

# 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 ..... 02/03/2022 16:48 (SGT)  
Date of Accident ..... 26/02/2022 06:00 (SGT)  
Exact Location of Accident ..... Punggol Central, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM7507L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOK YEE CHUAN ELSON  
NRIC No ..... SXXXX261I  
Email Address ..... daviskok1987@gmail.com  
Mobile Phone No ..... (Phone) +65-96612770  
Alternative Phone No ..... +65-96612770

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00124862101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOK YEE CHUAN ELSON  
NRIC No ..... SXXXX261I

|  |                         |
|--|-------------------------|
| Date Of Birth .....  | 23/11/1987              |
| Occupation .....   | Outdoor                 |
| Date Of Driving Pass .....   | 24/06/2008              |
| Driving experience .....   | 13 YEARS AND 8 MONTHS   |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-96612770    |
| Alt. Phone Number .....  | +65-96612770            |
| Email Address .....  | daviskok1987@gmail.com  |
| Address .....  | BLK 293 PUNGGOL CENTRAL |
| Address complement .....   | #10-441                 |
| Postcode .....   | 820293                  |
| 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 .....   | Collided into Parked Vehicle |
| Weather Conditions ..... | Clear                        |
| Road Surface .....       | Dry                          |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 4   |
| 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 .....                       | 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/20220227/7000

#### 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 ..... | SMP2948P    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |   |
|---|---|
| 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) .....     | - |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                    |
|---|--------------------|
| Vehicle Registration Number .....             | GBE6100U           |
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| 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) .....     | -                  |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|   |          |
|---|----------|
| Vehicle Registration Number .....             | SHC3379C |
| 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) .....     | -        |

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

PUNGGOL CENTRAL

A: SM7507L  
B: SMP2948P  
C: GBE6100L  
D: SHC3379C

Car park







**SINGAPORE  
POLICE FORCE**



T/20220227/7000

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

2 of 3

Report No. T/20220227/7000

**CONTINUATION OF REPORT**

|                                   |                      |                                   |                                   |
|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|
| <b>Driver</b>                     |                      |                                   |                                   |
| Name                              | KOK YEE CHUAN, ELSON | ID No.                            | S8739261I                         |
| Related Vehicle                   | SMP2948P (Car)       | Contact No.                       | 96612770                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of                         | NIL                               |

**Brief Details.**

On 26/2/2022 @ about 0600hrs, I was involved in an accident with vehicle number SMP2948P, GBE6100U, SHC3379C.

I was on my way back home. As I was turning in the carpark I suddenly felt an acute gastric and giddiness. Due to the sudden attack of my sickness, I lose griped of my stirring wheel and I hit a blue car first and the two next vehicles beside it while I was turning in.

I went back home to use the bathroom as I feel like vomiting. I dozed off while resting on the sofa due to my giddiness. When I was awake in the evening, i went down to take a look but my vehicle was not in the carpark where i parked my car. The car that I hit was not at the carpark as well. I am parking at same car park as SMP 2948P

I was inform that my vehicle was towed away to the traffic police



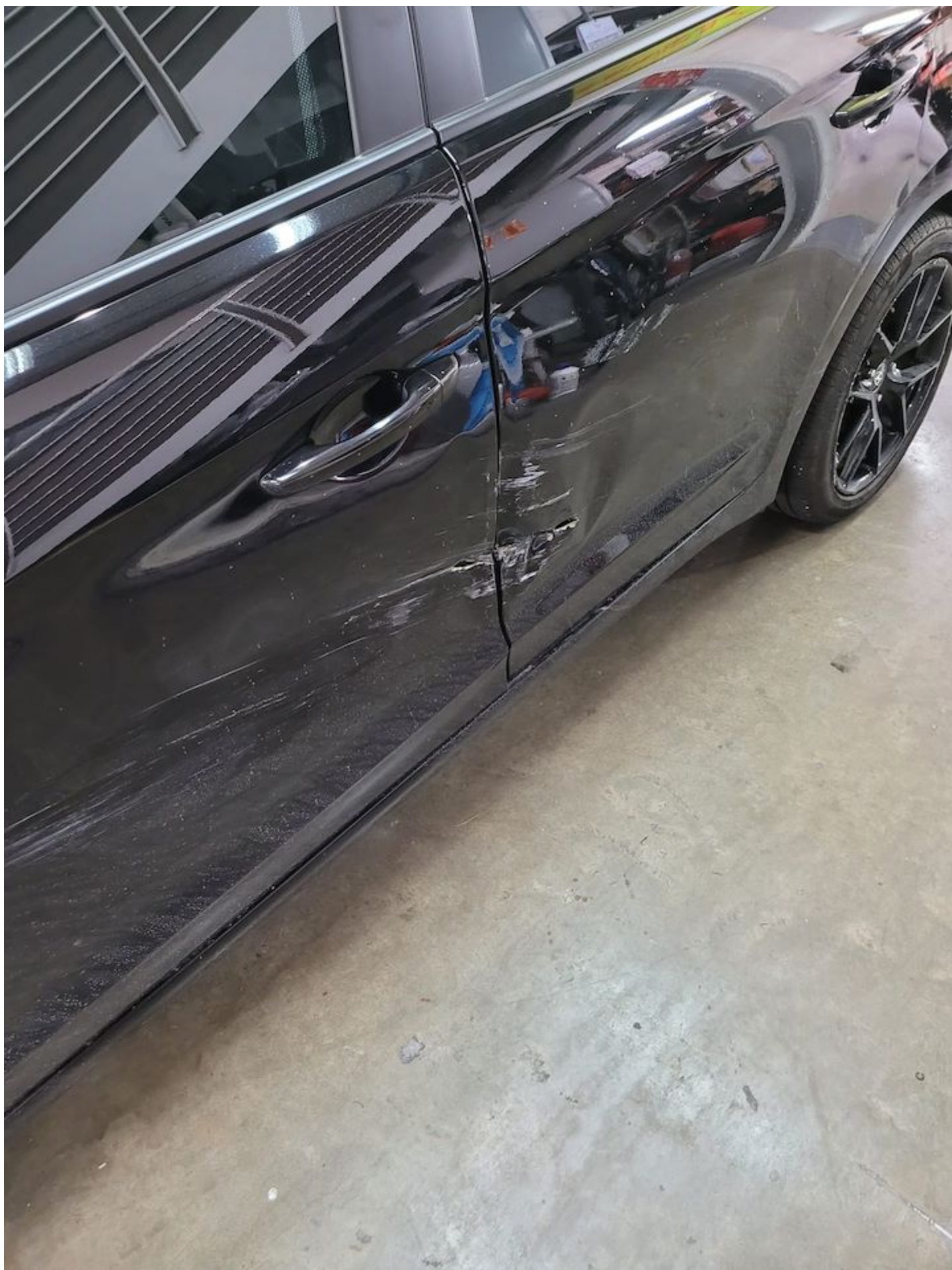












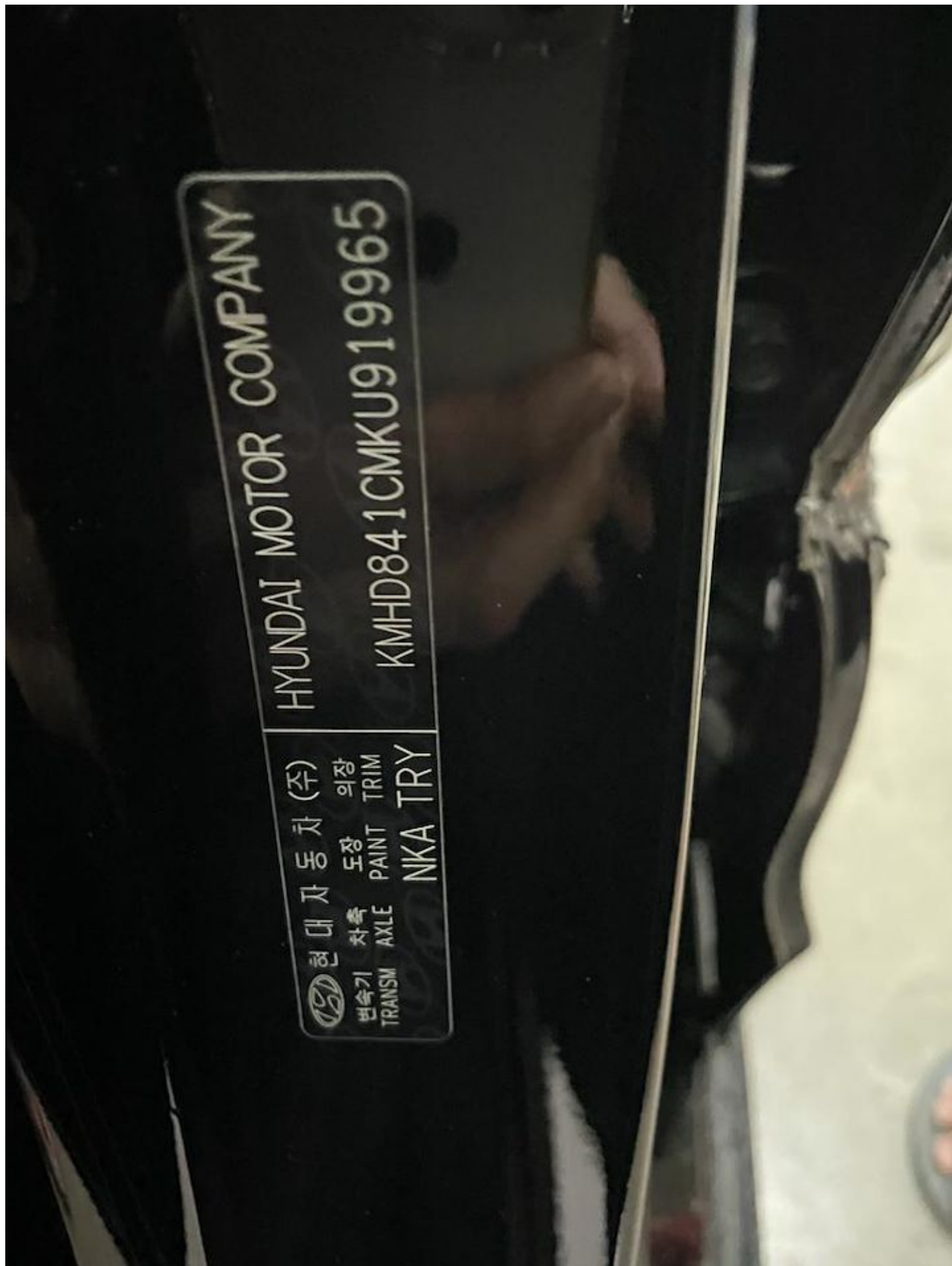



















**SINGAPORE  
POLICE FORCE**


T/20220227/7000

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

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Report No, T/20220227/7000

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                            |  |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>27/02/2022 00:06 |            | Vide Report No.:<br>F/20220226/0087                      |                              | Station Diary No.:         |  |
| <b>Informant's Particulars</b>             |            |  |                              |                            |  |
| Name of Informant:<br>KOK YEE CHUAN, ELSON |            | Address:<br>293 PUNGGOL CENTRAL #10-441 SINGAPORE 820293 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S87392611   |            | Contact No.:<br>Home/Office: Mobile: 96612770            |                              |                            |  |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>DAVISKOK1987@GMAIL.COM                         |                              |                            |  |
| Sex:<br>Male                               | Age:<br>34 | Date of Birth:<br>23/11/1987                             | Type of Informant:<br>Driver |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English                                     |                              | Institution / School Name: |  |
| Occupation:<br>Salesperson (door-to-door)  |            | Driving Licence Information:<br>Class:                   |                              | Date of Expiry:            |  |

|   |                                  |                                    |  |                                     |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                    |                                  |                                    |  |                                     |
| Type of Accident:   | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/02/2022 06:00 | Type of Location:<br>Car Park       |
| Location:<br><br>PUNGGOL CENTRAL                              |                                  |                                    |  |                                     |
| Weather:<br>Clear   |                                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>15 Km/h        |
| Traffic Flow:<br>One Way                                      |                                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |      |       |       |           |        |
|------------------------------------|------|------|-------|-------|-----------|--------|
| Vehicle No.                        | Type | Make | Model | Color | Condition | No. of |
| SMP2948P                           | Car  |      |       |       |           | 0      |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
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2 of 3

Report No. T/20220227/7000

**CONTINUATION OF REPORT**

|                                   |                      |                                   |                                   |
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| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of                         | NIL                               |

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**SINGAPORE  
POLICE FORCE**



T/20220227/7000

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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3 of 3

Report No. T/20220227/7000

**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 /  
LEE GUANG HUI  
Contact No.: 65476423

NP158

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

Date/Time:  
27/02/2022 00:06

Classification Of Case: