

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	12/08/2021 14:19 (SGT)
Date of Accident	11/08/2021 08:05 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	TOWARDS JALAN BOON LAY AFTER BOON LAY DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2328L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOON HONG TRANSPORT SERVICES
Company Reg No	5XXXX550B
Email Address	dionisquek@hotmail.com
Mobile Phone No	(Phone) +65-81016401
Alternative Phone No	+65-88206987

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
Variant	MICROBUS
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	Bus
Transmission	Auto
CC	2983

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00014242003
Cover Note Number	-

DRIVER

Name of Driver	DIONIS QUEK EN TING
NRIC No	SXXXX860Z

Date Of Birth	10/04/1997
Occupation	Outdoor
Date Of Driving Pass	07/11/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88206987
Alt. Phone Number	-
Email Address	dionisqueek@hotmail.com
Address	BLK 627 BEDOK RESERVOIR ROAD #05-1604
Address complement	-
Postcode	470627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	NIRUPAMA GOPALAKRISHAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210811/7030

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	SLP4978B
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Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHEE YOUNG
NRIC No	SXXXX339A
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	DIONIS QUEK EN TING
Gender	Female
Phone No	(Phone) +65-88206987
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	PC2328L
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' 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.

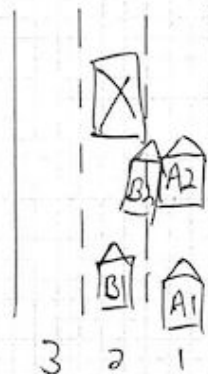


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *Boon Lay Way TOWARDS Tan Boon Lay AFTER Boon Lay Drive*



Vehicle 'A' : PC 2328L

'B' : SLP 4978B

Describe Circumstances of the Accident

Refer to police Report. 1/20210811/57030

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

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20210811/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210811/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 17:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DIONIS QUEK EN TING			Address: 627 BEDOK RESERVOIR ROAD #05-1604 SINGAPORE 470627		
ID Type / ID No.: NRIC NO / S9712860Z			Contact No.: Home/Office: Mobile: 88206987		
Nationality: SINGAPORE CITIZEN			Email: dionisqueek@hotmail.com		
Sex: Female	Age: 24	Date of Birth: 10/04/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2021 08:05	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Head to side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC2328L	Van				Seriously Damaged	2
SLP4978B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210811/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210811/7030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DIONIS QUEK EN TING	ID No.	S9712860Z
Related Vehicle	PC2328L (Van)	Contact No.	88206987
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time, i vehicle plate bearing PC2328L was travelling straight on lane 1 in my lane of Boon Lay Way towards Jalan Boon Lay after Boon Lay Drive. Suddenly Vehicle plate bearing SLP4978B swerved from my left and smash the side of my vehicle. The driver tried to flee the scene. I then gave chase till the next traffic light and confronted him. The impact was huge that my van almost lost its control.

I seek medical attention at Bedok UniHealth 24-hr clinic due to discomfort on different parts of my body and was given 4 days of MC.



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T/20210811/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210811/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
11/08/2021 17:29

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168