

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 25/06/2021 15:48 (SGT)
Date of Accident 24/06/2021 10:55 (SGT)
Exact Location of Accident Still Rd, Singapore
Additional Location Information TOWARDS JALAN EUNOS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG76B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SONG MEI JY (SONG MEIZHI)
NRIC No SXXXX033B
Email Address cedric@creativeshades.com.sg
Mobile Phone No (Phone) +65-98754405
Alternative Phone No +65-98754405

VEHICLE PARTICULARS

Manufacturer BMW
Model X4
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00101642000
Cover Note Number -

DRIVER

Name of Driver CEDRIC GOH TIAN WEE
NRIC No SXXXX220E

Date Of Birth	29/02/1976
Occupation	Outdoor
Date Of Driving Pass	28/07/1998
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98754405
Alt. Phone Number	-
Email Address	cedric@creativeshades.com.sg
Address	BLK 1 JALAN BUKIT MERAH #08-4530
Address complement	-
Postcode	150001
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	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 vehicle 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	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210624/2049

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS3458U
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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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CEDRIC GOH TIAN WEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJG76B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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)**

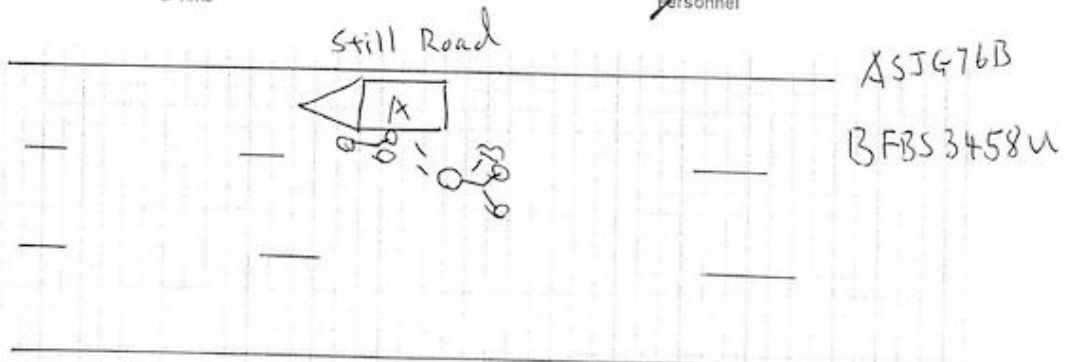
I understand, acknowledge, agree and consent that:

- (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

 25/06/2021
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

As per police report T/20210624/2049

Declaration

We declare the foregoing particulars are true in every respect.

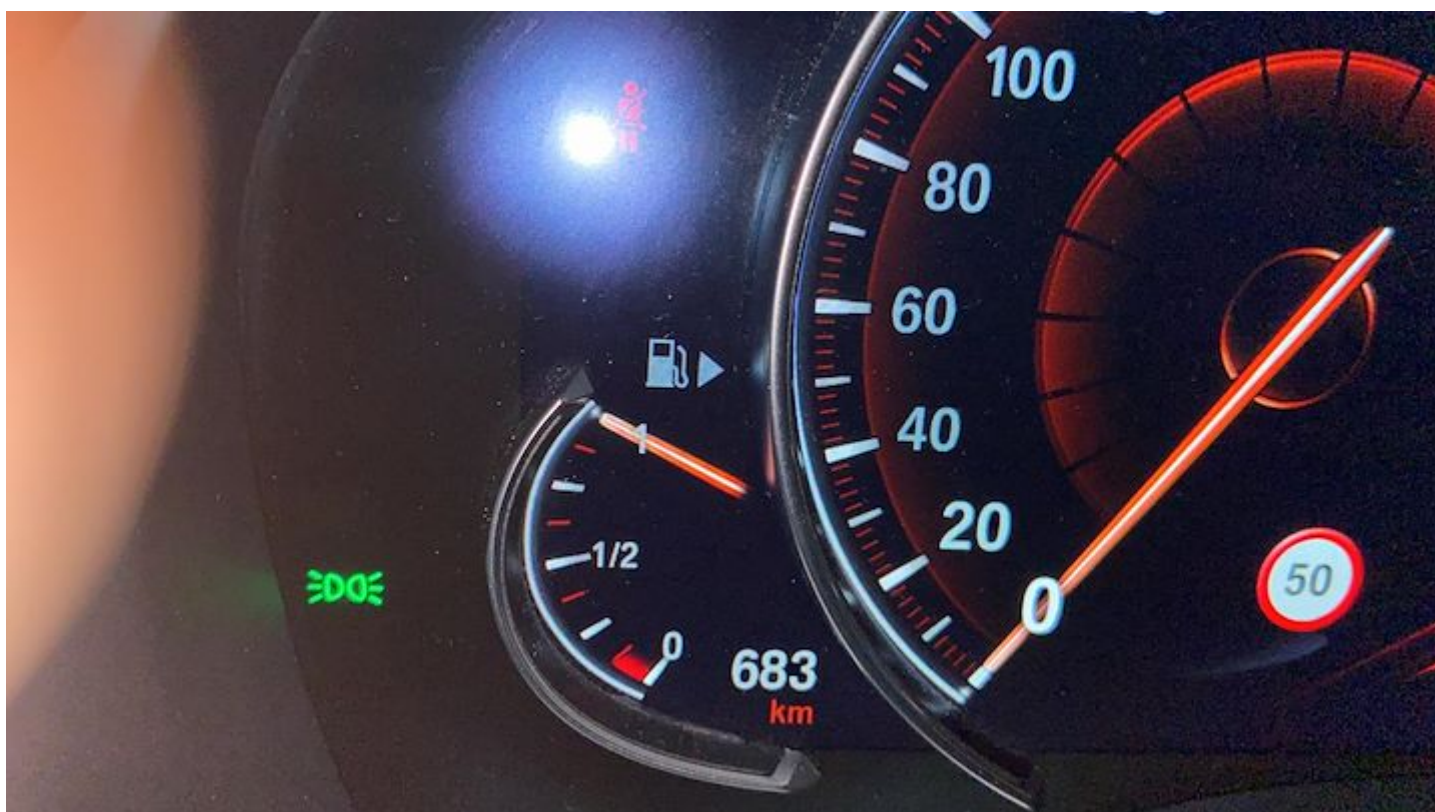

Policyholder's Signature / Date & Time


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

 24/06/2021
Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20210624/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20210624/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2021 14:31	Vide Report No.: G/20210624/0088	Station Diary No.: 42
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Informant's Particulars			
Name of Informant: CEDRIC GOH TIAN WEE		Address: APT BLK 1 JALAN BUKIT MERAH #08-4530 SINGAPORE 150001	
ID Type / ID No.: NRIC NO / S7607220E		Contact No.: Home/Office: Mobile: 98754405	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 29/02/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2021 10:55	Type of Location:
Location: STILL ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3458U	Motorcycle				Slightly Damaged	0
SJG76B	Car				Slightly Damaged	1



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T/20210624/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20210624/2049

CONTINUATION OF REPORT

Brief Details.

On 24/06/2021 at about 1055hrs, I was driving along Still Road towards Jalan Eunus with my wife. I was driving on the first lane (extreme right) and there was a motorcyclist who was riding on the middle lane. After passing Esso petrol kiosk (near junction of East Coast Road and Still Road) about 300 meters away, the motorcyclist came into my lane and hit onto the left side (left passenger door) of my car.

The motorcyclist then fell off from his motorcycle and I hit my emergency brake. Upon stopping, I got out from my car and saw that the motorcyclist was standing up and walking towards his motorcycle. At that point of time, there was a Cisco officer who was driving along Still Road and he came to assist us. A short while later, Traffic Police and paramedics came to scene. I observed that the motorcyclist had abrasions on his hands and he was conveyed to the hospital via ambulance.

The Traffic Police then took my SD card as I have an in-car camera (front and back). There were dents on the left side of my car due to the accident. I felt pain on my left thumb due to the emergency brake.



**SINGAPORE
POLICE FORCE**



T/20210624/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20210624/2049

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 MUHAMMAD IDRIS BIN MOHD ISMAIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2021 14:31
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SGG 73B
 Name (as shown in NRIC): CHORICK TIAN WHA NRIC/FIN/Passport No: S760720E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98754405
 Email Address: _____
 Date of Accident: 24/06/2021 Time of Accident: 10:55
 Place of Accident: STILL RD
 Insurance Company: CHONG TIAN WHA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Suburban Vehicle accident to SGG 76B

Policyholder / Driver's Signature
 Date:

[Signature] 25/06/2021
 Reporting Centre Personnel's Signature
 Name: