

# 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 ..... 05/10/2021 11:41 (SGT)  
Date of Accident ..... 01/10/2021 11:20 (SGT)  
Exact Location of Accident ..... Near 125 Bukit Batok Central, Singapore 650125  
Additional Location Information ..... Car park driveway near to Blk 125 Bukit Batok Central  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC5609S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BIS Motoring Pte Ltd  
Company Reg No ..... 2XXXXX055D  
Email Address ..... keiftan@bismotoring.com.sg  
Mobile Phone No ..... (Phone) +65-86881311  
Alternative Phone No ..... (Office) +65-66815720

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Carens  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1685

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... COI-SPMF1000000413-SMC5609S  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Chua Bin Huat  
NRIC No ..... SXXXX578A

Date Of Birth .....	07/03/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	03/05/2001
Driving experience .....	20 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91447031
Alt. Phone Number .....	-
Email Address .....	klvcbh@gmail.com
Address .....	Blk 573 Choa Chu Kang Street 52
Address complement .....	#02-282
Postcode .....	680573
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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 .....	Unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no. T/20211001/2099

#### 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 .....	SLX4078G
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	Yellow
Vehicle Category .....	Private car
Name of Driver .....	Loh Kong Fah
NRIC No .....	SXXXX768G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	Chua Bin Huat
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMC5609S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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' 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**

Refer to scene photo

**Describe Circumstances of the Accident**

Refer to Police Report No. T/20211001/2089

**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/20211001/2099

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20211001/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2021 17:48		Vide Report No.:		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: CHUA BIN HUAT			Address: APT BLK 573 CHOA CHU KANG STREET 52 #02-282 SINGAPORE 680573		
ID Type / ID No.: NRIC NO / S1227578A			Contact No.: Home/Office: Mobile: 91447031		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 07/03/1957	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 11:20	Type of Location: Car Park
Location:  BUKIT BATOK CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX4078G	Car	HONDA	VEZEL HYBRID 1.5X BRILLIANT STYLE AUTO	Yellow	Slightly Damaged	1
SMC5609S	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20211001/2099

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20211001/2099

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Loh Kong Fah	ID No.	S1363768G
Related Vehicle	SLX4078G (Car)	Contact No.	0
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
<b>Driver</b>			
Name	CHUA BIN HUAT	ID No.	S1227578A
Related Vehicle	SMC5609S (Car)	Contact No.	91447031
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 01/10/2021 at about 11.20am, I was driving my vehicle SMC5609S at the car park driveway near to Blk 125 Bukit Batok Central with one passenger on board. During that point of time, the traffic was moderate. The road surface was dry and the weather was clear. Suddenly, I felt an impact from my rear left. I alighted to check and I noticed that a vehicle SLX4078G which was initially from a "NO PARKING" lot exited while my vehicle was still in the way. After the accident, I checked with my passenger and she told me that she was not injured. She also left as she was in a hurry. After I exchanged details, I left the accident location. I later felt unwell and sought treatment at Mount Alvernia Hospital. I was given 5 days of medical leave.



SINGAPORE  
POLICE FORCE



T/20211001/2099

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20211001/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

*I reported but officer never draw out (I shown Map)*

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 E / Staff Sgt ONG KIAN KENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2021 17:48
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	SN 070

