

# 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 ..... 21/02/2022 17:56 (SGT)  
Date of Accident ..... 12/02/2022 14:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... YIO CHU KANG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDQ7722S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HO BOXIAN DARREN  
NRIC No ..... SXXXX783A  
Email Address ..... DARRENHO12@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98422777  
Alternative Phone No ..... +65-98422777

### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Is250  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00207402100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO BOXIAN DARREN  
NRIC No ..... SXXXX783A

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| Date Of Birth .....                                                | 12/12/1980             |
| Occupation .....                                                   | Indoor                 |
| Date Of Driving Pass .....                                         | 08/07/2006             |
| Driving experience .....                                           | 15 YEARS AND 7 MONTHS  |
| Gender .....                                                       | Male                   |
| Mobile Number .....                                                | (Phone) +65-98422777   |
| Alt. Phone Number .....                                            | +65-98422777           |
| Email Address .....                                                | DARRENHO12@HOTMAIL.COM |
| Address .....                                                      | 436B FERNVALE ROAD     |
| Address complement .....                                           | #20-182                |
| Postcode .....                                                     | 792436                 |
| 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 - Change/cross lane |
| 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/20220218/7025

#### 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 WORKSHOP |
| Was there any audio recorded? .....                     | No            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHB4474J |
| 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) .....     | -    |

## INJURED PERSONS DETAILS

### INJURED 1

|                                                           |                      |
|-----------------------------------------------------------|----------------------|
| Name of injured person .....                              | HO BOXIAN DARREN     |
| Gender .....                                              | Male                 |
| Phone No .....                                            | (Phone) +65-98422777 |
| Address .....                                             | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....                                           | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SERIOUS              |
| Injured person in which vehicle? .....                    | SDQ7722S             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

# SKETCH PLAN

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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")

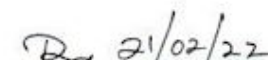
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

A = SDQ 7722S

B = SHB 4474J

410 CHUKANG ROAD



## Describe Circumstances of the Accident

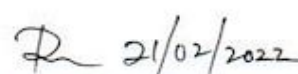
— Pls refer to the police report : T/20220218/ ~~100~~ 7025. —

## Declaration

We declare the foregoing particulars are true in every respect.

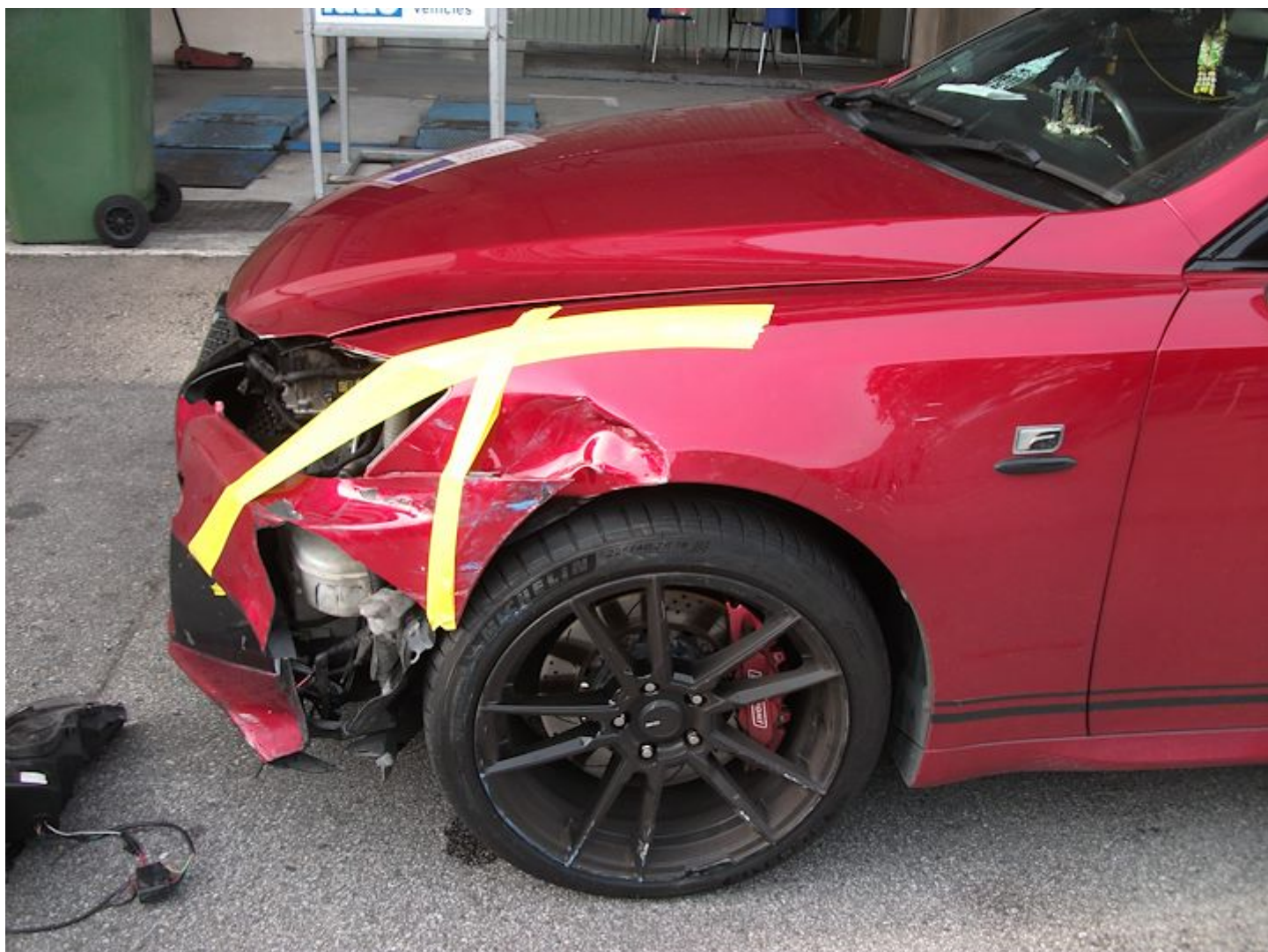
  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

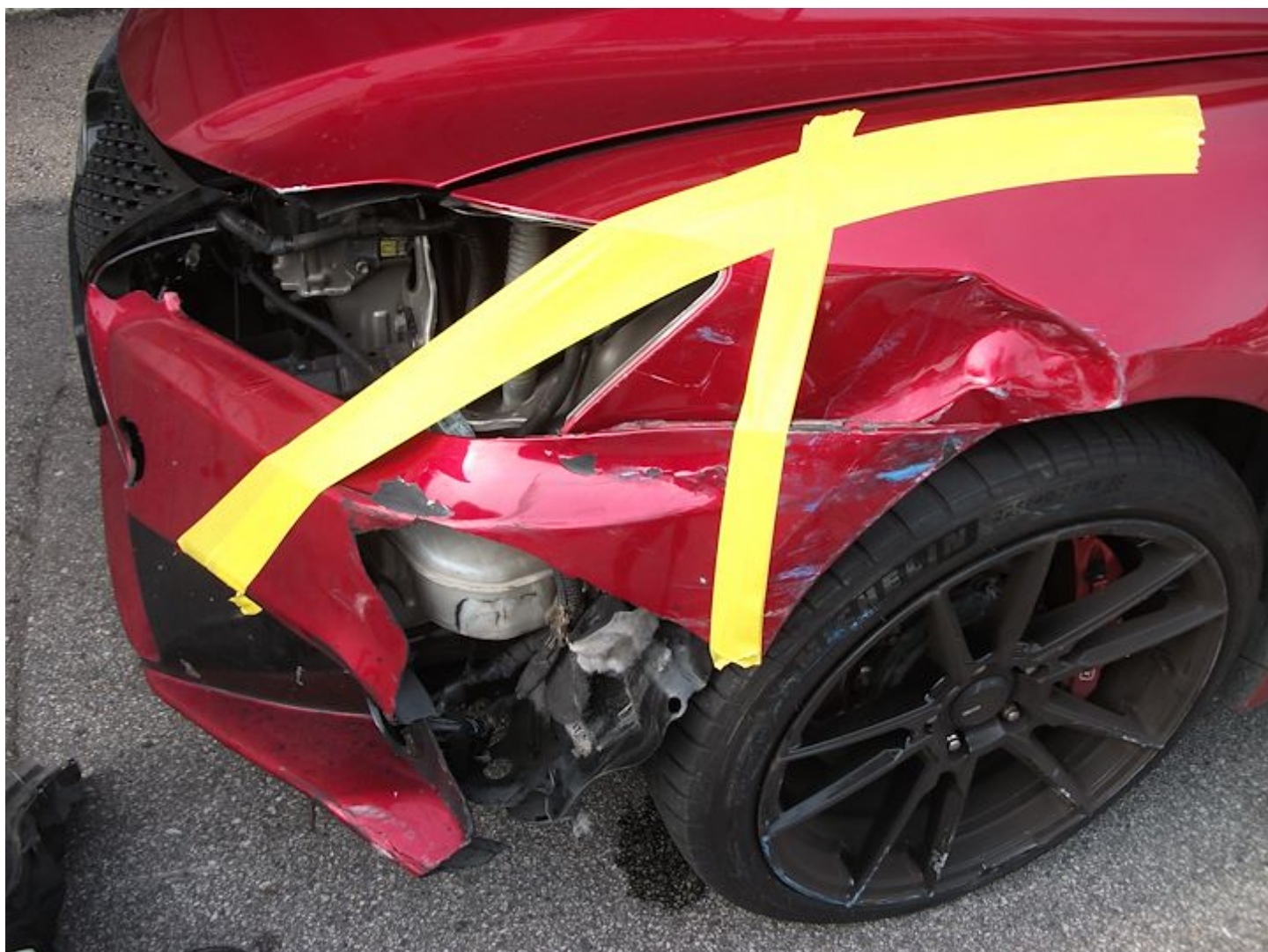
  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

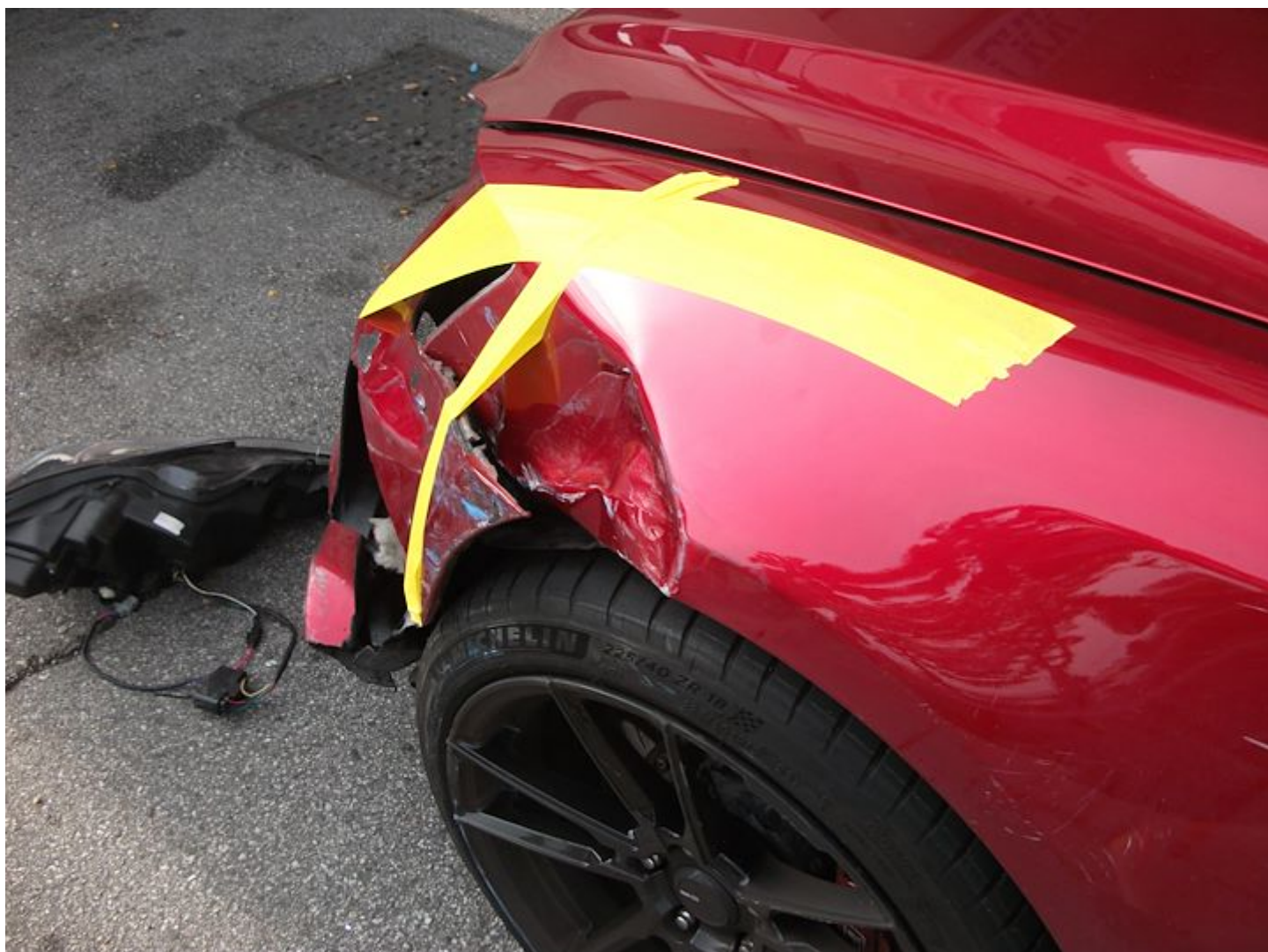
  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

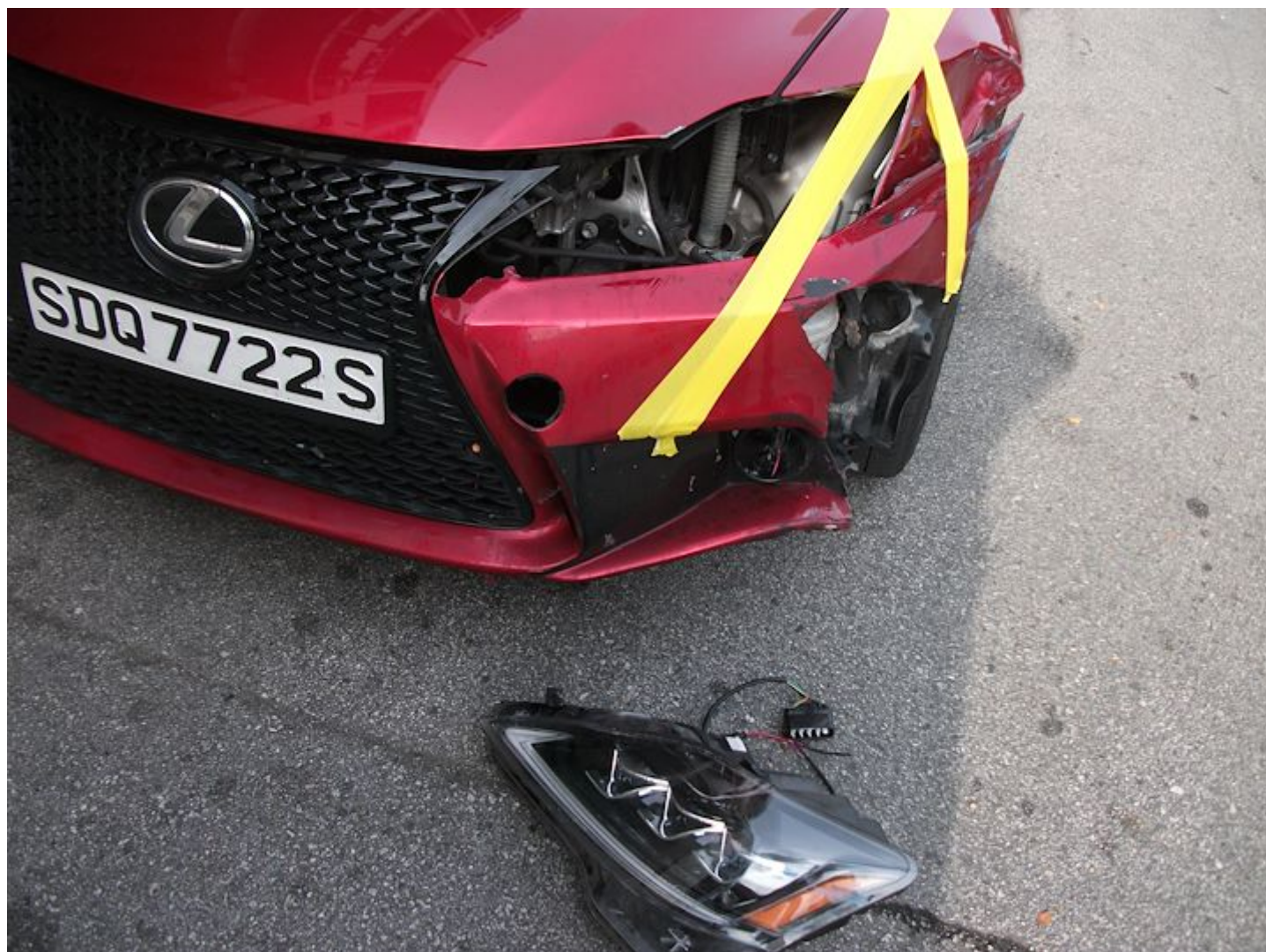


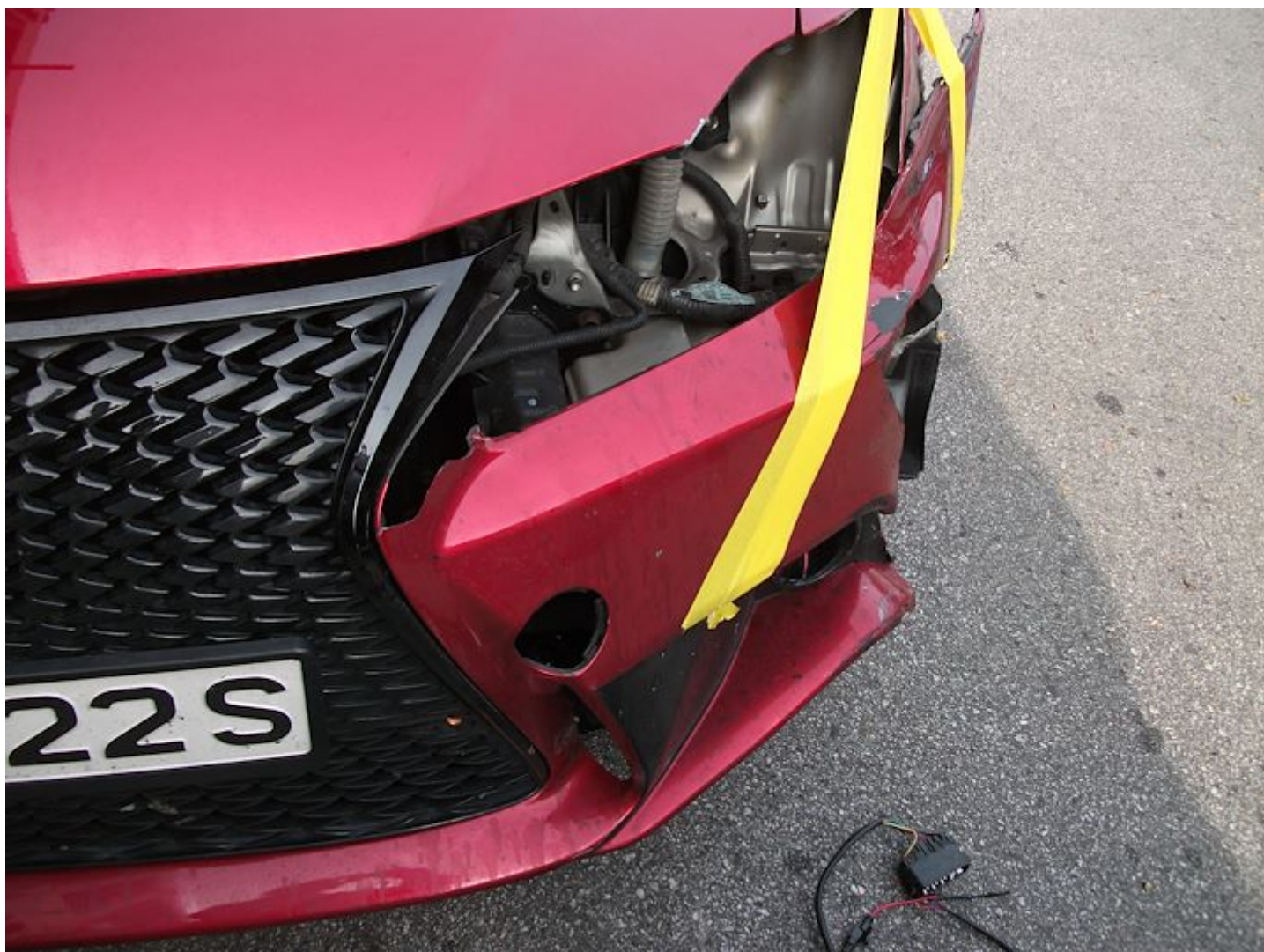


























**SINGAPORE  
POLICE FORCE**



T/20220218/7025

1 of 3

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

Report No. T/20220218/7025

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |            |                              |                                                         |                    |                            |
|--------------------------------------------|------------|------------------------------|---------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>18/02/2022 16:40 |            | Vide Report No.:             |                                                         | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |                                                         |                    |                            |
| Name of Informant:<br>HO BO XIAN, DARREN   |            |                              | Address:<br>436B FERNVALE ROAD #20-182 SINGAPORE 792436 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8018783A   |            |                              | Contact No.:<br>Home/Office: Mobile: 98422777           |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>DARRENHO12@HOTMAIL.COM                        |                    |                            |
| Sex:<br>Male                               | Age:<br>41 | Date of Birth:<br>12/12/1980 | Type of Informant:<br>Driver                            |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                    |                    | Institution / School Name: |
| Occupation:<br>Purchasing agent            |            |                              | Driving Licence Information:<br>Class:                  |                    | Date of Expiry:            |

**General Information of the Accident**

|                                                              |                  |                                    |                                            |                                     |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>12/02/2022 14:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>YIO CHU KANG ROAD                           |                  |                                    |                                            |                                     |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry               |                                            | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    |                                            | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                   | Color | Conditio | No of |
|-------------|------|--------|-------------------------|-------|----------|-------|
| SDQ7722S    | Car  | TOYOTA | LEXUS IS250 AUTO STD MR | Red   |          | 0     |
| SHB4474J    | Taxi |        |                         |       |          | 0     |



**SINGAPORE  
POLICE FORCE**



T/20220218/7025

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

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Report No. T/20220218/7025

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                                  |                        |            |             |
|------------------------------|--------------------------------------------------|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SDQ7722S                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW002074<br>02100 | 07/10/2021 | 09/10/2022  |

| Details of Person Involved        |                        |                                |                                                                        |
|-----------------------------------|------------------------|--------------------------------|------------------------------------------------------------------------|
| Any Pedestrian Involved: No       |                        |                                |                                                                        |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA |                                                                        |
| Driver                            |                        |                                |                                                                        |
| Name                              | HO BO XIAN, DARREN     |                                | ID No. S8018783A                                                       |
| Related Vehicle                   | SDQ7722S (Car)         |                                | Contact No. 98422777                                                   |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL |                                | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | 14/02/2022             |                                | Date 18/02/2022                                                        |
| No. of Days granted Medical Leave | 19                     | Degree of                      | Serious                                                                |

**Brief Details.**

I was driving along Yio Chu Kang road at the mentioned date and time. As I was driving straight, a taxi that is on the filter lane on my left suddenly dashed out without checking clear for traffic. As it was very sudden, I could not react in time and collided onto the rear right portion of his car. I wish to highlight that I was having the right of way going straight and the taxi failed to keep a clear look out for traffic to clear first before merging into the main road. After the accident, I went home to rest but realised that I was not feeling well due to the impact, I proceeded to see a GP at toa payoh on 14/2/22 and was given 2 days MC. Subsequently I felt worst and I decided to go to the polyclinic on 15/2/22 for further consultation and eventually was referred to the A&E at Tan Tok Seng Hospital for further checks. I was hospitalised for 4 days and was discharged on 18/2/22 with additional hospitalization leave till 4/3/22.



**SINGAPORE  
POLICE FORCE**

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



T/20220218/7025

3 of 3

Report No. T/20220218/7025

**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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

NP168

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

Date/Time:  
18/02/2022 16:40

Classification Of Case: