

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 19/10/2021 18:05 (SGT)
Date of Accident 18/10/2021 21:25 (SGT)
Exact Location of Accident Circuit Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP5790S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUI SOOK CHIN
NRIC No SXXXX423D
Email Address jeanialui@yahoo.com
Mobile Phone No (Phone) +65-98444401
Alternative Phone No +65-98444401

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW000584202100
Cover Note Number -

DRIVER

Name of Driver LUI SOOK CHIN
NRIC No SXXXX423D

Date Of Birth	27/05/1973
Occupation	Outdoor
Date Of Driving Pass	16/11/1999
Driving experience	21 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98444401
Alt. Phone Number	+65-98444401
Email Address	jeanialui@yahoo.com
Address	BLK 58 CIRCUIT RD
Address complement	#04-155
Postcode	370058
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	Collided into Bicyclist
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211019/2001

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	E-BIKE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

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

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' 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.

Rawi
 19/10/21

 Policyholder's Signature / Date & Time

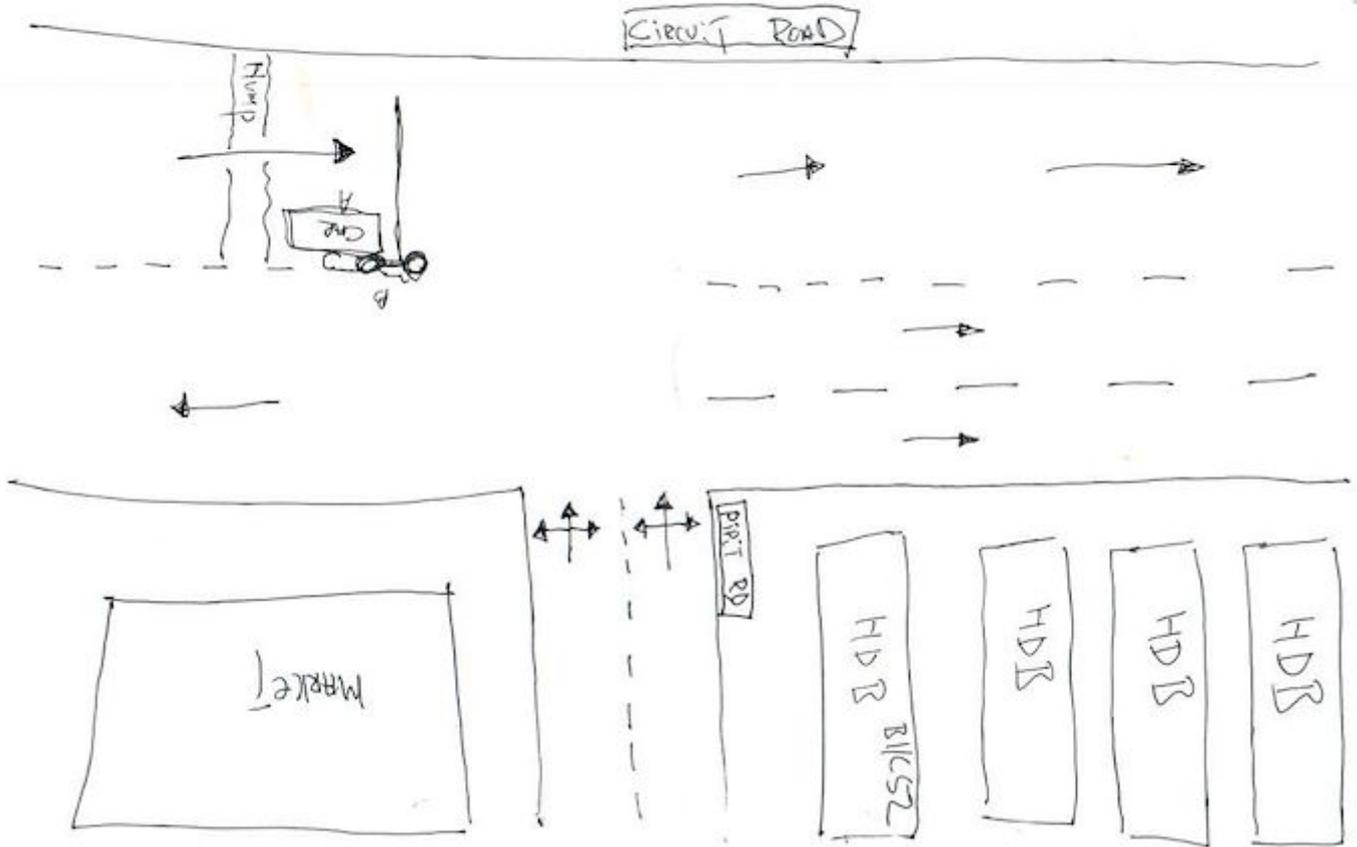
_____ *2lyn* 19/10/21
 Driver's Signature (if driver is not the policyholder) / Date & Time

_____ *2lyn* 19/10/21
 Witnessed by Reporting Centre Personnel

Sketch Plan

AS PER ATTACHED

A - SJPS7903
B - E-BIKE



Describe Circumstances of the Accident

P/s refer to the police report: T/00211019/0001

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
19/10/21

Policyholder's Signature / Date & Time

[Signature]
19/10/21

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

[Signature] 19/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211019/2001

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20211019/2001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP5790S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000584 02100	30/03/2021	29/03/2022

Brief Details.

On the 18th October 2021 at about 2120hrs, I was driving my vehicle bearing registration plate number SJP5790S. I had drove out from Paya Lebar Way housing estate and had turned left into Circuit Road. I had passed by Macpherson CC and I was watching out for traffic that were coming out from Pipit Road into Circuit Road. As I was driving forward towards the stop line infront of Macpherson CC, I didn't noticed that there was a e-bike that was also at the stop line, as the said e-bike didn't have any rear lights. I started to drive forward and I felt a knock on the front right portion of my vehicle. I looked out the window of my vehicle and noticed that there was an elderly male Chinese subject aged about mid 50s, lying on the road. I got out from my vehicle and approached the male subject and asked about his condition. He mentioned that he was fine and few minutes later, there were other motorists and that the male subject mentioned that he called for police and ambulance. Traffic police and ambulance came down to the scene. I had offered to send the male subject for medical however, he refused. Traffic police provided me a case card which contained the incident number - G/20211018/0224 and advised me to lodge for a police report. The male Chinese subject was then conveyed by ambulance however, I am unsure to which hospital. I wish to add that my vehicle doesn't have any in-car camera. I also wish to further add that the male subject was conscious during the whole incident, as he was able to walk around and took photos of the incident.



















**SINGAPORE
POLICE FORCE**



T/20211019/2001

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20211019/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2021 00:32	Vide Report No.: G/20211018/0224	Station Diary No.: 18
Informant's Particulars		
Name of Informant: LUI SOOK CHIN	Address: APT BLK 58 CIRCUIT ROAD #04-155 SINGAPORE 370058	
ID Type / ID No.: NRIC NO / S7379423D	Contact No.: Home/Office:	Mobile: 98444401
Nationality: MALAYSIAN	Email:	
Sex: Female	Age: 48	Date of Birth: 27/05/1973
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: FREELANCE SALES	Language: English	Driving Licence Information: Class:
		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2021 21:25	Type of Location: T-Junction
Location: CIRCUIT ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: MOVING VEHICLE AGAINST CYCLIST			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP5790S	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20211019/2001

Police Station Of Origin:
Geylang N.P.C
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Report No. T/20211019/2001

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Report No. T/20211019/2001

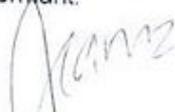
CONTINUATION OF REPORT

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 G / Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 19/10/2021 00:32
Classification Of Case: