

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	13/09/2021 18:42 (SGT)
Date of Accident	11/09/2021 20:10 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	JUNC OF VISTA EXCHANGE GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2137U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIN HAN
NRIC No	SXXXX376E
Email Address	jsphchua28@gmail.com
Mobile Phone No	(Phone) +65-91792853
Alternative Phone No	+65-91792853

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Polo
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	999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00156542101
Cover Note Number	-

DRIVER

Name of Driver	JOSEPH CHUA KANG LE
NRIC No	SXXXX368J

Date Of Birth	18/04/1999
Occupation	Outdoor
Date Of Driving Pass	11/02/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91442877
Alt. Phone Number	-
Email Address	jsphchua28@gmail.com
Address	BLK 229 YISHUN STREET 21
Address complement	#06-560
Postcode	760229
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	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?	Yes
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210912//2066

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	SLB5530B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NICOLE LIM YU TONG
NRIC No	SXXXX597I
Contact Number	(Phone) +65-84681730
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	JOSEPH CHUA KANG LE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLQ2137U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

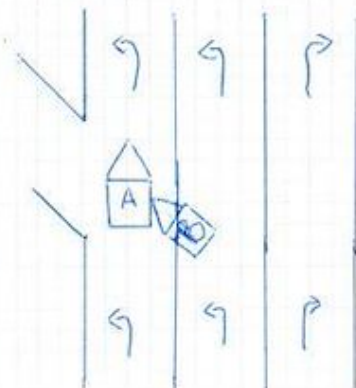
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

JUNCTION COMMONWEALTH AVE WEST & VISTA EXCHANGE GREEN



VEH A : SLQ 2137U

VEH B : SLB 5530B

Describe Circumstances of the Accident

Ret police report
T/20210912/2066

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

 13/09/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210912/2066

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210912/2066

CONTINUATION OF REPORT

Driver			
Name	NICOLE LIM YU TONG		ID No. S9905597I
Related Vehicle	SLB5530B (Car)		Contact No. 84681730
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
Driver			
Name	JOSEPH CHUA KANG LE		ID No. S9912368J
Related Vehicle	SLQ2137U (Car)		Contact No. 91442877
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	11/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 11/09/2021 at about 2010hrs, I was driving my vehicle (SLQ2137U) along Commonwealth Ave West and was at the traffic light junction just behind the other driver of vehicle SLB5530B. Both of our vehicles made the right turn onto Vista Exchange Green. Upon turning onto Vista Exchange Green, I positioned my vehicle along lane 3 whilst the other vehicle positioned along lane 2.

As I was driving forward, I noticed the other vehicle was encroaching onto my lane which had no signal indicating of its intention to filter left. The vehicle was still in its lane but was travelling rather close to the center white line between our lanes 2 and 3. I therefore sounded my horn to alert the driver and continued to drive on.

However, once I was nearing the entrance to the taxi stand, I realized the other vehicle had come even closer to my vehicle. By this juncture, the vehicle collided into the driver's side of my vehicle.

The impact caused significant damages to the entire right section (driver's door till rear passenger door) of my vehicle, resulting in both dents, scratches and a crack to the right rear passenger door. The other vehicle only suffered minor damages (dents and scratches) to its left front bumper section to its fender.

We then alighted from our vehicles and exchanged particulars. Due to the impact, I felt dizzy and pain to my neck and shoulder area. As such, I called for an ambulance which conveyed me to NUH. I was given 07 days medical leave.

My vehicle has a front camera but it is faulty.











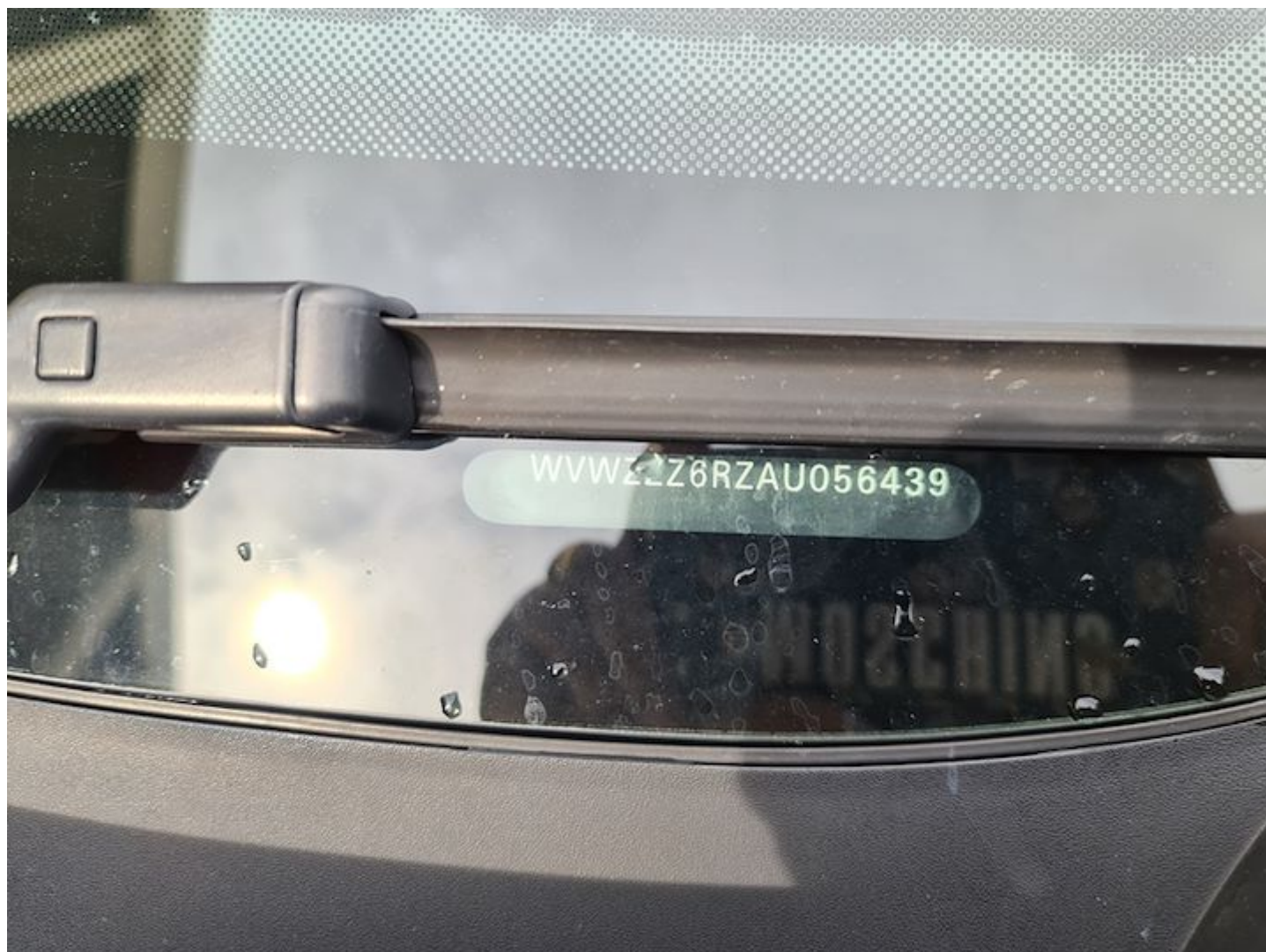














SINGAPORE POLICE FORCE



T/20210912/2066

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Report No. T/20210912/2066

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2021 16:37	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: JOSEPH CHUA KANG LE		Address: APT BLK 229 YISHUN STREET 21 #06-560 SINGAPORE 760229	
ID Type / ID No.: NRIC NO / S9912368J		Contact No.: Home/Office: Mobile: 91442877	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 18/04/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FREELANCE CAR TRADE		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2021 20:10	Type of Location: Straight Road
Location: VISTA EXCHANGE GREEN				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB5530B	Car	TOYOTA	HARRIER	Maroon	Slightly Damaged	6
SLQ2137U	Car	VOLKSWAGO N	POLO	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20210912/2066

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2 Sengkang Square #01-02 SINGAPORE
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Report No. T/20210912/2066

CONTINUATION OF REPORT

Driver			
Name	NICOLE LIM YU TONG	ID No.	S9905597I
Related Vehicle	SLB5530B (Car)	Contact No.	84681730
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
Driver			
Name	JOSEPH CHUA KANG LE	ID No.	S9912368J
Related Vehicle	SLQ2137U (Car)	Contact No.	91442877
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	11/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

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Report No. T/20210912/2066

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210912/2066

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545025
Tel No: 1800-343 8999

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Report No. T/20210912/2066

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: F / SI NORMAN AHMAD EDMUND HERMANN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2021 16:37
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09219D000C Vehicle Registration No: SLQ21374
 Name (as shown in NRIC): JOSEPH CHUA KANG LE NRIC/FIN/Passport No: SXXXX368J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 229 YISHUN ST 21 #06-560 Singapore (760229)
 Contact (Tel): _____ Mobile No.: 91442877
 Email Address: _____
 Date of Accident: 11/09/21 Time of Accident: 20:10
 Place of Accident: COMMONWEALTH AVE WEST
 Insurance Company: CHINA TAIPIING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS

 Policyholder / Driver's Signature
 Date:

[Signature] 13/09/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: