

# 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 .....	07/03/2022 17:25 (SGT)
Date of Accident .....	05/03/2022 01:50 (SGT)
Exact Location of Accident .....	Sims Ave, Singapore
Additional Location Information .....	TOWARDS GEYLANG LORONG 15
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM3927J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIN TING, THOMAS
NRIC No .....	SXXXX508Z
Email Address .....	thomaslin0506@icloud.com
Mobile Phone No .....	(Phone) +65-90058003
Alternative Phone No .....	+65-90058003

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	B200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00063942100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIN TING, THOMAS
NRIC No .....	SXXXX508Z

Date Of Birth .....	07/10/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	15/03/2004
Driving experience .....	18 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90058003
Alt. Phone Number .....	+65-90058003
Email Address .....	thomaslin0506@icloud.com
Address .....	BLK 654A JURONG WEST STREET 61 #06-484
Address complement .....	-
Postcode .....	642654
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 .....	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) .....	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? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220307/7052

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-


Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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

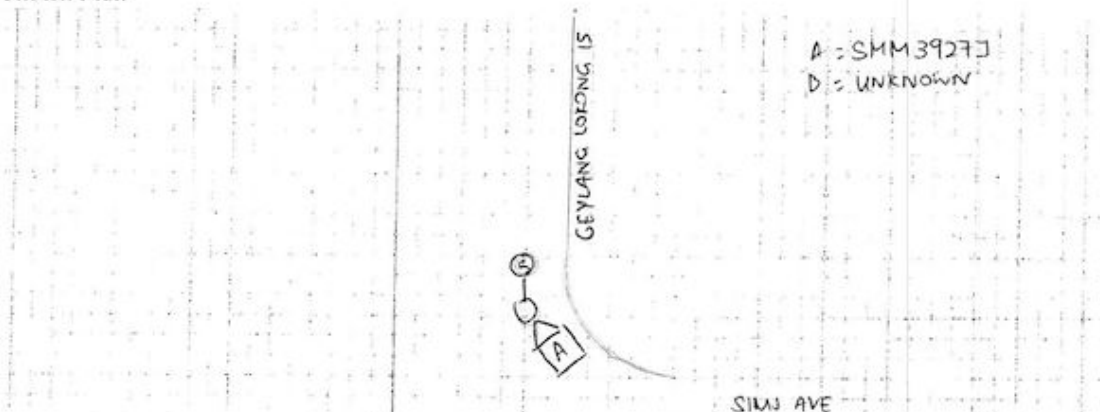
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand,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

 01/03/2022  
Witnessed by Reporting Centre Personnel

## Sketch Plan



## \* Describe Circumstances of the Accident

REFER TO POLICE REPORT

## 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**



G/20220307/7052

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20220307/7052

Date/Time Report Made 07/03/2022 15:40	Vide Report No.	Station Diary No.
Name Of Informant LIN TING, THOMAS	Address 654B JURONG WEST STREET 61 #06-484 SINGAPORE 642654	
ID Type / ID No. NRIC NO / S8231508Z	Contact No. Home/Office:	Mobile: 90058003
Nationality SINGAPORE CITIZEN	Email Address thomaslin0506@icloud.com	
Occupation CONSULTANT	Sex Male	Age 39
Institution/School Name	Date of Birth 07/10/1982	Race Chinese
Date/Time Of Incident 05/03/2022 01:50 - 05/03/2022 02:00	Location Of Incident LORONG 15 GEYLANG	

**Brief details.**

I was travelling along Sims Avenue towards Geylang Lorong 15.  
As I was turning in, I collided into the bike in front of mine.

I alighted and talked to the rider.  
After the rider took photos, I suggested to move forward to avoid blocking the lane.  
I went forward and waited for awhile but the rider did not come hence I left.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2022 15:40
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20220307/7052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220307/7052

I did not take photos of the accident as I wasn't aware that I needed to exchange contact details and take photos of the accident.

I do not have the other party's vehicle number.

I was contacted by Traffic Police Investigation Officer Farhan (9663 2150) on the same day, 5th March 2022 at around 10:23am.

He arranged for me to head down to TP today, 7th March 2022, for investigation and suggested me to make a police report on this incident after the meeting.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2022 15:40
Officer In-Charge Of Case:	Classification Of Case: