

# 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 ..... 10/08/2021 17:39 (SGT)  
Date of Accident ..... 10/08/2021 08:15 (SGT)  
Exact Location of Accident ..... New Bridge Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCF954E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE CHER LING  
NRIC No ..... SXXXX206E  
Email Address ..... yanying\_sg@yahoo.co.uk  
Mobile Phone No ..... (Phone) +65-96886809  
Alternative Phone No ..... +65-85040231

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01006349  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN YANYING (CHEN YANYING)  
NRIC No ..... SXXXX833A

Date Of Birth .....	09/08/1985
Occupation .....	Indoor
Date Of Driving Pass .....	28/07/2004
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-85040231
Alt. Phone Number .....	-
Email Address .....	yanying_sg@yahoo.co.uk
Address .....	3 CASSIA DRIVE
Address complement .....	-
Postcode .....	289697
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 - Major/Minor Rd
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 vehicle 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 .....	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 Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210810/2009

#### 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 .....	SHF296L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	KIONG KUAN YEAN
NRIC No .....	SXXXXX478Z
Contact Number .....	(Phone) +65-96648065
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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 willful 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:

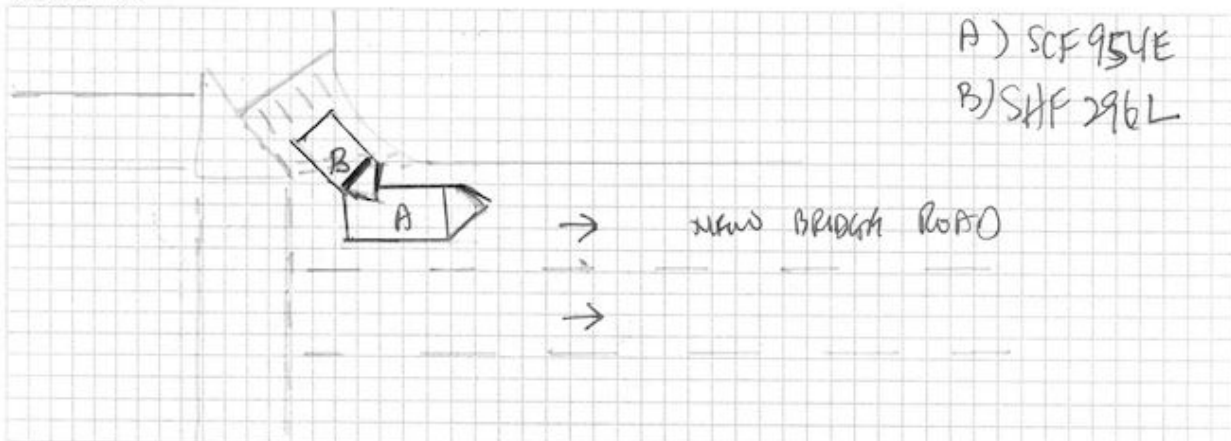
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Full*  
10/8/21  
Policyholder's Signature / Date & Time

*yt*  
10/8/2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
10/8/2021  
Witnessed by Reporting Centre Personnel


**Sketch Plan**


Describe Circumstances of the Accident

RHPR to POLICE REPORT 7/2021 10810/2021

Declaration

We declare the foregoing particulars are true in every respect.

 10/8/21  
Policyholder's Signature / Date & Time

 10/8/2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

 10/8/2021  
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20210810/2009

1 of 4

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

Report No. T/20210810/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2021 09:44	Vide Report No.:	Station Diary No.: 31
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: TAN YANYING	Address: 3 CASSIA DRIVE SINGAPORE 289697		
ID Type / ID No.: NRIC NO / S8522833A	Contact No.: Home/Office: Mobile: 85040231		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 36	Date of Birth: 09/08/1985	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: CIVIL SERVANT	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/08/2021 08:15	Type of Location: Straight Road
Location:  EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCF954E	Car				Slightly Damaged	0
SHF296L	Car				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/20210810/2009

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 4

Report No. T/20210810/2009

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN YANYING		ID No. S8522833A
Related Vehicle	SCF954E (Car)		Contact No. 85040231
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
<b>Driver</b>			
Name	Kiong Kuan Yean		ID No. S0211478Z
Related Vehicle	SHF296L (Car)		Contact No. 96648065
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 10/08/2021 at about 0815hrs, I was turning right from Outram Road towards New bridge Road. I was the second car from the front and the traffic light was in my favour (right green arrow). As I was turning, I could see that there was a maroon SMRT Toyota Prius taxi (SHF296L) which was along Cantonment road on the left most lane. There was a double dotted white line at the slip road and he should have checked before proceeding.

As I was turning, I could see that he still has not passed the zebra crossing yet, I continued to make my way towards the left most lane and was already in the lane when I felt and heard the impact. We both stopped our cars immediately. This was when an Aetos Officer SGT (13574) Md Ibrahim Seman (97518124) saw what had happened and asked us to move forward so as not to obstruct the traffic. I then told him to help me inform the taxi driver to move forward as well and we moved forward and stopped just before the bus stop where people usually wait for their grab/taxi. We both did not have any passengers in our vehicles.

We then got off our respective vehicles and took pictures of the damages to both our vehicles as well as exchanged particulars. During the exchange, I said that he should not have come out, while he said that he had the right of way. He then said that it was ok and that it was recorded and we left it as that. As my in car camera was only front facing, I was unable to capture the accident, however it should have captured our relative positions as I was turning. I then asked him to confirm his particulars and since he did not look like he was injured and did not complain of any injuries, I then left. I am also not injured as far as I am aware of. I will monitor my condition to see if I would need to see a doctor.

IO can contact me for the photographs and in car camera footage if needed, and the Aetos officer was





**SINGAPORE  
POLICE FORCE**



T/20210810/2009

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 4

Report No. T/20210810/2009

**CONTINUATION OF REPORT**

also informed that the IO may contact him to find out more about what had happened. I have no issues if the taxi driver is only warned for careless driving. I will be sending my car for repair and insurance claim.

I am not sure if the taxi driver's number is 96648065 or 96648063.



# SINGAPORE POLICE FORCE

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



T/20210810/2009

4 of 4

Report No. T/20210810/2009

## 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 /

Insp TAN YI HAO, SHAWN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

10/08/2021 09:44

Classification Of Case:

Authentication Stamp  
NP168



Signature

Singapore Police Force