

# 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 16:50 (SGT)
Date of Accident .....	08/08/2021 12:00 (SGT)
Exact Location of Accident .....	Stadium Cres, Singapore
Additional Location Information .....	STADIUM WALK T-JUNCTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP9846D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHOON KAIW (CHEN CHUNJIAO)
NRIC No .....	SXXXX466Z
Email Address .....	nylsaj@yahoo.com
Mobile Phone No .....	(Phone) +65-90494489
Alternative Phone No .....	+65-90494489

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla180
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00127382100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN CHOON KAIW (CHEN CHUNJIAO)
NRIC No .....	SXXXX466Z

Date Of Birth .....	25/01/1979
Occupation .....	Indoor
Date Of Driving Pass .....	11/10/2004
Driving experience .....	16 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90494489
Alt. Phone Number .....	+65-90494489
Email Address .....	nylsaj@yahoo.com
Address .....	BLK 559 PASIR RIS STREET 51 #04-219
Address complement .....	-
Postcode .....	510559
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 .....	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 .....	SIM CHEOW TEE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PEALEASE REFER TO POLICE REPORT G/20210808/7044

#### 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 .....	SBS8740X
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	TAN CHOON KIAW
Gender .....	Male
Phone No .....	(Phone) +65-90494489
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMP9846D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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## 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.

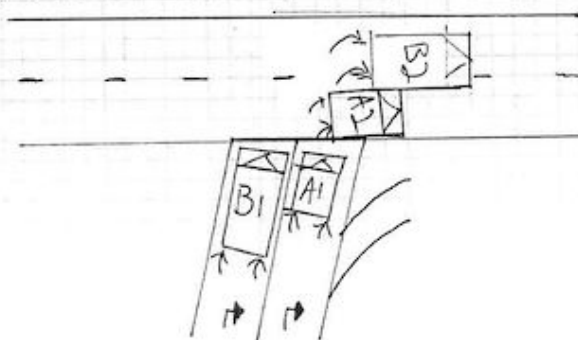
\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

## Sketch Plan

T-Junc of Stadium Crescent & Stadium Walk



Vehicle A: SMP9846D

Vehicle B: SBS8740X

Refer to police report No. G1 20210808/7044

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



























**SINGAPORE  
POLICE FORCE**



G/20210808/7044

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**POLICE REPORT (NP299)**

Report No. G/20210808/7044

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 08/08/2021 21:03	Vide Report No.	Station Diary No.
Name Of Informant TAN CHOON KAIW	Address 559 PASIR RIS STREET 51 #04-219 SINGAPORE 510559	
ID Type / ID No. NRIC NO / S7902466Z	Contact No. Home/Office:	Mobile: 90494489
Nationality SINGAPORE CITIZEN	Email Address NYLSAJ@YAHOO.COM	
Occupation Information technology project manager	Sex Female	Age 42
Institution/School Name	Date of Birth 25/01/1979	Race Chinese
Date/Time Of Incident 08/08/2021 11:55	Location Of Incident STADIUM WALK	

**Brief details.**

On the stated date and time, I was driving my vehicle SMP9846D along stadium walk towards stadium crescent.

I was travelling straight along the right of 2 lanes.

At the junction of stadium walk and stadium crescent, I was making a right turn onto stadium crescent.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

08/08/2021 21:03

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20210808/7044

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210808/7044

SBS8740X was also making a right turn at the same time along the lane to the left.

I had made sure to keep in lane whilst turning. Prior to completing my right turn, I realised that said bus was edging into my lane.

Hence, I came to a stop to give way to the bus. However, the bus did not stop or slow down and still crashed into the front left portion of my vehicle.

After the accident, I started experiencing headaches and pain in my chest. As such, I went to a clinic Our Family Physician and Surgery nearby my place for treatment.

I was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

08/08/2021 21:03

Classification Of Case: