

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 21/09/2021 15:46 (SGT)
Date of Accident 18/09/2021 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DR 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC7227H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOO HOH YIM
NRIC No SXXXX389D
Email Address jackchoohohyim@gmail.com
Mobile Phone No (Phone) +65-96899563
Alternative Phone No +65-96899563

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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? Yes
Vehicle Category Private car
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 DMPCSNW00176732003
Cover Note Number -

DRIVER

Name of Driver CHOO HOH YIM
NRIC No SXXXX389D

Date Of Birth	30/01/1955
Occupation	Outdoor
Date Of Driving Pass	04/11/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96899563
Alt. Phone Number	+65-96899563
Email Address	jackchoohohyim@gmail.com
Address	BLK 709 PASIR RIS DR 10
Address complement	#09-181
Postcode	510709
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	VERRAWATI HANITJO
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLT3810L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

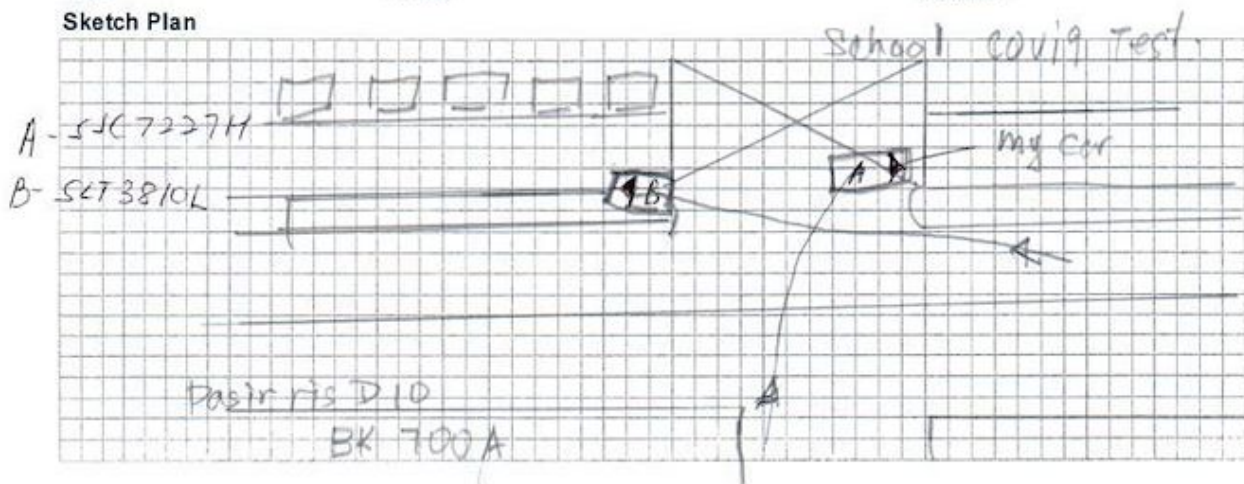
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

[Signature] 21-09-2021
Policyholder's Signature / Date & Time

[Signature] 21/09/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 21/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

RIS

2021年9月18日早上大约10点15份,我从 Pasir, Dr 10 BIK 700A 的 Car Park 斜坡出来,停下左右看都没有车,我开始转右,由于是用未对面学校有很多人排队检测 Covid, 也有很多车非法停在路边,所以我转右时也必须放慢车速,以防万一有车要驶出来,而刚我转入黄色 Yellow Box 时,就有一辆从右边快速的黄色汽车,撞到我的车尾, (因为我已转入我的车道所以才会碰到对方)

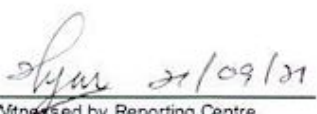
当我下车时我发现,对方的车撞了我的车后,又要撞到马路中间的几段绿色栏杆,车子是跑向反车道也就是 Yellow Box 的车道,而也没有留下车胎痕迹,我也发现我的车尾不是直撞的是斜撞的,所以我怀疑他是失控超速后入 Yellow Box 撞到我,我也附上一些照片证明我以上的说法

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/20210918/7009

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

Report No. T/20210918/7009

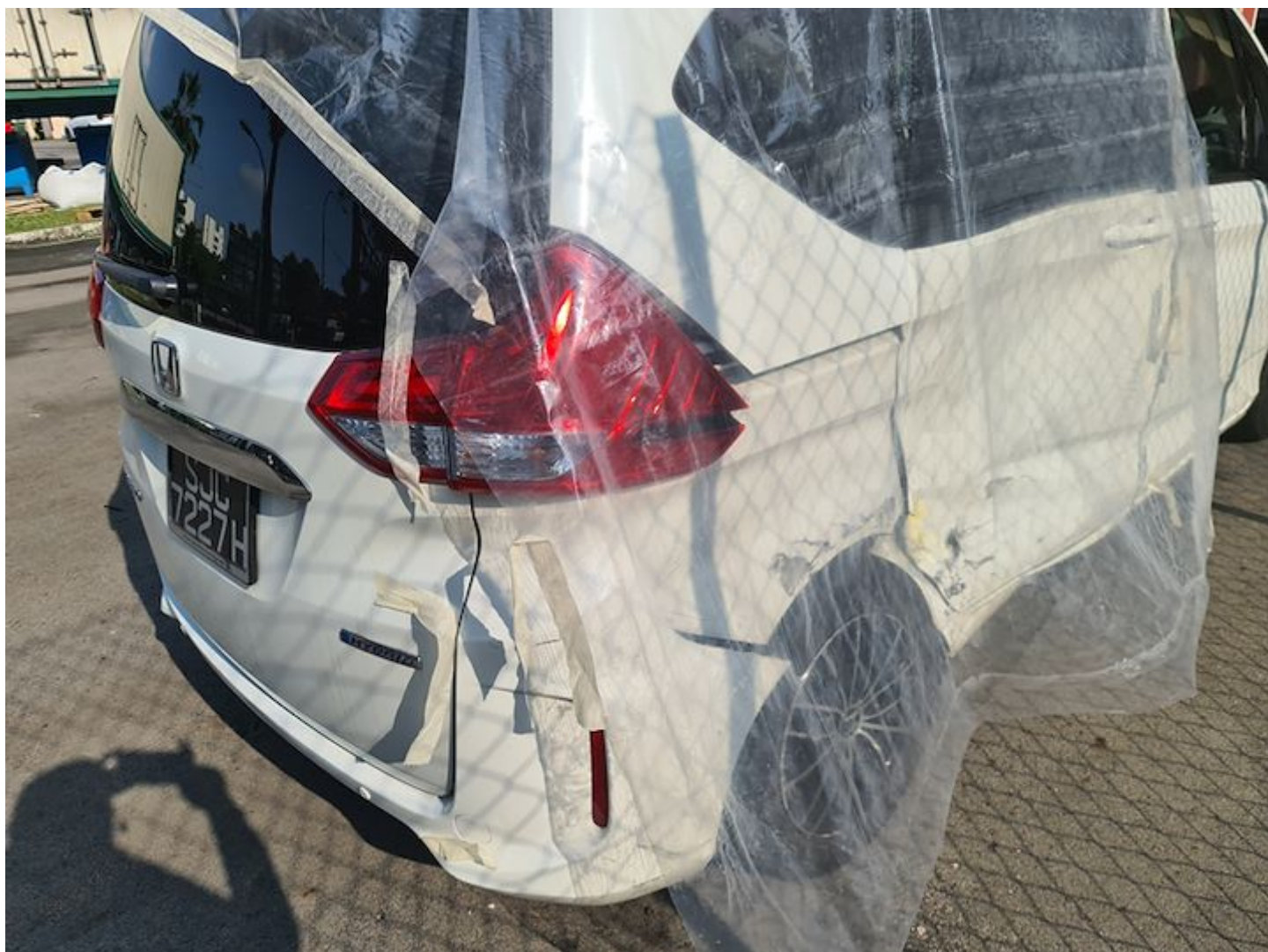
CONTINUATION OF REPORT

Brief Details.

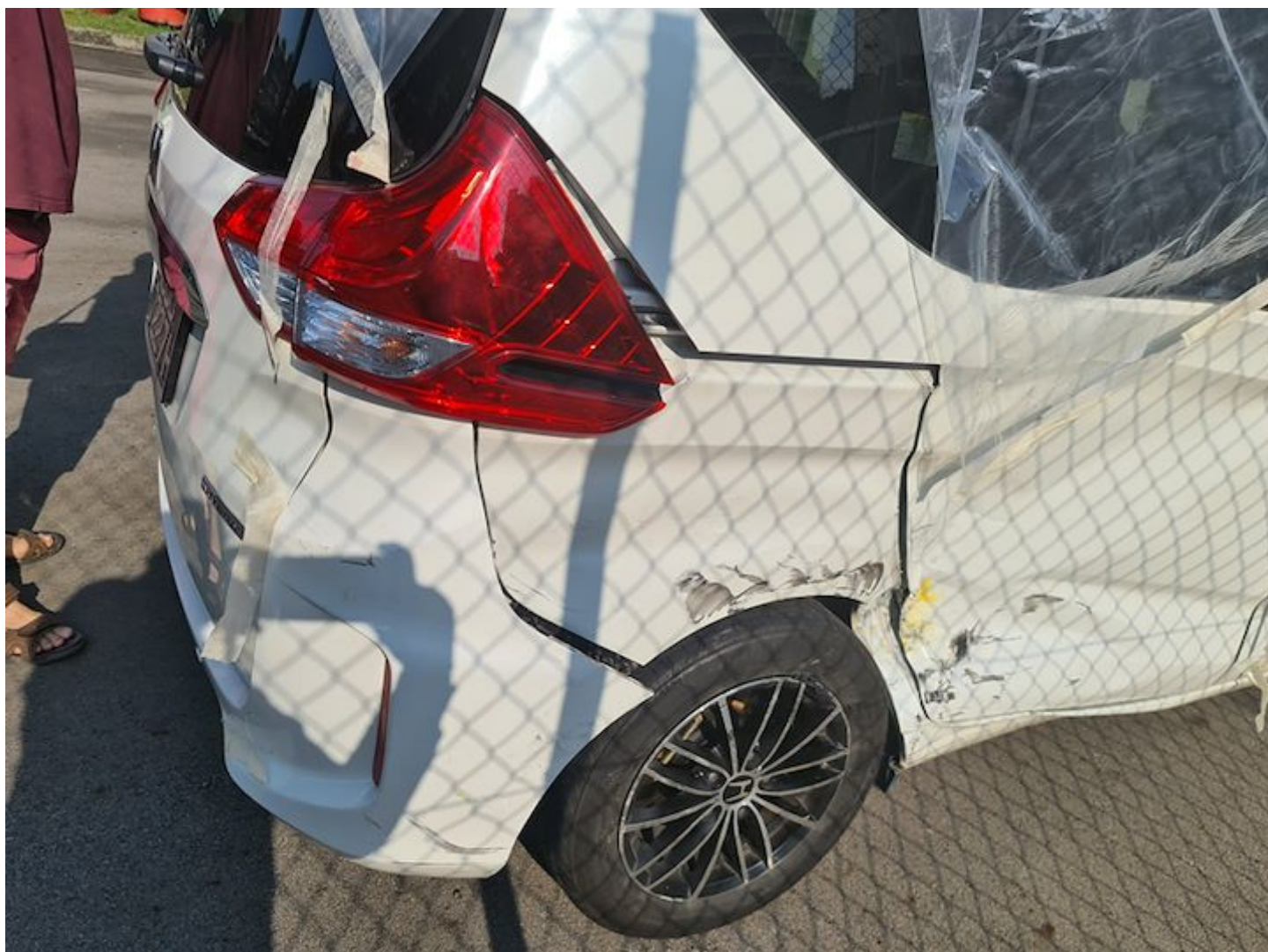
As I was exiting the housing estate, I stopped at the stop line before making a right turn to the opposite side of the road. While my vehicle was almost clear of the bend, an oncoming vehicle collided on the right side of my vehicle near the rear. The oncoming vehicle then struck the road divider.





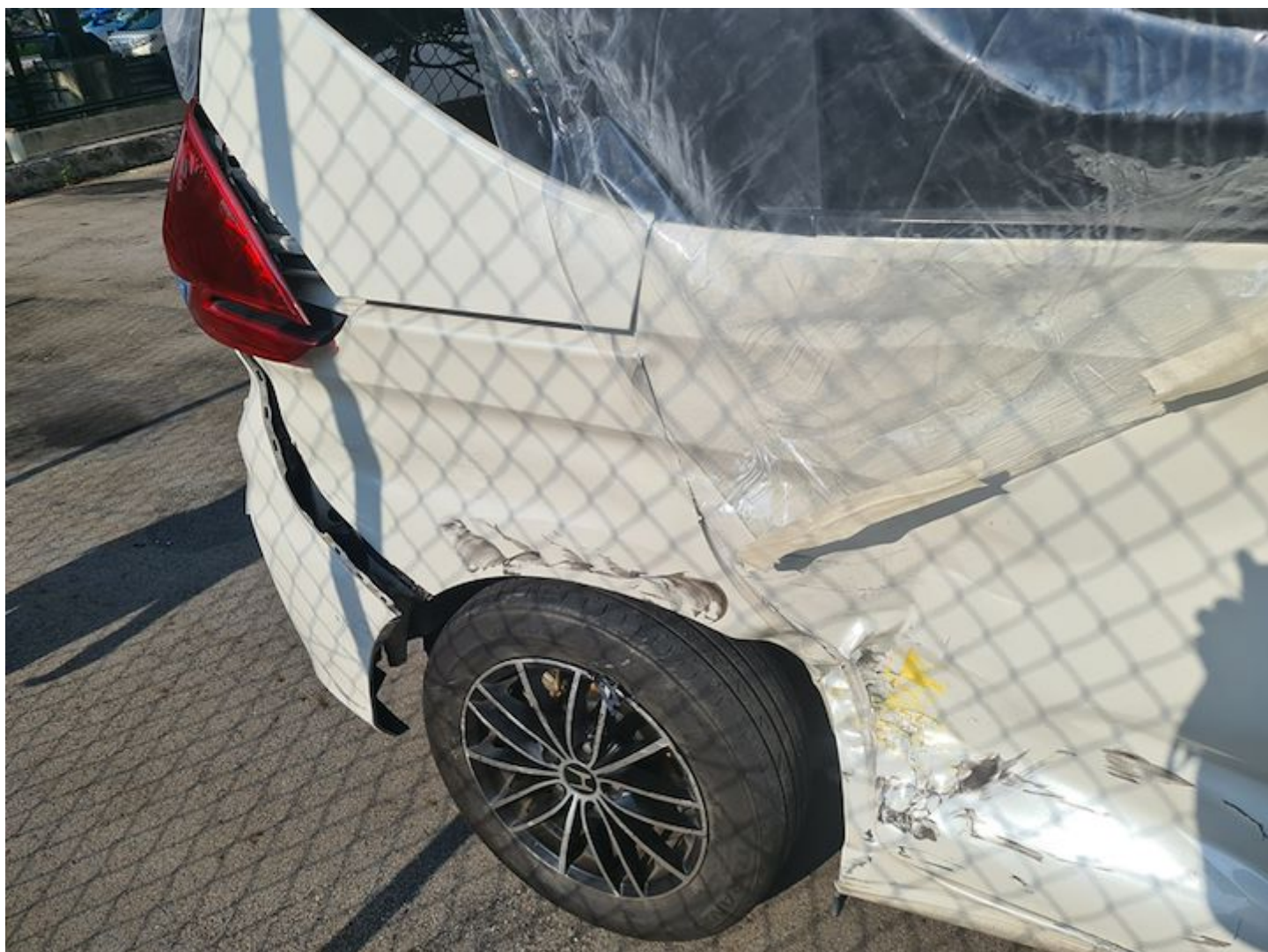
















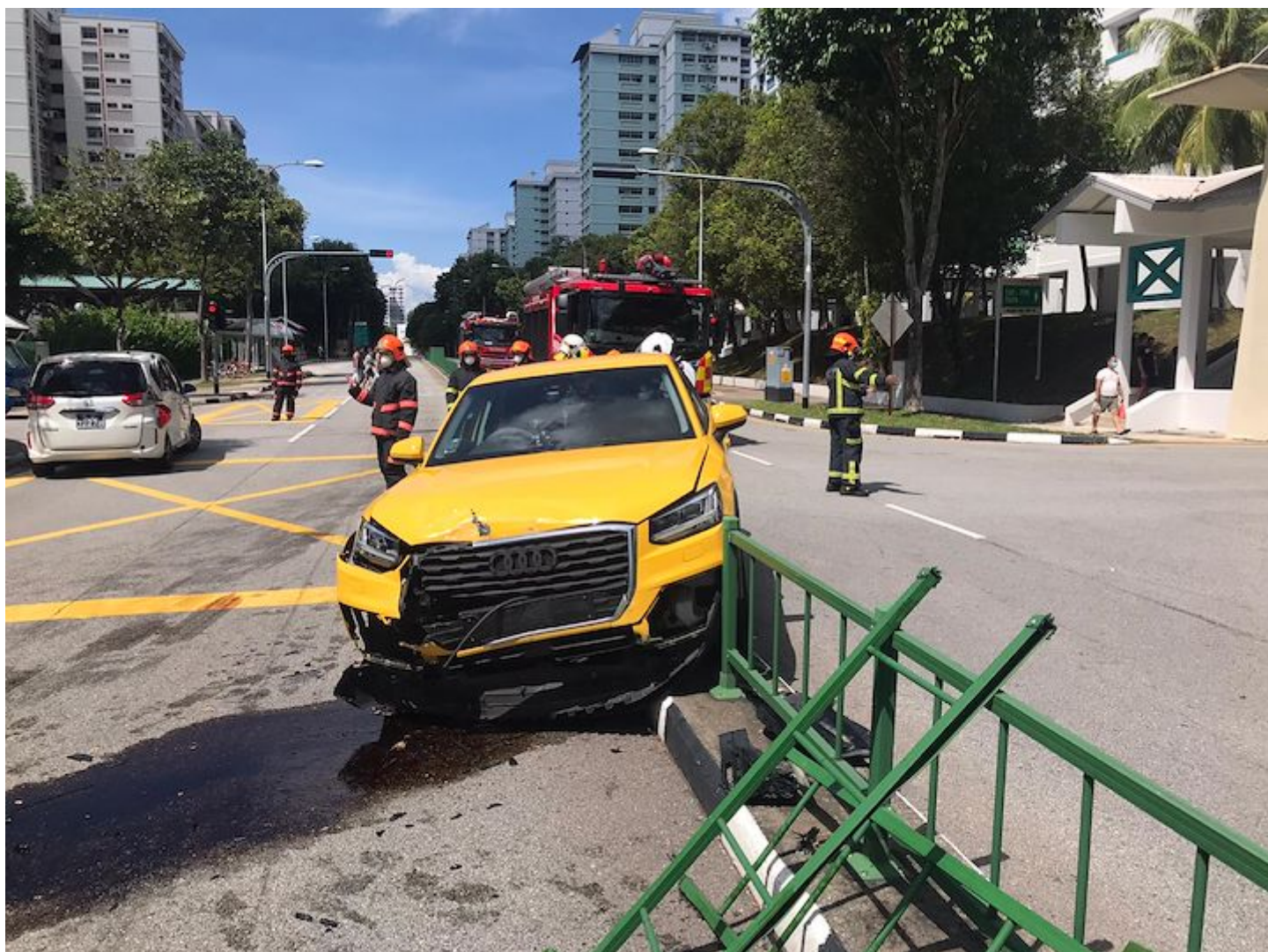
















**SINGAPORE
POLICE FORCE**



T/20210918/7009

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

1 of 4

Report No. T/20210918/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2021 12:46		Vide Report No.: G/20210918/0141		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOO HOH YIM			Address: 709 PASIR RIS DRIVE 10 #09-181 SINGAPORE 510709		
ID Type / ID No.: NRIC NO / S1124389D			Contact No.: Home/Office: Mobile: 96899563		
Nationality: SINGAPORE CITIZEN			Email: jackchoohohyim@gmail.com		
Sex: Male	Age: 66	Date of Birth: 30/01/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Actor			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10:15 18/09/2021 00:12	Type of Location: Straight Road
Location: PASIR RIS DRIVE 10				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJC7227H	Car	HONDA	Freed	White	Seriously Damaged	1
SLT3810L	Car	AUDI	Q2	Yellow	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210918/7009

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

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Report No. T/20210918/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC7227H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30918119022	29/11/2020	28/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOO HOH YIM		ID No.	S1124389D
Related Vehicle	SJC7227H (Car)		Contact No.	96899563
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	VERRAWATI HANITJO		ID No.	S2222532D
Related Vehicle	SJC7227H (Car)		Contact No.	83332759
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLT3810L (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210918/7009

3 of 4

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Report No. T/20210918/7009

CONTINUATION OF REPORT

Brief Details.

As I was exiting the housing estate, I stopped at the stop line before making a right turn to the opposite side of the road. While my vehicle was almost clear of the bend, an oncoming vehicle collided on the right side of my vehicle near the rear. The oncoming vehicle then struck the road divider.



**SINGAPORE
POLICE FORCE**



T/20210918/7009

4 of 4

Police Station Of Origin:
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Tel No: 65470000

Report No. T/20210918/7009

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH WEI LI
Contact No.: 65476394

This report is lodged at Pasir Ris NPC Kiosk 1
NP168

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

Date/Time:
18/09/2021 12:46

Classification Of Case: