

# 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 ..... 16/06/2021 15:54 (SGT)  
Date of Accident ..... 14/06/2021 14:55 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG5087L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ALAN MAH KOON SENG  
NRIC No ..... SXXXX726D  
Email Address ..... AMGC21@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-84880888  
Alternative Phone No ..... +65-84880888

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2362

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00068102004  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WILLIAM MAH AH BENG  
NRIC No ..... SXXXX269H

Date Of Birth .....	15/08/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	20/08/1979
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91243662
Alt. Phone Number .....	-
Email Address .....	AMGC21@GMAIL.COM
Address .....	BLK 489A TAMPINES ST 45
Address complement .....	#04-161
Postcode .....	520489
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	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 .....	LISA SEAH
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210615/2037

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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

### 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:

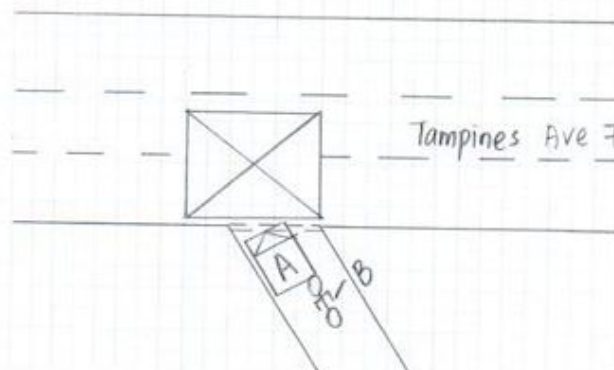
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A: SJG5087L  
B: Unknown

## Describe Circumstances of the Accident

Refer to police report T120210615 / 2037

## Declaration

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\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210615/2037

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3  
Report No. T/20210615/2037

**CONTINUATION OF REPORT**

Driver			
Name	WILLIAM MAH AH BENG	ID No.	S1189269H
Related Vehicle	SJG5087L (Car)	Contact No.	91243662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Lisa Seah	ID No.	S1433500E
Related Vehicle	SJG5087L (Car)	Contact No.	93572967
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

**Brief Details.**

On 14/6/2021 at about 1455hrs, I was driving my car SJG5087L along Tampines Expressway(TPE). I was exiting TPE at exit 2 and was turning out from the filter lane to Tampines Ave 7. Before I exit from the lane to Tampines Ave 7, I stopped my car to check for oncoming vehicles.

Suddenly, I heard a loud sound from behind and saw that one motorbike rider have knocked onto my car and fall to his right side. I quickly got off my car to make a check on him. He told me that he was fine and do not require any assistance. After that, he passed me two Singapore fifty dollars notes and told me it was for me to fix my car. He then got on to his motorbike and rode off in a hurry.

I did not manage to get his particulars or his motorbike number. I do not have a in car camera as well. My wife was in the vehicle with me at that time and both of us were not injured. I also did not notice any injury on the rider. I wish to state that there was a crack on my rear right bumper and the bumper was now dislodged. There was also some peeling paint on the rear right corner of the bumper.

On 15/6/2021, I called my insurance company and inform them about the matter. Subsequently, they advised me to lodge a police report.







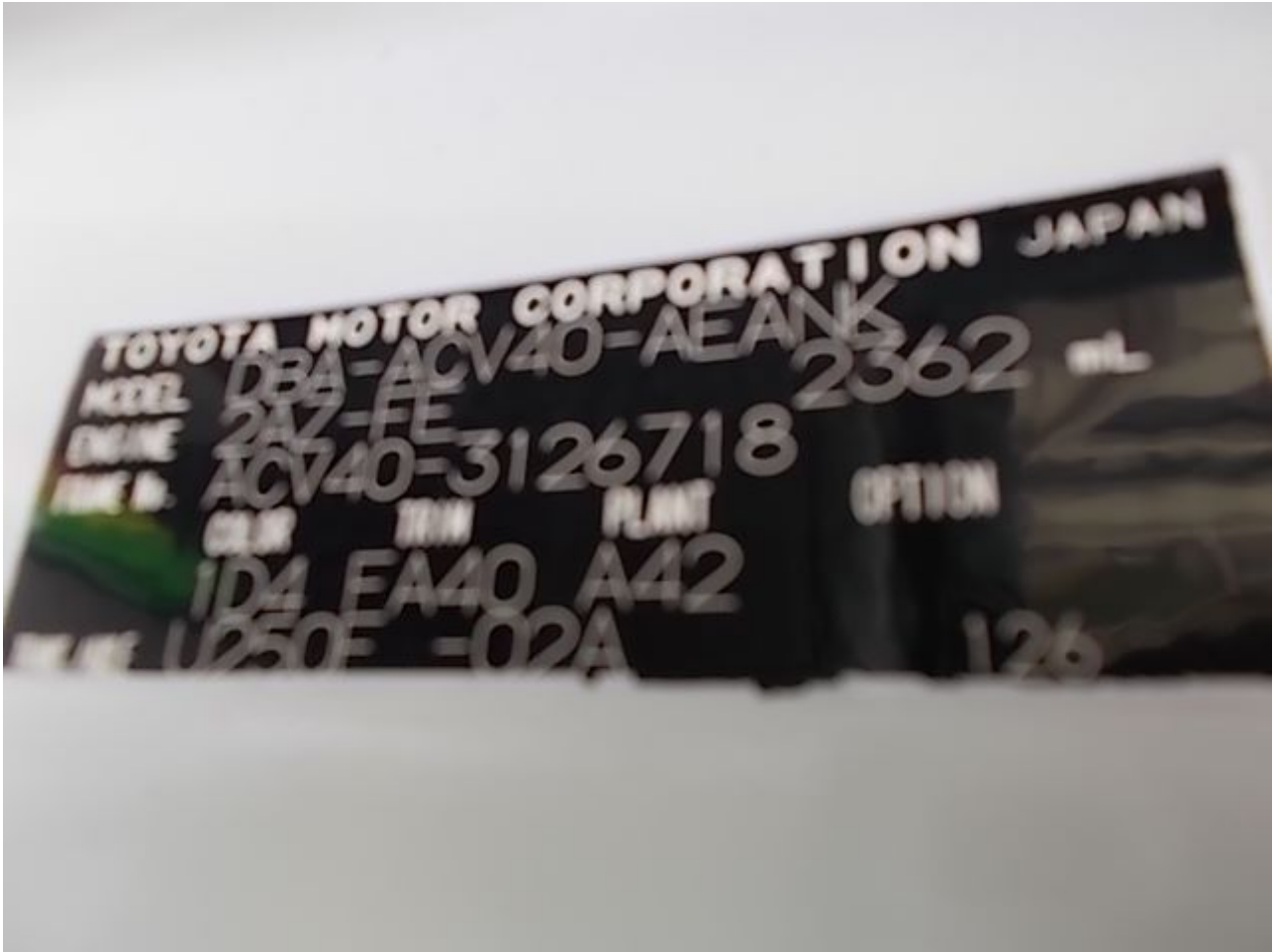














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T/20210615/2037

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370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20210615/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2021 13:28	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: WILLIAM MAH AH BENG			Address: APT BLK 489A TAMPINES STREET 45 #04-161 SINGAPORE 520489		
ID Type / ID No.: NRIC NO / S1189269H			Contact No.: Home/Office: Mobile: 91243662		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 15/08/1955	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: PEST CONTROLLER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2021 14:55	Type of Location: Bend
Location:  TAMPINES EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG5087L	Car	TOYOTA	Camry	White	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210615/2037

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54 Pipit Road #01-82/84 SINGAPORE  
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Tel No: 1800-7449999

2 of 3  
Report No. T/20210615/2037

**CONTINUATION OF REPORT**

Driver			
Name	WILLIAM MAH AH BENG	ID No.	S1189269H
Related Vehicle	SJG5087L (Car)	Contact No.	91243662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Lisa Seah	ID No.	S1433500E
Related Vehicle	SJG5087L (Car)	Contact No.	93572967
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

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3 of 3

Report No. T/20210615/2037

**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: G / Sgt 3 TAN JIN TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2021 13:28
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	