

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 03/01/2022 13:09 (SGT)
Date of Accident 30/12/2021 20:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOH GUAN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL8197G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH KIM FOUNG
NRIC No SXXXX634E
Email Address zee.skylar@outlook.com
Mobile Phone No (Phone) +65-96230776
Alternative Phone No +65-96230776

VEHICLE PARTICULARS

Manufacturer Chevrolet
Model Optra
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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00254022104
Cover Note Number -

DRIVER

Name of Driver SKYLAR ZEE SEAH SIYI
NRIC No SXXXX534A

Date Of Birth	21/12/1994
Occupation	Indoor
Date Of Driving Pass	03/05/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90171185
Alt. Phone Number	-
Email Address	zee.skylar@outlook.com
Address	APT BLK 951 HOUGANG AVENUE 9
Address complement	#14-506
Postcode	530951
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHAUN TAN
Gender	Male

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

PLS REFER TO THE POLICE REPORT : T/20211230/7042

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	SUBMITTED TO THE ATTENDING TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3128Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN WAI LOON
Contact Number	(Phone) +65-84951051
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR8092U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ERIC
Contact Number	(Phone) +65-97726886
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date: 01/01/22

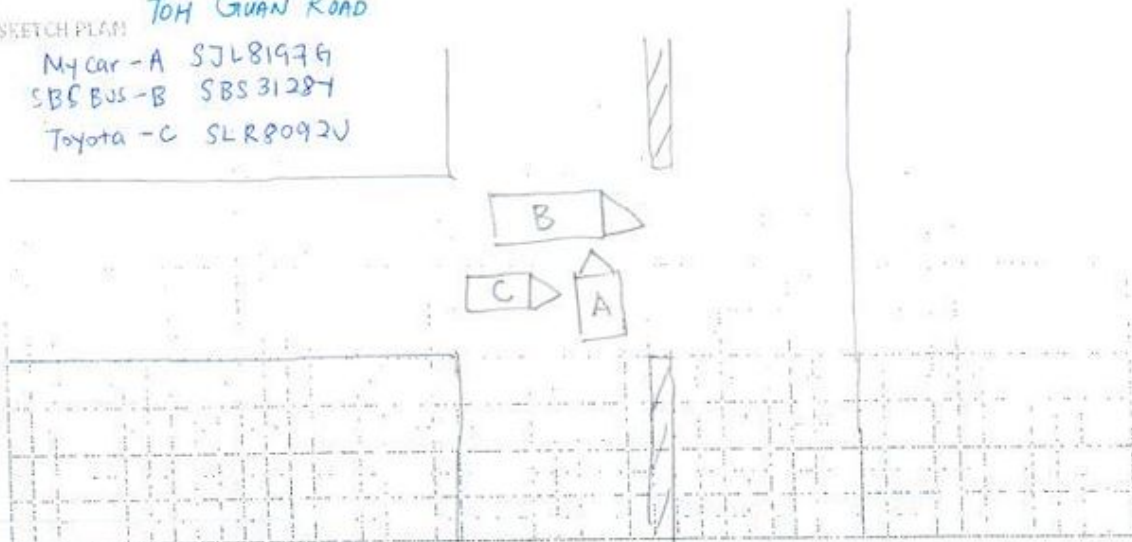
Driver's Signature
(If different from the policyholder)
Date and Time: 03/01/22
10:11 AM

Reporting Centre Personnel's Signature
Name: [Signature]
GIC/Fire Road

TOH GUAN ROAD

SKETCH PLAN

My car - A SJL8197G
SBS BUS - B SBS 31287
Toyota - C SLR8092V




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

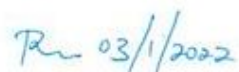
REFER TO POLICE REPORT T/20211230/7042

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Driver of Vehicle A
Date: 03/1/2022


Driver of Vehicle B
Date: 03/1/2022


Driver of Vehicle C
Date: 03/1/2022

I hereby authorize SME motor pte LTD
Send my accident report to my workshop





















**SINGAPORE
POLICE FORCE**



T/20211230/7042

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

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Report No. T/20211230/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2021 23:10		Vide Report No.: D/20211230/0110		Station Diary No.:	
Informant's Particulars					
Name of Informant: SKYLAR ZEE SEAH SIYI			Address: 951 HOUGANG AVENUE 9 #14-506 SINGAPORE 530951		
ID Type / ID No.: NRIC NO / S9447534A			Contact No.: Home/Office: Mobile: 90171185		
Nationality: SINGAPORE CITIZEN			Email: ZEE.SKYLAR@OUTLOOK.COM		
Sex: Female	Age: 27	Date of Birth: 21/12/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electronics engineer (general)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2021 20:20	Type of Location: T-Junction
Location: TOH GUAN ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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	Conditio	No of
SBS3128Y (Not Accurate)	Bus/Coach/Mi nibus					0
SJL8197G	Car					0
SLR8092U	Car	TOYOTA		White	Slightly Damaged	1



**SINGAPORE
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T/20211230/7042

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

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Report No. T/20211230/7042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN WAI LOON	ID No.	NIL
Related Vehicle	SBS3128Y (Bus/Coach/Minibus)	Contact No.	84951051
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SKYLAR ZEE SEAH SIYI	ID No.	S9447534A
Related Vehicle	SJL8197G (Car)	Contact No.	90171185
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ERIC	ID No.	NIL
Related Vehicle	SLR8092U (Car)	Contact No.	97726886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

- Please indicate if you have videos/pictures exceeding 2MB: Submitted SD card from car cam to the attending TP.
- Any landmarks (e.g. opposite CPF building)?: No landmarks that I remember of as I'm not familiar with the area.
- Which road were you travelling (e.g. along PIE towards Changi)?: Toh Guan Road towards PIE
- Did the accident take place at a pedestrian crossing?: Accident took place in the middle of T-Junction, no pedestrian was crossing at that time.



**SINGAPORE
POLICE FORCE**



T/20211230/7042

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

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Report No. T/20211230/7042

CONTINUATION OF REPORT

I was distracted from talking with my passenger and did not pay attention to the status of the traffic lights, hence I ended up driving through the red light at the T-junction. A white car and SBS bus was turning right (green light in their favour), but because I couldn't stop the car on time, the white car collided to the left passenger door of my car, and the bumper of my car collided with the right side of the SBS bus. No one was injured and we all exchanged IDs and contact details. I am so sorry :(

**SINGAPORE
POLICE FORCE**

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



T/20211230/7042

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Report No. T/20211230/7042

CONTINUATION OF REPORTSketch 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 / TPB /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/12/2021 23:10

Classification Of Case: