

# 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 .....	11/01/2022 11:29 (SGT)
Date of Accident .....	16/12/2021 23:40 (SGT)
Exact Location of Accident .....	Choa Chu Kang Dr, Singapore
Additional Location Information .....	Along Choa Chu Kang Drive Towards KJE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU1679X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Lee Yeow Chuan
NRIC No .....	S1329247G
Email Address .....	ycexcel@yahoo.com
Mobile Phone No .....	(Phone) +65-88099836
Alternative Phone No .....	(Home) +65-88099836

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Accent
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 .....	1368

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00137152101
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Lee Yeow Chuan
NRIC No .....	S1329247G

Date Of Birth .....	23/09/1958
Occupation .....	Indoor
Date Of Driving Pass .....	09/01/1979
Driving experience .....	42 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88099836
Alt. Phone Number .....	(Home) +65-88099836
Email Address .....	ycexcel@yahoo.com
Address .....	20 Sin Ming Walk #07-02
Address complement .....	-
Postcode .....	575570
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer attached report

#### 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

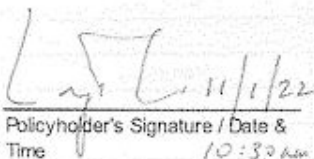
Vehicle Registration Number .....	SHB5377A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

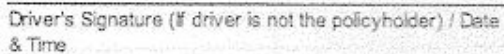
Name of Driver .....	Tan Kem Chow
NRIC No .....	S1502739H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

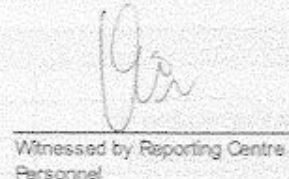
# SKETCH PLAN

## IMPORTANT NOTICE

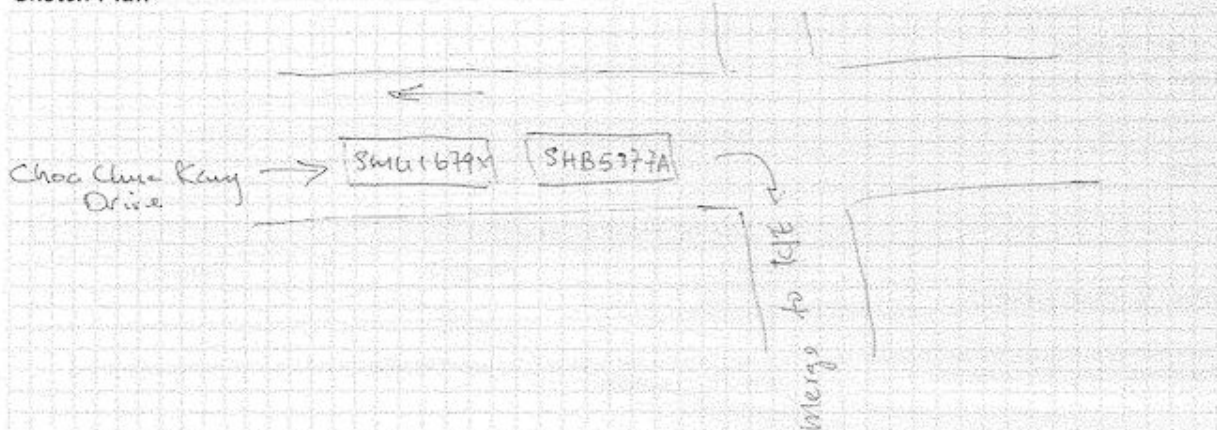
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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  
 10:30 AM

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

  
 Witnessed by Reporting Centre Personnel

## Sketch Plan






## Describe Circumstances of the Accident


On 16 Dec 21 at about 11:40pm, it was raining the road condition was wet. I was driving along the Choo Choo Kang Drive coming to the traffic junction to turn to the road leading to KIE. The vehicle SIB5377A was in front of ~~my~~ <sup>my</sup> vehicle. Suddenly, the driver of the vehicle SIB5377A jammed his brake <sup>but</sup> ~~as~~ the traffic light <sup>has got to</sup> ~~turning to red~~ turns to red light! I had to pull my brake accordingly, but it was too late & <sup>hit</sup> ~~hit~~ to the vehicle (SIB5377A) back lightly. I came out to inspect the car situation. My vehicle plate was dented slightly but there was ~~not~~ no obvious dent or damaged on the other vehicle. We exchanged <sup>& copied</sup> the I/Cs. The driver of the SIB5377A told me he will contact me. But he didn't call & I thought it was a small matter & there was no real collisions, so I did not report within 24 hrs until I received a letter from China Taiping notifying me that the other party already went ahead and reported the accident & he is claiming "damages" against my insurance.

## Declaration

We declare the foregoing particulars are true in every respect.

 11/1/22  
Policyholder's Signature / Date & Time  
10:45pm

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

  
Witnessed by Reporting Centre Personnel









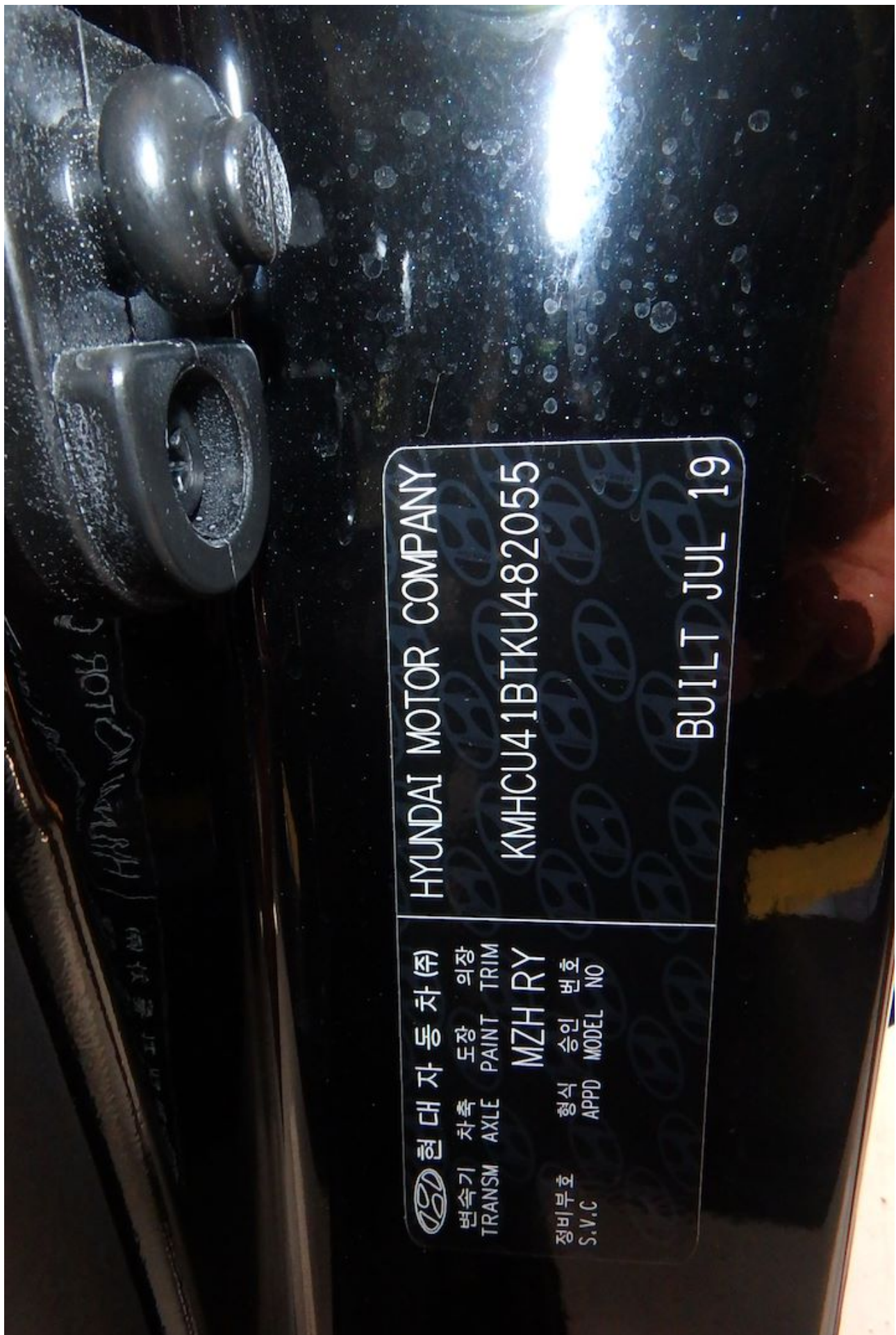




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS02221B 002 Vehicle Registration No: SMU 1678X  
 Name (as shown in NRIC): Lee Yew Chuan NRIC/FIN/Passport No: S 132 9247 G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88099836  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/12/2021 Time of Accident: 2340 Ls  
 Place of Accident: along Choa Chu Kang Drive to KJE  
 Insurance Company: Chui's

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1.) Collision: Front to Rear

2.) TP vehicle - SHB 5377A is Taxi

3.) Add 1 accident photo

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: