

## 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	31/05/2021 15:08 (SGT)
Date of Accident	30/05/2021 19:40 (SGT)
Exact Location of Accident	Lorong Chuan, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1560C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHO XIANG FU JOSHUA
NRIC No	SXXXX121F
Email Address	joshchoft@gmail.com
Mobile Phone No	(Phone) +65-87921601
Alternative Phone No	+65-87921601

#### VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00921986
Cover Note Number	-

#### DRIVER

Name of Driver	CHO XIANG FU JOSHUA
NRIC No	SXXXX121F

Date Of Birth	26/05/1989
Occupation	Indoor
Date Of Driving Pass	21/05/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-87921601
Alt. Phone Number	+65-87921601
Email Address	joshchoft@gmail.com
Address	BLK 79A TOA PAYOH CENTRAL #17-11
Address complement	-
Postcode	311079
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TRICIA CHONG YU'EN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY OF PROGRESSIVE CAR CARE PTE LTD TEL: 67415336

#### 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 OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ5796T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEE YONG CHYE
NRIC No	SXXXX299J
Contact Number	(Phone) +65-93872195
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

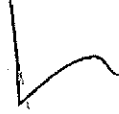
Name of injured person	TRICIA CHONG YU'EN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	SMZ1560C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

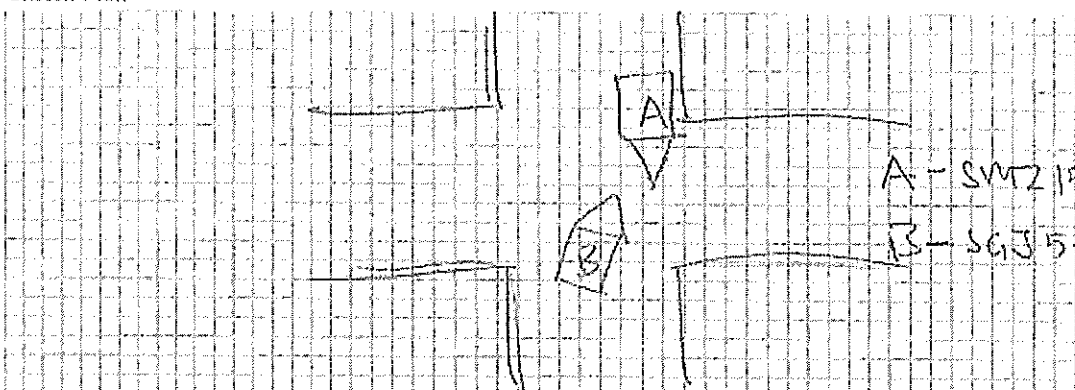
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



**Describe Circumstances of the Accident**

Refer to police report.

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &  
Time

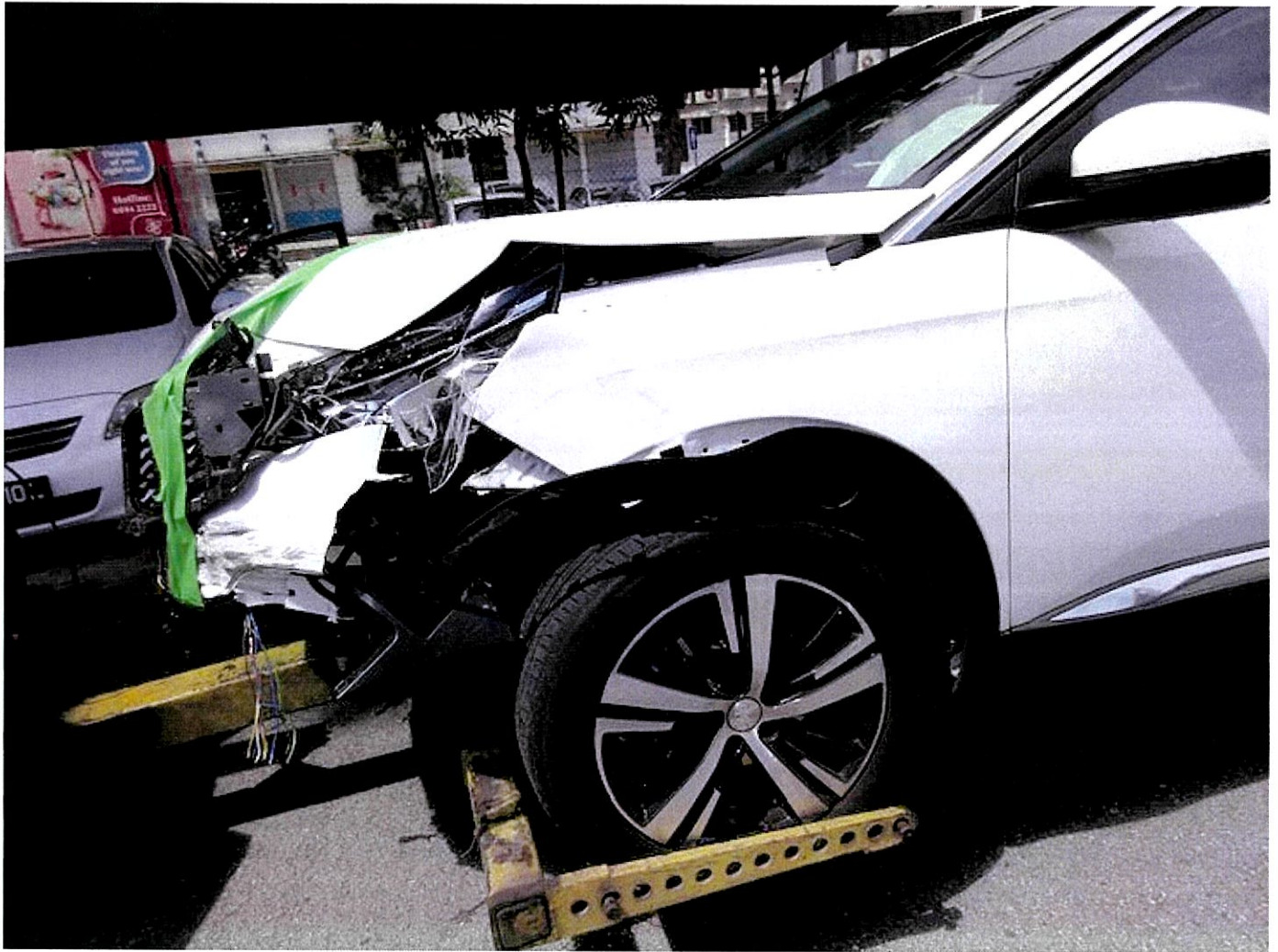
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel



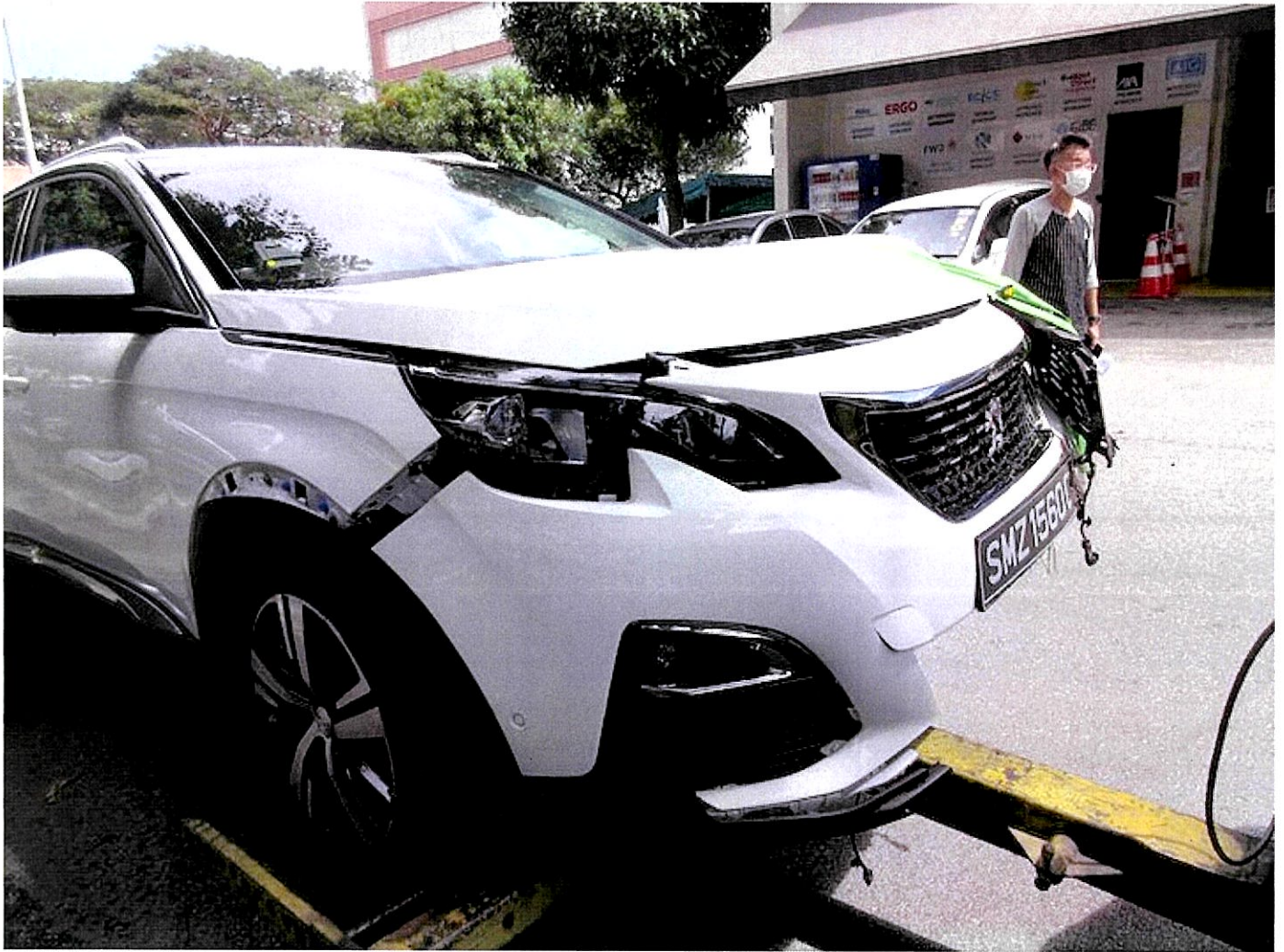




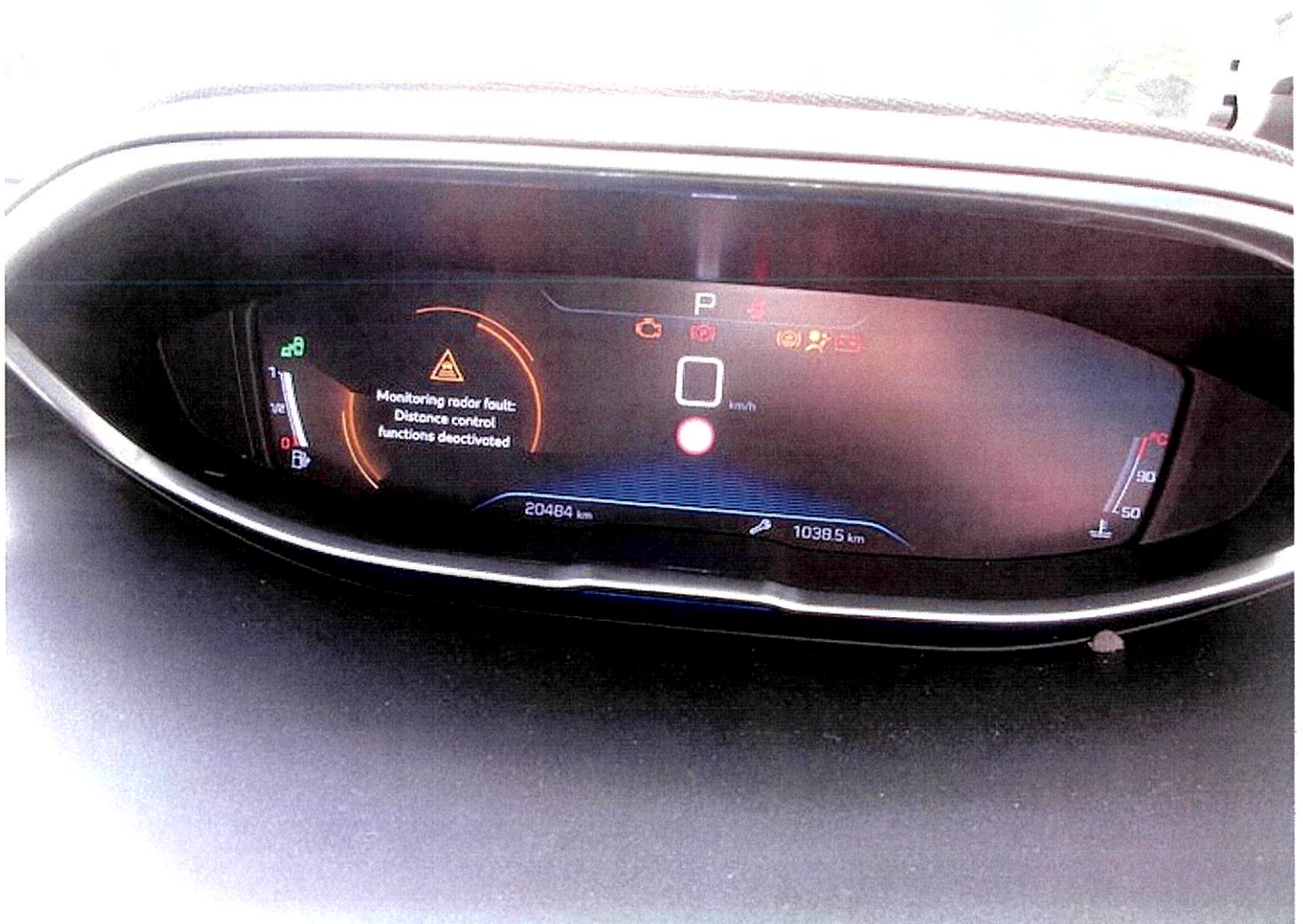






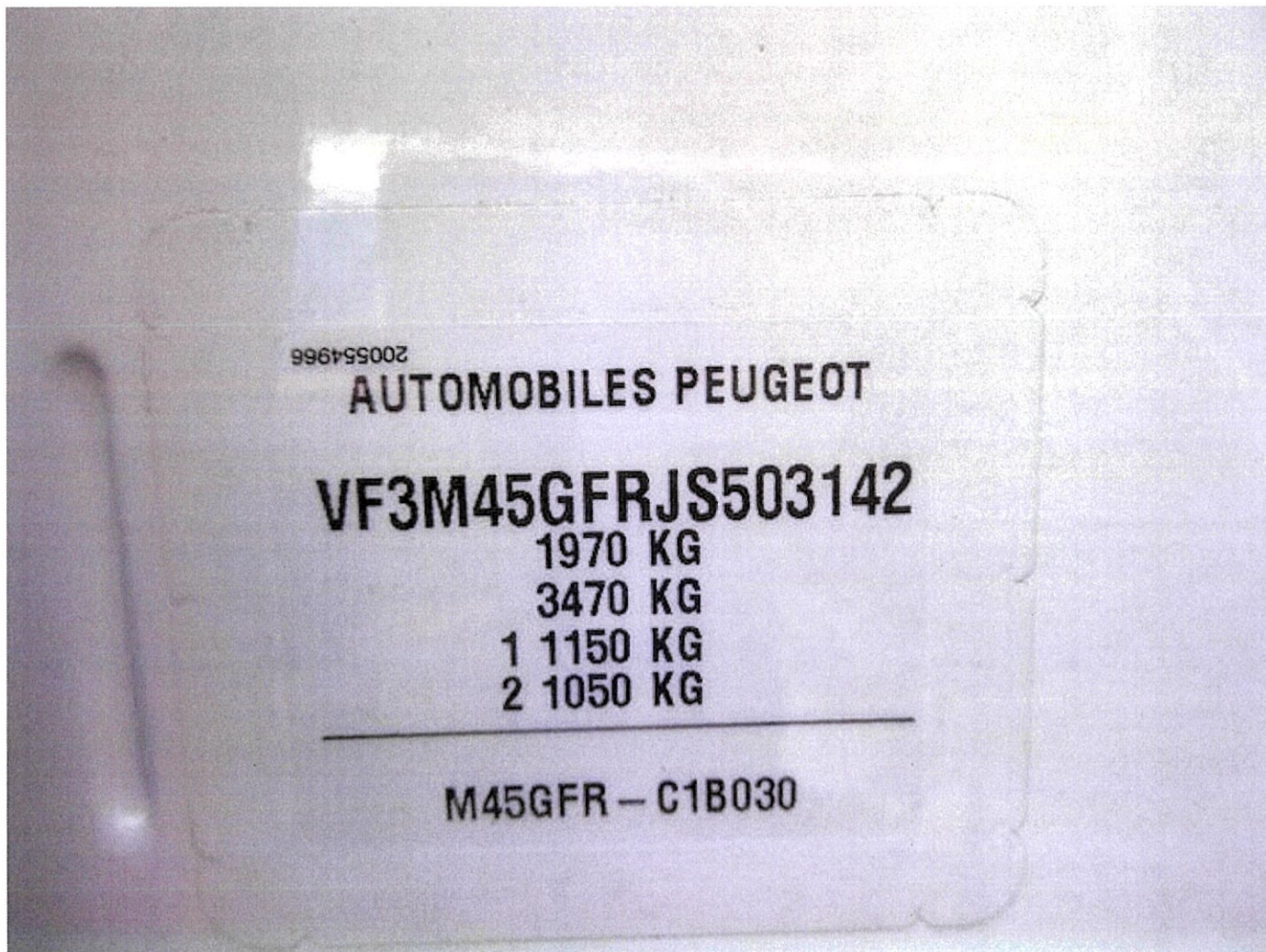


















**SINGAPORE  
POLICE FORCE**



T/20210531/2043

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4  
Report No. T/20210531/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2021 14:35		Vide Report No.:		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: CHO XIANG FU, JOSHUA			Address: APT BLK 79A TOA PAYOH CENTRAL #17-11 SINGAPORE 311079		
ID Type / ID No.: NRIC NO / S8918121F			Contact No.: Home/Office: Mobile: 87921601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 26/05/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL TRAINER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2021 19:40	Type of Location: T-Junction	
Location: LORONG CHUAN					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ5796T						0
SMZ1560C	Car	PEUGEOT	3008 1.6 PURETECH EAT8 ALLURE	White		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

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**SINGAPORE  
POLICE FORCE**



T/20210531/2043

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Report No. T/20210531/2043

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMZ1560C	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00921986	28/04/2021	30/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Kee Yong Chye	ID No.	S1158299J
Related Vehicle	SGJ5796T	Contact No.	93872195
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
Driver			
Name	CHO XIANG FU, JOSHUA	ID No.	S8918121F
Related Vehicle	SMZ1560C (Car)	Contact No.	87921601
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Chong Yu'En, Tricia	ID No.	S9050127E
Related Vehicle	SMZ1560C (Car)	Contact No.	97719977
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2021	Date Discharge	31/05/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
93, Toa Payoh Central, #01-02  
Singapore 319194  
Tel: 1800 251 9999

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SINGAPORE  
POLICE FORCE



T/20210531/2043

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Report No. T/20210531/2043

Police Station Of Origin:  
Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

**Brief Details.**

On 30/05/2021 @ 1943hrs I was driving my vehicle, SMZ1560C along Lorong Chuan towards Braddell Road, while at T-junction of Serangoon Avenue 3, one vehicle, SGJ5796T was travelling at the opposite direction suddenly made a right turn into Serangoon Avenue 3 while the traffic light was green for my vehicle to go straight. As it was too sudden, I turned my vehicle towards the right side to avoid but I was not able to do so and collided onto the vehicle. There were ambulance and police attended to us, and the police advised us to lodge a insurance report with our insurance company. My girlfriend who was the passenger had a cut on the right cheek area, bruise below the right eye, abrasion on the right palm and a red marking at chest area. The paramedic made a check on her which they informed that it was a non-emergency and it might take quite a while for her to be attended if she was to be conveyed to hospital. I took photo of the accident site, damages of my vehicle and exchanged particulars with the other driver and I then took a grab with my girlfriend to the hospital. My girlfriend was then given 7 days MC.

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**SINGAPORE  
POLICE FORCE**



T/20210531/2043

Police Station Of Origin:

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93 Toa Payoh Central #01-02 Toa Payoh

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Tel No: 1800-2519999

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Report No. T/20210531/2043

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: E/ Sr Staff Sgt TAN MENG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2021 14:35
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:
Authentication Stamp NP158	SN 168
SIGNATURE	

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