

# 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 ..... 27/01/2022 15:22 (SGT)  
Date of Accident ..... 26/01/2022 13:45 (SGT)  
Exact Location of Accident ..... Sembawang Rd, Singapore  
Additional Location Information ..... TURNING LEFT TO BAH SOON PAH ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLQ9395U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN GEK TECK  
NRIC No ..... SXXXX035C  
Email Address ..... zhimaxpeng@gmail.com  
Mobile Phone No ..... (Phone) +65-92979707  
Alternative Phone No ..... +65-92979707

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Tucson  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00132252102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN GEK CHYE  
NRIC No ..... SXXXX989D

Date Of Birth .....	19/09/1960
Occupation .....	Indoor
Date Of Driving Pass .....	01/10/1990
Driving experience .....	31 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81839298
Alt. Phone Number .....	-
Email Address .....	zhimaxpeng@gmail.com
Address .....	BLK 707 YISHUN AVENUE 5
Address complement .....	#08-26
Postcode .....	760707
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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? .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220126/2075

#### 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 TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBS3043H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	FIRDAUS BIN HUSSIN
Contact Number .....	(Phone) +65-94512441
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.

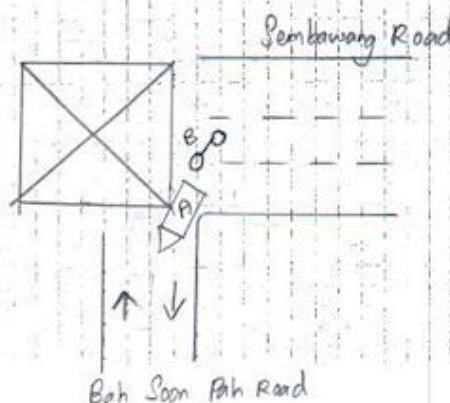
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = SLQ 9395U  
B = FBS 3043H  
Sembawang Road turning left  
to Bah Soon Pah Road




## Describe Circumstances of the Accident


— Please refer to the police report: T/2022 0126/2075. —

## Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

 27/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



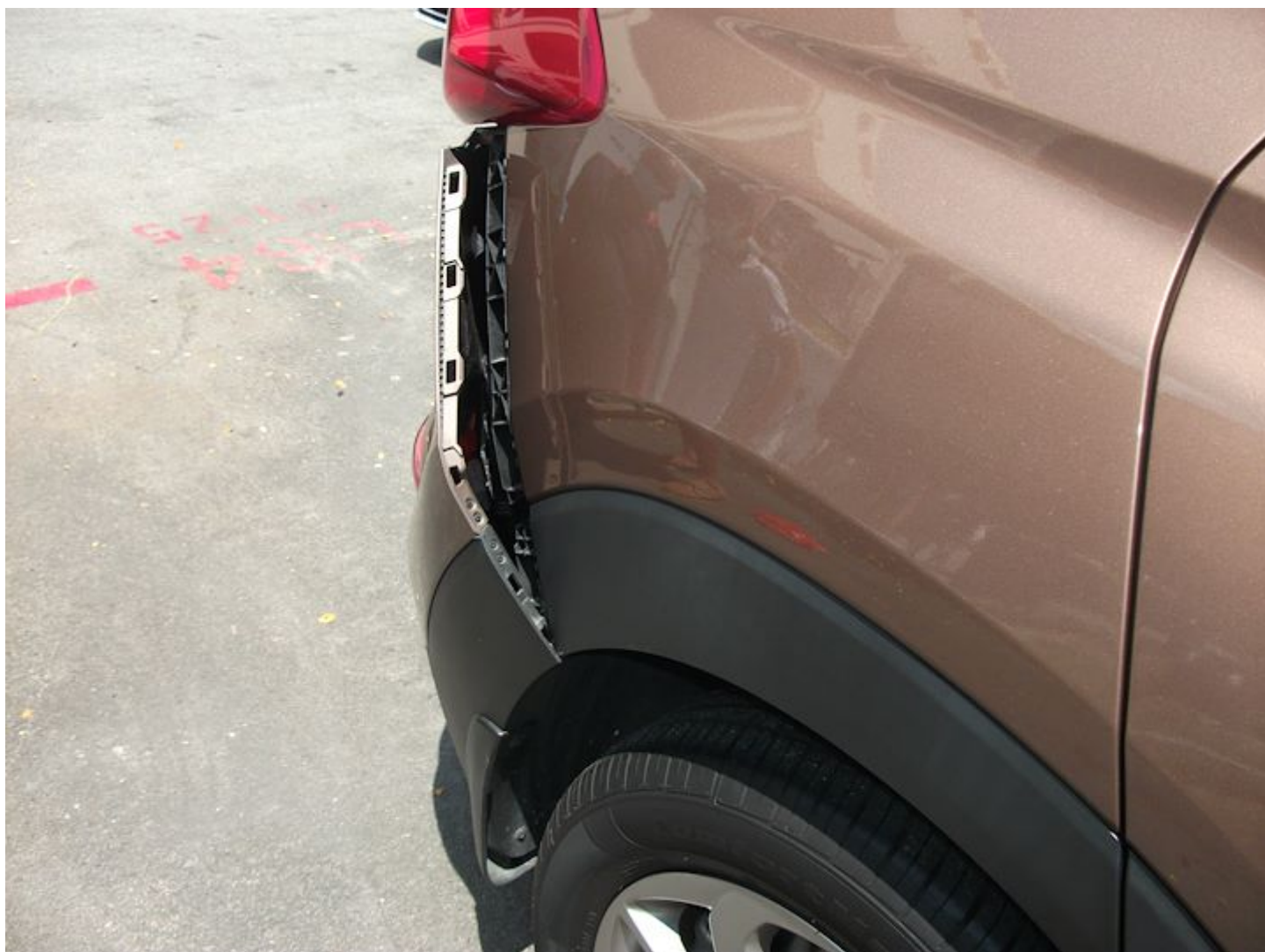



























**SINGAPORE  
POLICE FORCE**


T/20220126/2075

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3  
Report No: T/20220126/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2022 16:48	Vide Report No.: L/20220126/0056	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: CHAN GEK CHYE			Address: APT BLK 707 YISHUN AVENUE 5 #08-26 SINGAPORE 760707		
ID Type / ID No.: NRIC NO / S1448989D			Contact No.: Home/Office: Mobile: 81839298		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 19/09/1960	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Stall Holder			Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2022 13:45	Type of Location: T-Junction
Location:  SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBS3043H	Motorcycle				Slightly Damaged	0
SLQ9395U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20220126/2075

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220126/2075

**CONTINUATION OF REPORT**

Name	FIRDAUS BIN HUSSIN		ID No.	NIL
Related Vehicle	FBS3043H (Motorcycle)		Contact No.	94512441
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
<b>Driver</b>				
Name	CHAN GEK CHYE		ID No.	S1448989D
Related Vehicle	SLQ9395U (Car)		Contact No.	81839298
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 26/01/2022 at about 1345hrs, I was driving along Sembawang Rd turning left to Bah Soon Pah rd.

Right at the T junction of Sembawang Rd X Bah Soon Pah Road, I slowed down to about 30km/h as I was making the left turn into Bah Soon Pah Rd.

Suddenly, I felt an impact to the rear of my car, there was no horn prior to the impact, I looked into right mirror and saw one motorcyclist fall down at the junction.

I got out from my car, and some passer-by called for the ambulance. Traffic police came and they took my in car camera memory card.

I was not injured but the rider was injured and he was sent to the hospital.

I was given a case card, L/20220126/0056 and told to report to the nearby police station to lodge a traffic report.



**SINGAPORE  
POLICE FORCE**

T/20220126/2075

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20220126/2075

**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

L /

Sgt 2 ALVAN GOH JUN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/01/2022 16:48

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Classification Of Case:

Authentication Stamp

NP168