue and was advised to lodge a traffic accident report as I have 3 days of MC.



 **SINGAPORE  
POLICE FORCE**



Police Station Of Origin:  
Sembawang N.P.C.  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1702104192119  
3 of 3  
Report No: T/202104192119

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:<br>L /<br>Sgt 1 LIM JING KAI, DARYL JEROME  | Signature Of Informant:<br>                                   |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>19/04/2021 18.43  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Sr Staff Sgt SYED ZAYID MUHAMMAD BIN<br>SYED ABDUL WAHID ALHINDUAN<br>Contact No: 65476404<br>Authentication Stamp<br>NP168 | Classification Of Case:<br>3N130<br><br>Singapore Police Force |

