





# 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

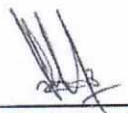
### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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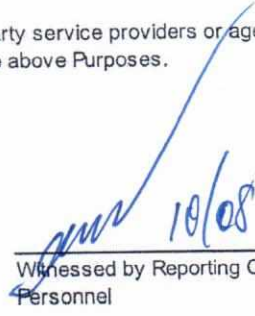
### 8. Consent under the Personal Data Protection Act (PDPA)

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

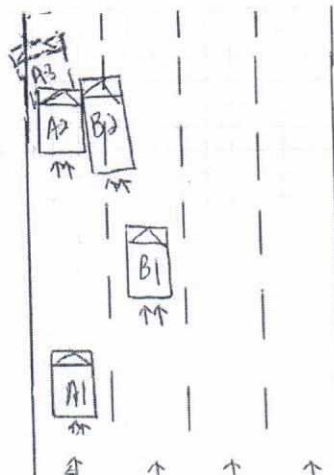
  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Vehicle A: SMZ 5314 X

Vehicle B: XE 8199 Y

Straits Boulevard towards  
Sheares Avenue  
Lamp Post 76F




**Describe Circumstances of the Accident**

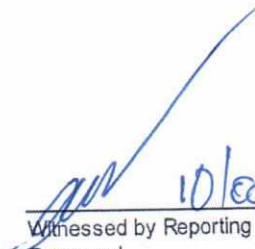
Refer to Police Report NO: A/20210809/705

**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

 10/08/2021  
Witnessed by Reporting Centre  
Personnel



Date of Accident

09/08/2021 Accident Time: 0945H (24-HR-FORMAT)

Accident Place

Straits Boulevard towards Sheares Avenue Lamp post 76F

Vehicle Reg. No (Car plate No.)

SMZ 5314X Vehicle Make/Model: Honda Shuttle 1.5A

Insurance Company

China Thaipng Policy No. DMHCSNW0000482100

Name of Registered Owner

Company/Individual Ben Chua Wee Seing

ID of Registered Owner

Co Reg No: — Owner's NRIC No: S1409418J

Co Contact No: — Owner's Contact No: 9652 3000

DRIVER'S Name

Ben Chua Wee Seing DRIVER'S NRIC No: S1409418J

DRIVER'S Date of Birth

05/11/1960 DRIVER'S License Pass Date 08/04/1981

Relationship bet. Owner & Driver

Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address

BK 676A Yishun Ring Road #03-1902 SC761676)

DRIVER'S Contact No./ Alt No.

1) 9652 3000 2) —

DRIVER'S Occupation

INDOOR \ OUTDOOR (eg. working inside or outside of an office)

Email Address

Chua wee seing 60@gmail.com

Weather & Road Surface

CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 02

Passenger Name: Khoo Boon Yoke Amy Gender: M/F

Was the accident reported to the police? YES \ NO

Passenger Name: — Gender: M/F

Was there any video Captured by car camera: YES \ NO

Any Injuries: YES \ NO Injured Name: Ben Chua Wee Seing

Injured Name: Khoo Boon Yoke Amy

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: XE 8199Y

Vehicle Reg No: —

Vehicle Make/Model: —

Vehicle Make/Model: —

Name DRIVER: —

Name DRIVER: —

IC No. DRIVER: —

IC No. DRIVER: —

DRIVER'S Contact & add: —

DRIVER'S Contact & add: —

Other Party Driver's Particulars (if any)

Vehicle Reg No: —

Vehicle Reg No: —

Vehicle Make/Model: —

Vehicle Make/Model: —

Name DRIVER: —

Name DRIVER: —

IC No. DRIVER: —

IC No. DRIVER: —

DRIVER'S Contact & add: —

DRIVER'S Contact & add: —



**SINGAPORE  
POLICE FORCE**



A/20210809/7015

1 of 2

**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

2 of 2

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:

Motor Hire Car

M/AGG/31

H SH

AN99A/A

Cov Type G

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules 1987  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules 1958 (Malaysia)

CERTIFICATE No.	DVHCSNW00004152100	Engine No.	L15B6023582
		Chassis No.	GRB2103663
1. Index Mark and Registration Number of Vehicle	SNZ5314X	AUTOSAFE	*****
2. Name of Policy Holder	BEN CHUA WEE SEING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/04/2021 (00 00 00)	Excess Sect. I:	\$11,250.00
		Excess Sect. I (Outside Singapore):	\$42,500.00
		Excess Sect. II:	\$11,250.00
4. Date of Expiry of Insurance	29/04/2022	Excess Sect. II (Outside Singapore):	\$42,500.00
		EX ON WINDSCREEN:	\$1100.00
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>BEN CHUA WEE SEING</p>		
6. Limitations as to use*	<p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<p>HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES PTE. LTD. * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.</p>			

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

KCB AGENCY  
Please see reverse for details

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com