

# 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 .....	29/11/2021 17:13 (SGT)
Date of Accident .....	29/11/2021 09:00 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	JUNCTION WITH GAMBAS AVENUE TOWARDS WOODLANDS AVENUE 10
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD4920T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HUA TIAN ENGINEERING PTE LTD
Company Reg No .....	2XXXXX333D
Email Address .....	phuaywei89@gmail.com
Mobile Phone No .....	(Phone) +65-91353738
Alternative Phone No .....	(Office) +65-67671615

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00163242102
Cover Note Number .....	-

### DRIVER

Name of Driver .....	DING MING
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NRIC No .....	SXXXX377J
Date Of Birth .....	07/06/1989
Occupation .....	Indoor
Date Of Driving Pass .....	27/01/2014
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91353738
Alt. Phone Number .....	-
Email Address .....	phuaywei89@gmail.com
Address .....	BLK 433 CLEMENTI AVENUE 3 #11-256
Address complement .....	-
Postcode .....	120433
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Head to Rear
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20211129/7035

#### 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 .....	YK5641M
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 .....	DING MING
Gender .....	Male
Phone No .....	(Phone) +65-91353738
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD4920T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

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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.
  - (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.



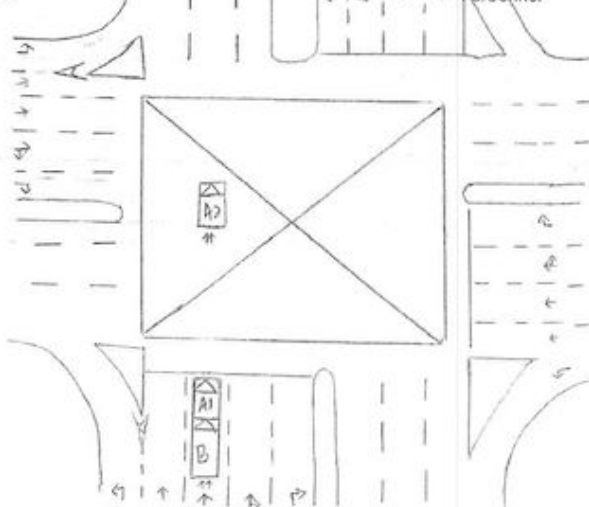
Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Woodlands Ave 12 and Gombas Ave Junction towards Woodlands Ave 10


 Vehicle A: SMD4920T  
Vehicle B: YK5641M

Describe Circumstances of the Accident

Refer to Police Report No: L/2021/1139/7035

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 29/11/2021

Witnessed by Reporting Centre Personnel

















**SINGAPORE  
POLICE FORCE**



L/20211129/7035

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Report No. L/20211129/7035

Date/Time Report Made 29/11/2021 15:26	Vide Report No.	Station Diary No.
Name Of Informant DING MING	Address 433 CLEMENTI AVENUE 3 #11-256 SINGAPORE 120433	
ID Type / ID No. NRIC NO / S8987377J	Contact No. Home/Office: Mobile: 91353738	
Nationality CHINESE	Email Address PINHAO1314@GMAIL.COM	
Occupation General Manager	Sex Male	Age 32
Institution/School Name	Date of Birth 07/06/1989	Race Chinese
Date/Time Of Incident 29/11/2021 09:00	Location Of Incident WOODLANDS AVENUE 12	

**Brief details.**

On the stated date and time, I was travelling along Woodlands Ave 12 towards Ave 10 in my vehicle SMD4920T.

I had noticed the traffic light at the junction of Gambas Ave turning amber and as such, gradually slowed down my vehicle and stopped before the stop line.

Moments later, a massive impact slammed into the rear of my vehicle causing my vehicle to surge

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 15:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20211129/7035

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211129/7035

forward.

As I was caught completely off guard by the impact from the rear, my body lurched forward only to be restrained by my seat belt before crashing back into my seat.

I knocked the back of my head really hard against the head rest and immediately felt groggy and dizzy.

I also felt pain over my neck, chest and back areas and I started losing sensation over my hands and legs.

I could not get out of my vehicle and shortly after, the driver of YK5641M, which had smashed my vehicle's rear, came over to render assistance.

He assisted to call for ambulance and I was conveyed to Khoo Teck Puat Hospital for treatment.

I was discharged later in the afternoon with 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
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Officer In-Charge Of Case:	Classification Of Case: