

# 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 ..... 25/10/2021 17:39 (SGT)  
Date of Accident ..... 22/10/2021 05:29 (SGT)  
Exact Location of Accident ..... Lor 1 Geylang, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB5672B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN LAK SENG  
NRIC No ..... SXXXX301I  
Email Address ..... chanlakseng@gmail.com  
Mobile Phone No ..... (Phone) +65-96329960  
Alternative Phone No ..... +65-96329960

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00009742100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN LAK SENG  
NRIC No ..... SXXXX301I

Date Of Birth .....	03/06/1961
Occupation .....	Indoor
Date Of Driving Pass .....	02/01/1977
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96329960
Alt. Phone Number .....	+65-96329960
Email Address .....	chanlakseng@gmail.com
Address .....	BLK 109 PASIR RIS STREET 11 #09-593
Address complement .....	-
Postcode .....	510109
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	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/20211022/7014

#### 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 WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK9399J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHAN LAK SENG
Gender .....	Male
Phone No .....	(Phone) +65-96329960
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNB5672B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

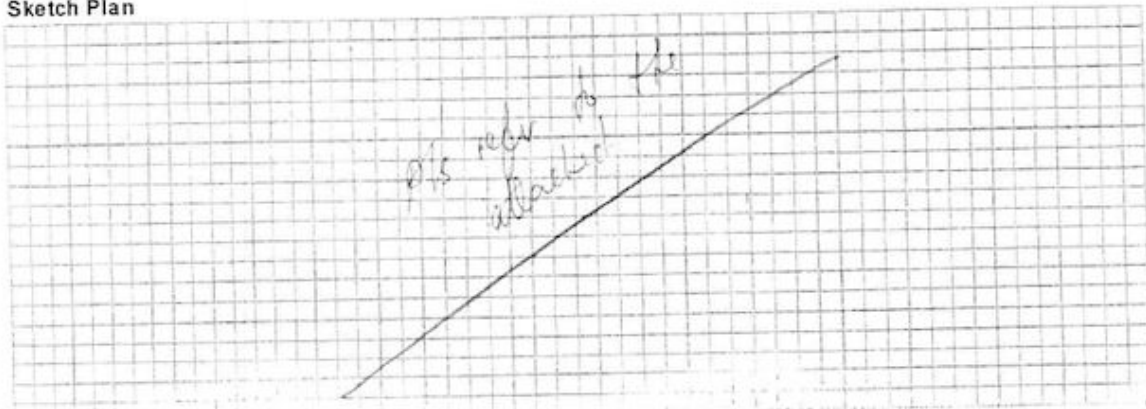
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

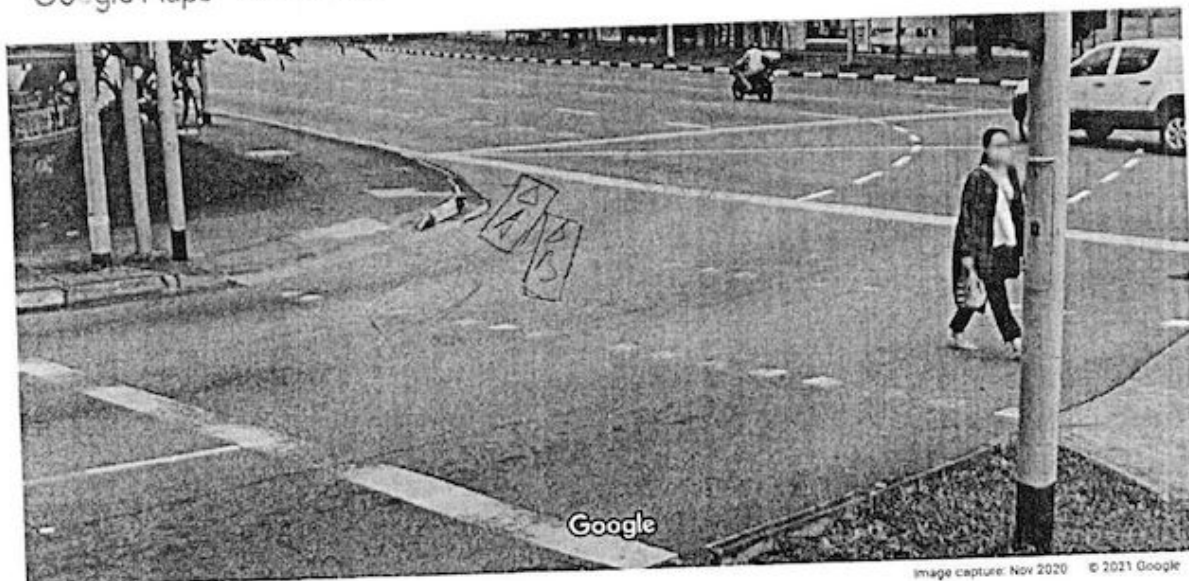
## **Sketch Plan**



10/22/21, 4:53 PM

Lor 1 Geylang - Google Maps

Google Maps Lor 1 Geylang



Singapore

Google

Street View - Nov 2020



A-SNB5672B  
B-GBK9399J

*aw* 25/10/2021

[https://www.google.com.sg/maps/@1.3118404,103.8721966,3a,19.8y,76.97h,79.26t/data=!3m6!1e1!3m4!1sHKm\\_Ws6AWGlyp-1mbr-swl2e0!7i1...](https://www.google.com.sg/maps/@1.3118404,103.8721966,3a,19.8y,76.97h,79.26t/data=!3m6!1e1!3m4!1sHKm_Ws6AWGlyp-1mbr-swl2e0!7i1...) 1/1

Describe Circumstances of the Accident

*P/s refer to the police report 1/2023/1022/7014*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 22/10/21  
Policyholder's Signature / Date & Time

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

*[Signature]* 25/10/2021  
Witnessed by Reporting Centre Personnel







































**SINGAPORE  
POLICE FORCE**



T/20211022/7014

1 of 3

Report No. T/20211022/7014

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2021 14:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHAN LAK SENG	Address: 109 PASIR RIS STREET 11 #09-593 SINGAPORE 510109		
ID Type / ID No.: NRIC NO / S14733011	Contact No.:	Mobile: 96329960	
Nationality: SINGAPORE CITIZEN	Email:	CHANLAKSENG@GMAIL.COM	
Sex: Male	Age: 60	Date of Birth: 03/06/1961	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2021 05:29	Type of Location: T-Junction
Location:  LORONG 1 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK9399J	Van	NISSAN		Grey	Slightly Damaged	0
SNB5672B	Car	TOYOTA	VIOS	Grey	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211022/7014

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

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Report No. T/20211022/7014

**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	CHAN LAK SENG	ID No.	S14733011
Related Vehicle	SNB5672B (Car)	Contact No.	96329960
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	22/10/2021	Date	22/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the 22 october 2021, at 0529hrs i was stationary at the T- junction of lorong 1 geylang and sims avenue on the extreme left lane of 3 lanes. upon the traffic light turns green i made a move to engage a left turn into sims avenue.

While i was making a turn a van from my right(GBK939J, Nissan) suddenly bang my vehicle causing me to jammed brake. i then stop and discover there were scratches and damages to my front bumper near to the front wheel. I took some photos and exchange number however i did not took the driver particular. I did not call for assistance however i felt pain on the neck causing me difficulty to turn my head. i decided to see a doctor at Mount Avernia Hospital. i was then issued with 3 days of Medical Certificate. My vehicle number is SNB5672B(TOYOTA VIOS). I have in car camera and there is a footage





**SINGAPORE  
POLICE FORCE**



T/20211022/7014

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

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Report No. T/20211022/7014

**CONTINUATION OF REPORT**Sketch 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 /  
TAY CHUN KEEN  
Contact No.: 65476436

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:  
22/10/2021 14:54

Classification Of Case: