

# 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 ..... 17/05/2021 16:41 (SGT)  
Date of Accident ..... 14/05/2021 18:30 (SGT)  
Exact Location of Accident ..... Guillemard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCK8280L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA SIEW ENG  
NRIC No ..... SXXXX721D  
Email Address ..... HUPSOON238@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-96523902  
Alternative Phone No ..... +65-96523902

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C200  
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  
Transmission ..... Auto  
CC ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00028082100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUA SIEW ENG  
NRIC No ..... SXXXX721D

|  |                      |
|--|----------------------|
| Date Of Birth .....  | 24/12/1954           |
| Occupation .....   | Indoor               |
| Date Of Driving Pass .....   | 10/05/1977           |
| Driving experience .....   | 44 YEARS             |
| Gender .....   | Female               |
| Mobile Number .....  | (Phone) +65-96523902 |
| Alt. Phone Number .....  | +65-96523902         |
| Email Address .....  | HUPSOON238@YAHOO.COM |
| Address .....  | 31 LOR 33 GEYLANG    |
| Address complement .....   | #06-01               |
| Postcode .....   | 387988               |
| 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 .....   | 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |              |
|--------------|--------------|
| Name .....   | HOE SOH LIAN |
| Gender ..... | Female       |

#### PASSENGER 2

|              |                |
|--------------|----------------|
| Name .....   | CHUA SIAK MENG |
| Gender ..... | Male           |

#### 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<br>Singapore 088762 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210515/2089

#### ATTACHMENT(S)

|   |               |
|---|---------------|
| Are accident photos available for attachment? .....     | Yes           |
| Was there any video captured by Car Camera? .....       | Yes           |
| Reasons for not uploading a video of the accident ..... | WITH WORKSHOP |
| Was there any audio recorded? .....                     | No            |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | FBJ6299P             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Motorcycle           |
| Name of Driver .....                          | RAZAAQ               |
| NRIC No .....                                 | -1                   |
| Contact Number .....                          | (Phone) +65-83663358 |
| 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 .....                              | RAZAAQ   |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | SLIGHT   |
| Injured person in which vehicle? .....                    | FBJ6299P |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | No       |

### INJURED 2

|   |          |
|---|----------|
| Name of injured person .....                              | WIFE     |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | SLIGHT   |
| Injured person in which vehicle? .....                    | FBJ6299P |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | No       |

**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 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:

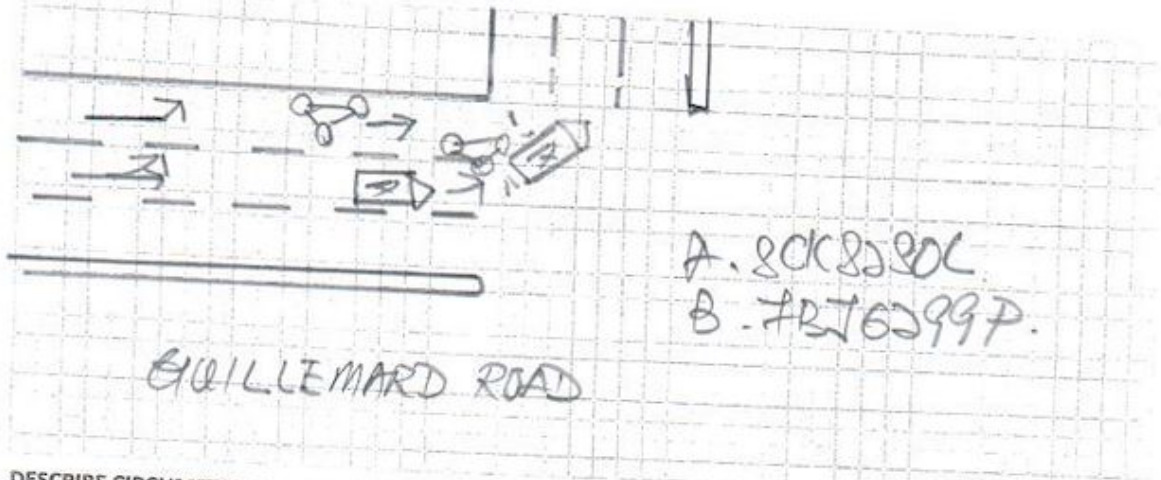
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



T/20210515/2089

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

2 of 3

Report No: T/20210515/2089

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                |  |                                   |
|-----------------------------------|----------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                |  |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                |  |                                   |
| Name                              | CHUA SIEW ENG  | ID No.                                 | S0091721D                         |
| Related Vehicle                   | SCK8280L (Car) | Contact No.                            | 96523902                          |
| 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 14/05/21 at about 1830hrs, I was driving along Guillemard Rd, second lane (3 lane road), it is a straight and turn left lane. At the junction of Guillemard Rd and Lor 22 Geylang, I was going to make a left turn and had switched on my signal light. As I was turning into Lor 22 Geylang, I was driving into the right most lane when I heard a loud bang. I looked at my rear view mirror and saw that a motorbike had fallen. I drove to one side and came out to check on the rider. The Motorbike (FBJ6299P) had some scratches and dent on its front visor while my rear left light were broken and some scratches and dent along the end of the rearlight. The Motorist (Razaaq HP No: 83663358) had some scratches on his elbow and hands and he had a pillion, his wife who had suffered some scratches. He informed after a medical check up that his wife also suffered a fractured elbow due to this accident. When I asked him about how it happened, he informed that while I was turning left, he was going straight forward and hence hit onto the rear of my vehicle. We had exchanged contact details and were agreeable to lodge our own traffic accident report for insurance claims.



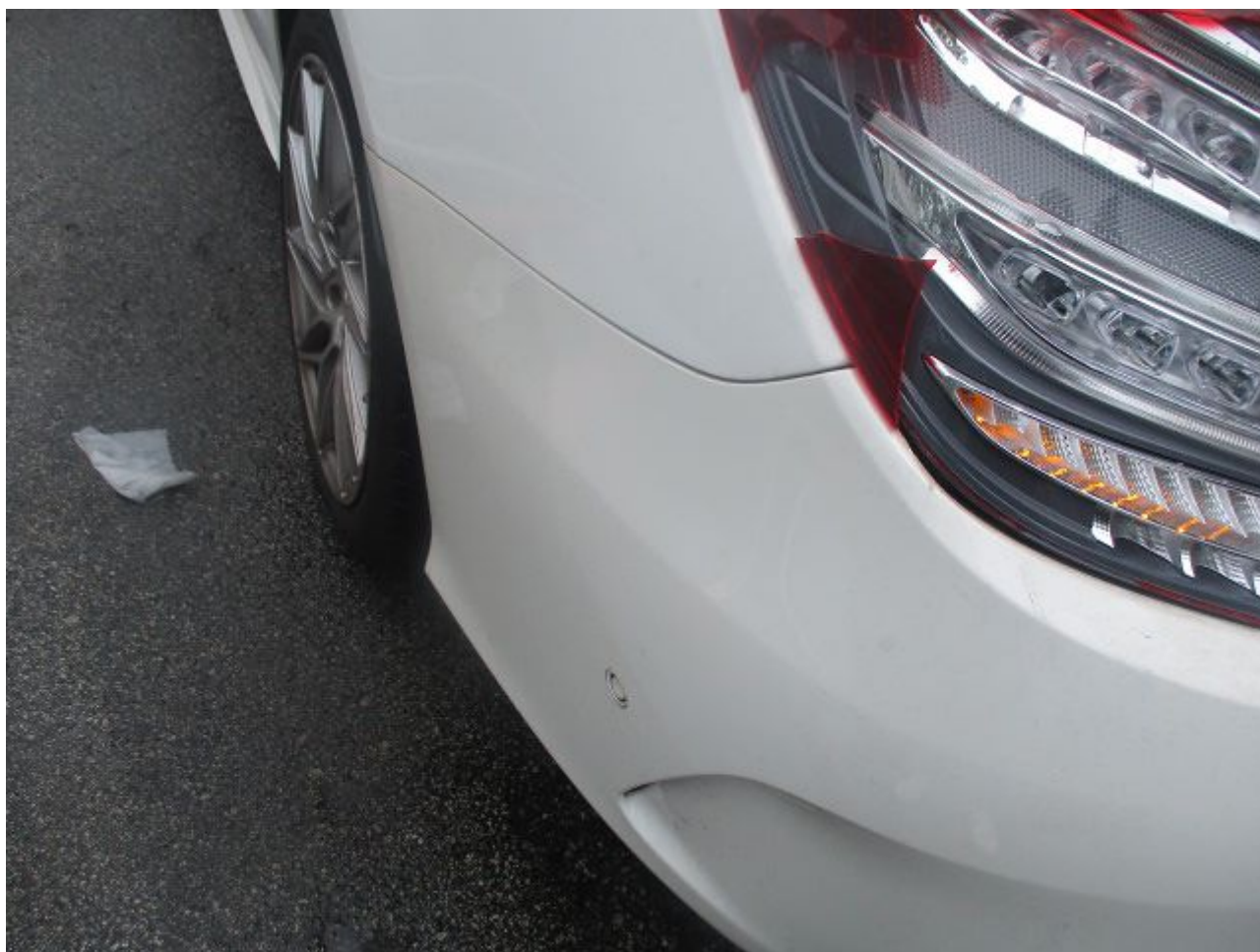





















**SINGAPORE  
POLICE FORCE**


T/20210515/2089

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

1 of 3

Report No. T/20210515/2089

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>15/05/2021 19:11 | Vide Report No.: | Station Diary No.:<br>80 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |  |  |                            |
|--|------------|--|--|----------------------------|
| Name of Informant:<br>CHUA SIEW ENG      |            |  | Address:<br>31 LORONG 33 GEYLANG #06-01 SINGAPORE 387988 |                            |
| ID Type / ID No.:<br>NRIC NO / S0091721D |            |  | Contact No.:<br>Home/Office: Mobile: 96523902            |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |  | Email:   |                            |
| Sex:<br>Female                           | Age:<br>66 | Date of Birth:<br>24/12/1954           | Type of Informant:<br>Driver                             |                            |
| Race:<br>Chinese                         |            | Language:<br>English                   |  | Institution / School Name: |
| Occupation:<br>MANAGER                   |            | Driving Licence Information:<br>Class: |  | 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>14/05/2021 18:30 | Type of Location:<br>T-Junction |
| Location:<br><br>GUILLEMARD ROAD                             |                  |   |   |                                 |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working | 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 |
|-------------|------------|------------------|-----------|-------|---------------------|-----------------|
| FBJ6299P    | Motorcycle |                  |           |       | Slightly<br>Damaged | 1               |
| SCK8280L    | Car        | MERCEDES<br>BENZ | C200 AUTO | White | Slightly<br>Damaged | 2               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                                | Insurance No            | Effective  | Expiry Date |
|-------------|--|-------------------------|------------|-------------|
| SCK8280L    | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCS NW000280<br>82100 | 13/02/2021 | 12/02/2022  |





**SINGAPORE  
POLICE FORCE**



T/20210515/2089

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

2 of 3

Report No: T/20210515/2089

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                |  |                                   |
|-----------------------------------|----------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                |  |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                |  |                                   |
| Name                              | CHUA SIEW ENG  | ID No.                                 | S0091721D                         |
| Related Vehicle                   | SCK8280L (Car) | Contact No.                            | 96523902                          |
| 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 14/05/21 at about 1830hrs, I was driving along Guillemard Rd, second lane (3 lane road), it is a straight and turn left lane. At the junction of Guillemard Rd and Lor 22 Geylang, I was going to make a left turn and had switched on my signal light. As I was turning into Lor 22 Geylang, I was driving into the right most lane when I heard a loud bang. I looked at my rear view mirror and saw that a motorbike had fallen. I drove to one side and came out to check on the rider. The Motorbike (FBJ6299P) had some scratches and dent on its front visor while my rear left light were broken and some scratches and dent along the end of the rearlight. The Motorist (Razaaq HP No: 83663358) had some scratches on his elbow and hands and he had a pillion, his wife who had suffered some scratches. He informed after a medical check up that his wife also suffered a fractured elbow due to this accident. When I asked him about how it happened, he informed that while I was turning left, he was going straight forward and hence hit onto the rear of my vehicle. We had exchanged contact details and were agreeable to lodge our own traffic accident report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20210515/2089

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

3 of 3

Report No. T/20210515/2089

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:  
A /  
Sgt 2 MICH KOH EN *[Signature]*

Signature Of Informant

*[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/05/2021 19:11

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168

*[Signature]*