

# 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 14:59 (SGT)
Date of Accident .....	09/08/2021 09:45 (SGT)
Exact Location of Accident .....	Straits Blvd, Singapore
Additional Location Information .....	TOWARDS SHEARES AVENUE LAMPOST 76F
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ5314X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BEN CHUA WEE SEING
NRIC No .....	SXXXX418J
Email Address .....	chuaweeseing60@gmail.com
Mobile Phone No .....	(Phone) +65-96523000
Alternative Phone No .....	+65-96523000

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMHCSNW00004152100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	BEN CHUA WEE SEING
NRIC No .....	SXXXX418J

Date Of Birth .....	05/11/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	08/04/1981
Driving experience .....	40 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96523000
Alt. Phone Number .....	+65-96523000
Email Address .....	chuaweeseing60@gmail.com
Address .....	BLK 676A YISHUN RING ROAD #03-1902
Address complement .....	-
Postcode .....	761676
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 .....	Collision - Change/cross lane
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 .....	KHOO BOON YOKE AMY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 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 A/20210809/7015

#### 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 .....	XE8199Y
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	BEN CHUA WEE SEING
Gender .....	Male
Phone No .....	(Phone) +65-96523000
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ5314X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	KHOO BOON YOKE AMY
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMZ5314X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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

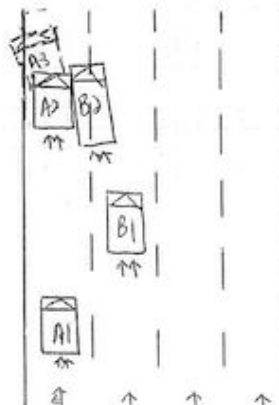
 10/08/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SM2 S314 X

Vehicle B: XE 8199 Y

Straits Boulevard towards  
Sheares Avenue  
Lamp Post 76F



Refer to Police Report NO: A/20210009 / 745

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel 10/08/2021













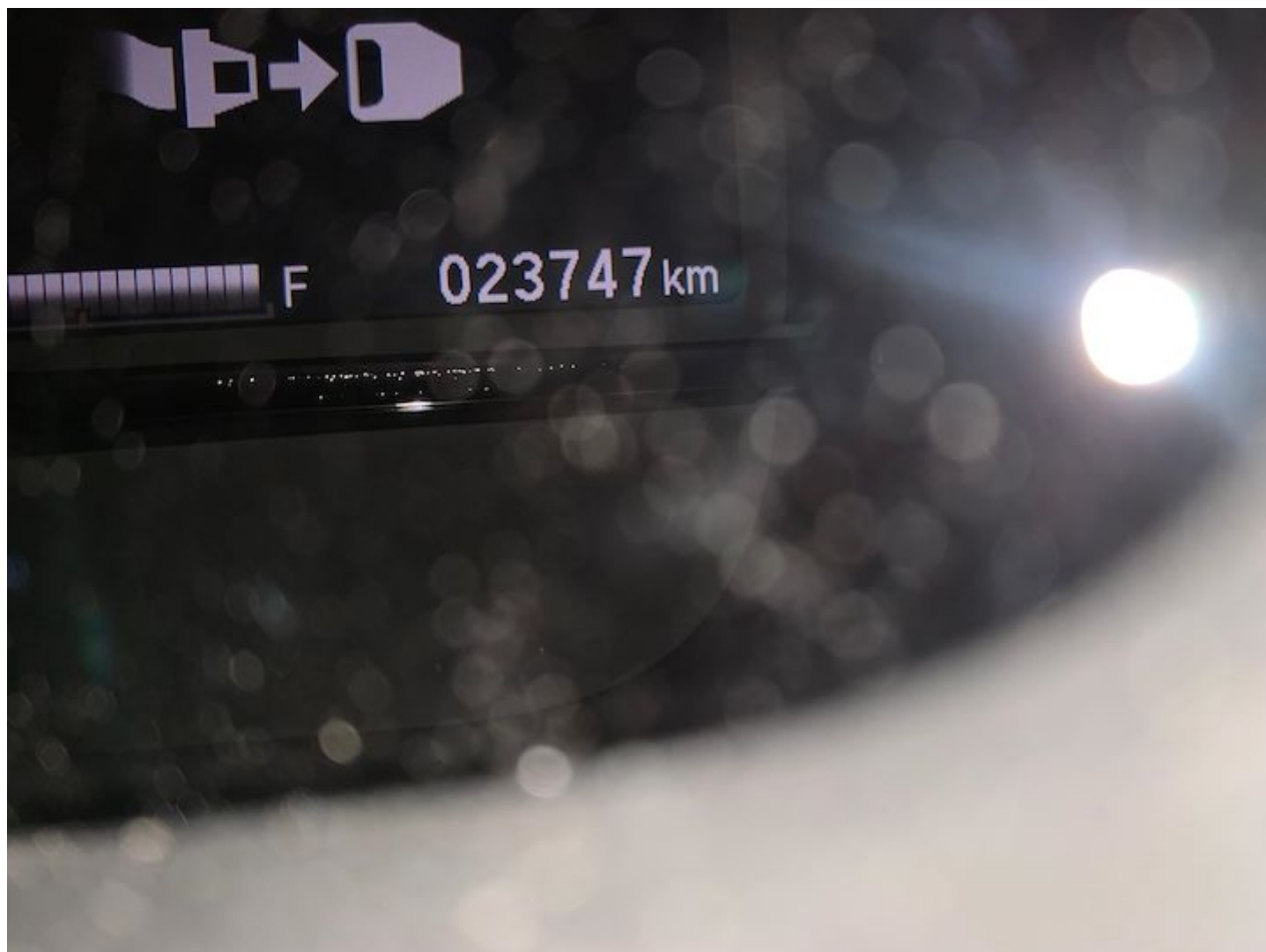


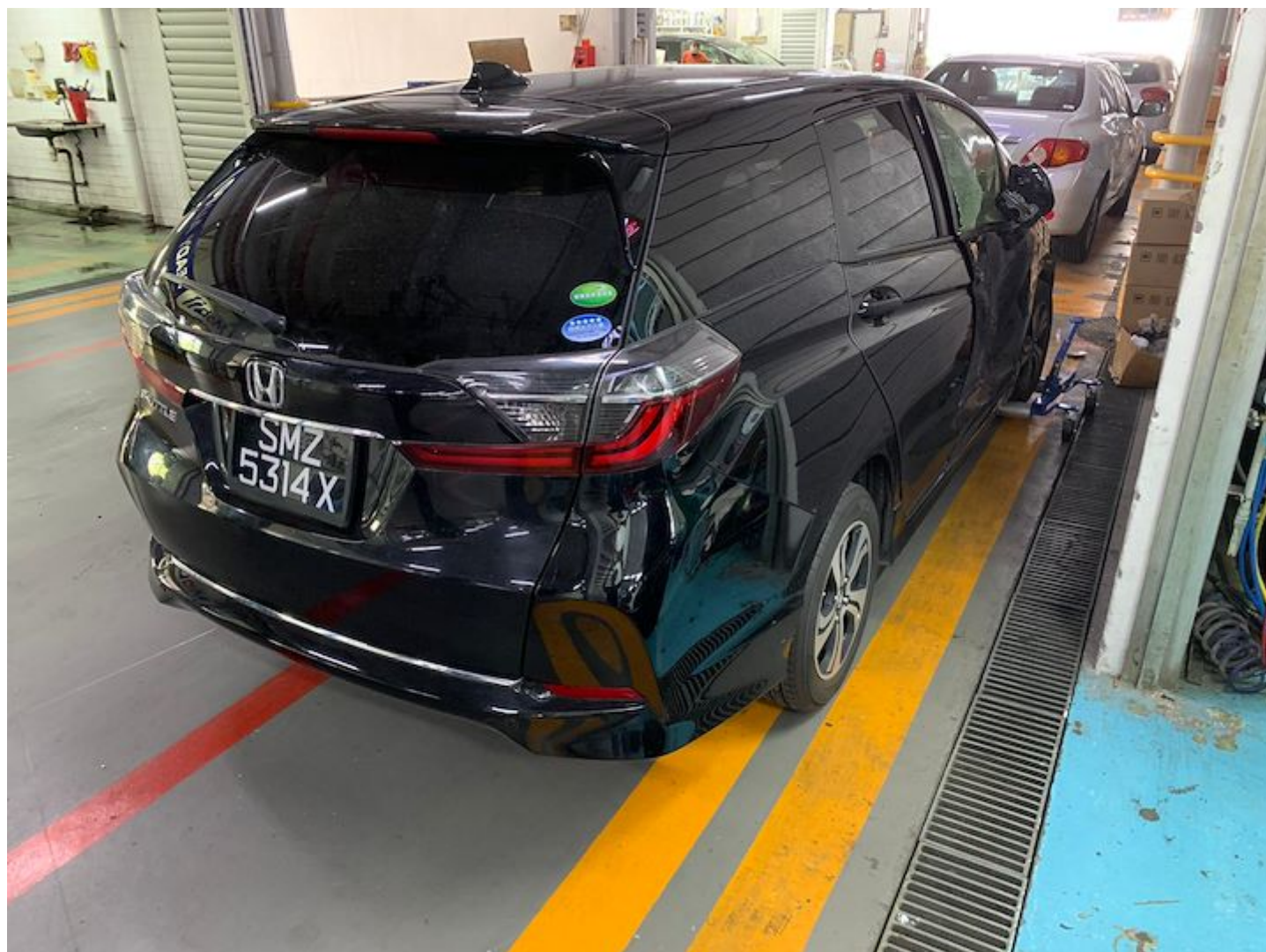


















**SINGAPORE  
POLICE FORCE**



A/20210809/7015

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**POLICE REPORT (NP299)**

Report No. A/20210809/7015

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 09/08/2021 20:01	Vide Report No.	Station Diary No.
Name Of Informant BEN CHUA WEE SEING	Address 676A YISHUN RING ROAD #03-1902 SINGAPORE 761676	
ID Type / ID No. NRIC NO / S1409418J	Contact No. Home/Office:	Mobile: 96523000
Nationality SINGAPORE CITIZEN	Email Address chuaweeseing60@gmail.com	
Occupation PHV driver	Sex Male	Age 60
Institution/School Name	Date of Birth 05/11/1960	Race Chinese
Date/Time Of Incident 09/08/2021 09:45	Location Of Incident STRAITS BOULEVARD	

**Brief details.**

On the stated date and time I was ferrying a passenger (Ms Foo) in my vehicle SMZ5314X. I was travelling straight on the stated venue. Suddenly a vehicle XE8199Y who was on the next lane on my right, cut to the left into my lane and hit onto my vehicle front right portion. The impact propelled my vehicle to the left and the left side of my vehicle hit onto kerb and then mounting the kerb. The impact was great and it causes pain on my right arm, shoulders, back and neck. My left knee also hit the dashboard.

The pain was unbearable and I proceeded to intemedical kovan clinic to seek treatment and I was given

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2021 20:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE  
POLICE FORCE**

A/20210809/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210809/7015

5 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:

09/08/2021 20:01

Classification Of Case:

