

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 23/06/2021 11:17 (SGT)
Date of Accident 22/06/2021 15:00 (SGT)
Exact Location of Accident Queen St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7962L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PANG YOKE KENG
NRIC No SXXXX933A
Email Address bianhuichua@gmail.com
Mobile Phone No (Phone) +65-91506273
Alternative Phone No +65-91506273

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 Manual
CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00100012100
Cover Note Number -

DRIVER

Name of Driver CHUA BIAN HUI
NRIC No SXXXX435J

Date Of Birth	06/11/1962
Occupation	Outdoor
Date Of Driving Pass	08/01/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91506273
Alt. Phone Number	-
Email Address	bianhuichua@gmail.com
Address	BLK 128 GEYLANG EAST AVENUE 1 #09-113
Address complement	-
Postcode	380128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210622/2058

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	SDL6581P
Vehicle Manufacturer	Toyota
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)	-

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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

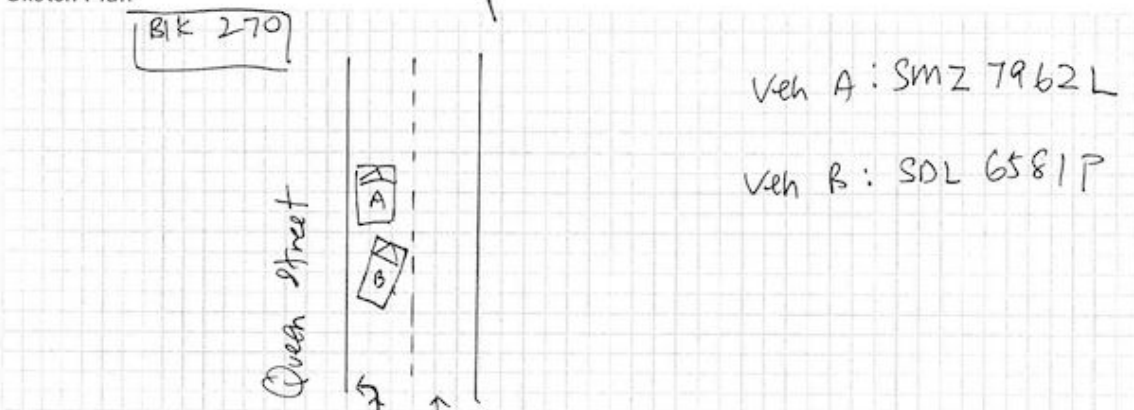
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

* pls refer to Police Report.

1/20210622/2058

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/20210622/2058

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 3

Report No. T/20210622/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2021 16:11		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: CHUA BIAN HUI			Address: APT BLK 128 GEYLANG EAST AVENUE 1 #09-113 SINGAPORE 380128		
ID Type / ID No.: NRIC NO / S1556435J			Contact No.: Home/Office: Mobile: 91506273		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 06/11/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES OFFICER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/06/2021 15:00	Type of Location: Straight Road
Location: QUEEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL6581P	Car	TOYOTA		Silver	Slightly Damaged	0
SMZ7962L	Car	HONDA	FREED	Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210622/2058

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

2 of 3

Report No. T/20210622/2058

CONTINUATION OF REPORT

Driver			
Name	CHUA BIAN HUI	ID No.	S1556435J
Related Vehicle	SMZ7962L (Car)	Contact No.	91506273
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/06/21 at about 3pm, I was driving my car (SMZ7962L) along Queen Street, and had parked my car on hazard light along Queen Street before the car park entry to Albert Centre, as the carpark is full and I was waiting for a client to collect some items from me. I had noticed one car (SDL6581P) was very close behind me, when suddenly this car tried to overtake me on my right but didn't gauge properly and hit onto the rear right corner of my car.

I then alighted my car and tried to signal him that he had hit onto my car, however he didn't even look at me. Subsequently, he tried to queue to turn into the carpark which I then tried knocking on his door, but he continued to ignore me. I didn't continue to pursue him afterwards. I only managed to take a photo of his car plate.



**SINGAPORE
POLICE FORCE**



T/20210622/2058

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

3 of 3

Report No. T/20210622/2058

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 /
Sgt 3 LIN XUETONG, TOM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/06/2021 16:11

Officer In Charge Of Case:
TP / HRT / SINGAPORE
SI KALESWARI PALANI SN 29
Contact No: 65476902

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE