

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	09/02/2022 14:22 (SGT)
Date of Accident	08/02/2022 12:40 (SGT)
Exact Location of Accident	W Coast Dr, Singapore
Additional Location Information	AYER RAJAH HAWKER CENTRE OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9830T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO BEE LAY
NRIC No	SXXXX885C
Email Address	MARYKHOO24@GMAIL.COM
Mobile Phone No	(Phone) +65-92312181
Alternative Phone No	+65-92312181

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00173702101
Cover Note Number	-

DRIVER

Name of Driver	KHOO BEE LAY
NRIC No	SXXXX885C

Date Of Birth	24/03/1964
Occupation	Indoor
Date Of Driving Pass	16/07/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92312181
Alt. Phone Number	+65-92312181
Email Address	MARYKHOO24@GMAIL.COM
Address	BLK 204 PETIR ROAD
Address complement	#10-617
Postcode	670204
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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/20220209/7002

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	SMZ4522T
Vehicle Manufacturer	BMW
Vehicle Model	523i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VINCENT KHOO
Contact Number	(Phone) +65-90089105
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	KHOO BEE LAY
Gender	Female
Phone No	(Phone) +65-92312181
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, HEAD, SHOULDER AND UNEASINESS IN CHEST
Injured person in which vehicle?	SJS9830T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

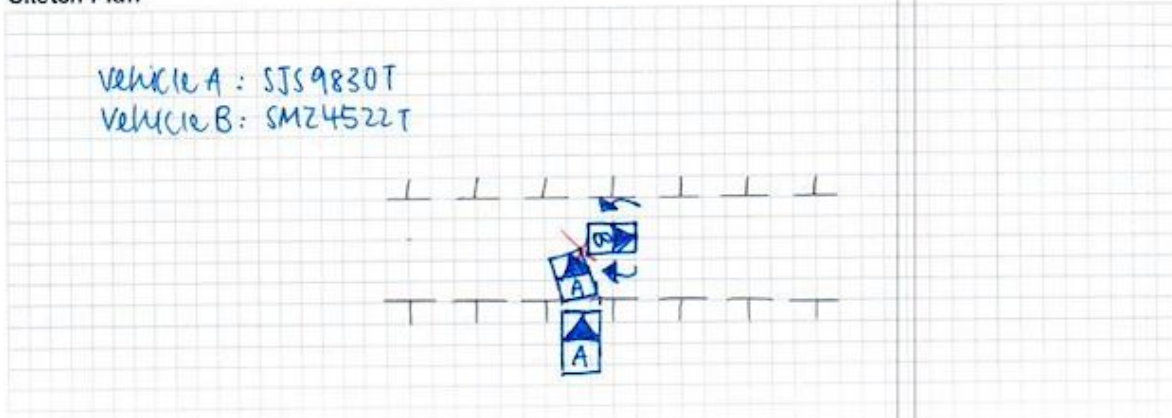
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Kunath
Policyholder's Signature / Date & Time

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

Rm 09/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Ayer Rajah Hawker Centre Open Space Carpark

Refer to police report
(T120220920917002)

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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20220209/7002

1 of 3

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

Report No. T/20220209/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2022 11:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KHOO BEE LAY		Address: 204 PETIR ROAD #10-617 SINGAPORE 670204	
ID Type / ID No.: NRIC NO / S1628885C		Contact No.: Home/Office: Mobile: 92312181	
Nationality: SINGAPORE CITIZEN		Email: MARYKHOO24@GMAIL.COM	
Sex: Female	Age: 57	Date of Birth: 24/03/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: MARINE COORDINATOR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2022 12:40	Type of Location: Car Park
Location: WEST COAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJS9830T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black		0
SMZ4522T	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220209/7002

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

Report No. T/20220209/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS9830T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001737 02101	02/10/2021	01/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHOO BEE LAY	ID No.	S1628885C
Related Vehicle	SJS9830T (Car)	Contact No.	92312181
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/02/2022	Date	08/02/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SJT 9830 T) WAS PARKED STATIONARY IN THE PARKING LOT READY TO MOVE OFF. I WAITED FOR ONCOMING VEHICLES TO PASS. UPON MAKING SURE THAT THE ROAD WAS CLEAR, I THEN PROCEEDED TO COME OUT OF MY PARKING LOT WITH THE INTENTION TO TURN LEFT. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK, AND REALISED THAT IT WAS VEHICLE B (SMZ 4522 T) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE REVERSING WITHOUT SIGNALLING HIS INTENTIONS.

AFTER THE ACCIDENT I THEN WENT TO CONSULT A DOCTOR AT NEIGHBOURHOOD CLINIC (BANKIT ROAD) AS I FELT PAIN IN MY NECK, HEAD, SHOULDER AND UNEASINESS IN MY CHEST. I WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20220209/7002

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Report No. T/20220209/7002

CONTINUATION OF REPORT

Sketch 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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
09/02/2022 11:05

Classification Of Case: