

# 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 ..... 10/12/2021 17:33 (SGT)  
Date of Accident ..... 01/12/2021 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KENSINGTON PARK ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE241B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH SWEE GEK  
NRIC No ..... SXXXX278E  
Email Address ..... shawngoh1@gmail.com  
Mobile Phone No ..... (Phone) +65-91478688  
Alternative Phone No ..... +65-91478688

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Impreza  
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 ..... Manual  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00059652100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH SHAWN  
NRIC No ..... TXXXX678A

Date Of Birth .....	09/04/2000
Occupation .....	Outdoor
Date Of Driving Pass .....	09/03/2020
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86606288
Alt. Phone Number .....	-
Email Address .....	shawngoh1@gmail.com
Address .....	BLK 29 FERNVALE ROAD
Address complement .....	#10-36
Postcode .....	797416
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211209/2007

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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**

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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

*Rm 10/12/21*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

*As per attached.*



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.ctaiping.com  
Co. Reg. No. 200208384E

### DETAIL OF ACCIDENT

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:



As per Police Report. T/2021/209/2007

**NOTE:-** Every communication you receive in connection with this matter should be forwarded to the Company without delay.

### DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name:

NRIC/FIN/Passport No

9/12/2021

Date

Insured Signature

Driver Signature

### FOR OFFICE USE ONLY

#### NAMED DRIVERS:-

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

#### ENDORSEMENTS:-

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

#### PERIOD OF INSURANCE:-

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

#### EXCESS:-

- a. Section I :-
- Section II :-
- b. Unnamed Driver :-
- TOTAL =
- NO CLAIM BONUS =





































**SINGAPORE  
POLICE FORCE**



T/20211209/2007

1 of 3

Report No. T/20211209/2007

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2021 03:31	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: GOH SHAWN			Address: APT BLK 29 FERNVALE ROAD #10-36 SINGAPORE 797416		
ID Type / ID No.: NRIC NO / T0011678A			Contact No.: Home/Office: Mobile: 86606288		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 09/04/2000	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: VALET			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/12/2021 17:30	Type of Location: exit of round about
Location: KENSINGTON PARK ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE241B	Car	SUBARU	IMPREZA 5MT	Grey	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20211209/2007

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20211209/2007

**CONTINUATION OF REPORT**

**Brief Details.**

On the 01/12/2021 at about 5.30pm while I was driving my vehicle SJE241B I was going through Kesington Park Road round about and when I was about to exit towards Farleigh Ave I felt an impact from the rear left portion of my vehicle. I then took a look and noticed a blue taxi with unknown plate number which has collided into my vehicle. I then proceeded to stop at the side after further down as it was congested. I noticed the taxi followed me thinking that the driver will stop. However I then noticed the driver drove past and did not stop.

On the 07/12/2021 when I sent my vehicle for repair the workshop advised me to lodge a police report as it was a hit and run. On the 09/12/2021 I proceeded to lodge a report. That is all.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20211209/2007

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Report No. T/20211209/2007

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  
F /  
Sr Staff Sgt RAIDY FARIZ B  
AHMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/12/2021 03:31

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168

