

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 30/03/2022 11:31 (SGT)
Date of Accident 29/03/2022 16:40 (SGT)
Exact Location of Accident Newton Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK4397C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHL MOTOR PTE LTD
Company Reg No 2XXXXX814M
Email Address sinhocklee@yahoo.com.sg
Mobile Phone No (Phone) +65-62826184
Alternative Phone No (Office) +65-62826184

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNA00004932100
Cover Note Number -

DRIVER

Name of Driver AHMAD SUYUTI BIN AHMAD SULAIMAN
NRIC No SXXXX127D

Date Of Birth	20/08/1976
Occupation	Outdoor
Date Of Driving Pass	16/08/1998
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91076319
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	BLK 478 SEGAR RD
Address complement	#05-396
Postcode	670478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220330/2016

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	CAMERA MALFUNCTION
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP324C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA MING CHOO

NRIC No	SXXXX582B
Contact Number	(Phone) +65-98383934
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	AHMAD SUYUTI BIN AHMAD SULAIMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJK4397C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

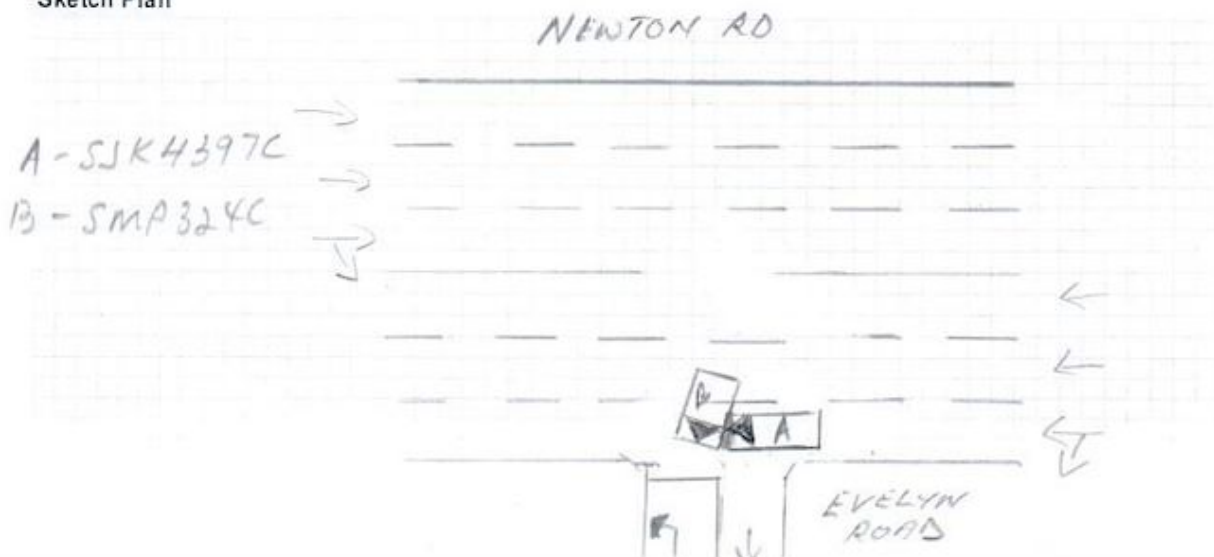
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.
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

Describe Circumstances of the Accident

P/s refer to the police report: T/20220330/2016

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

[Signature] 30/03/2022

[Signature] 30/03/22



**SINGAPORE
POLICE FORCE**



T/20220330/2016

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220330/2016

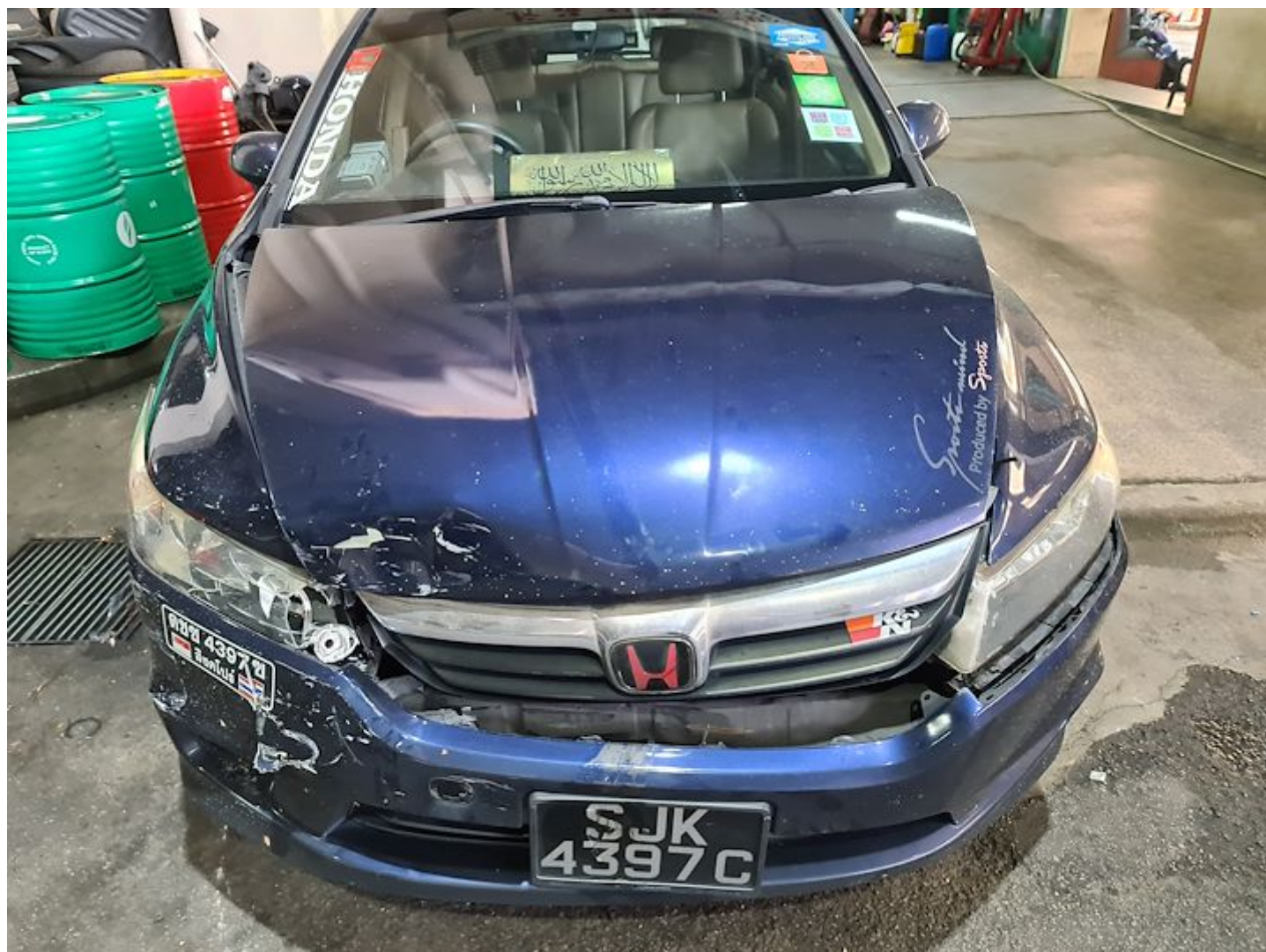
CONTINUATION OF REPORT

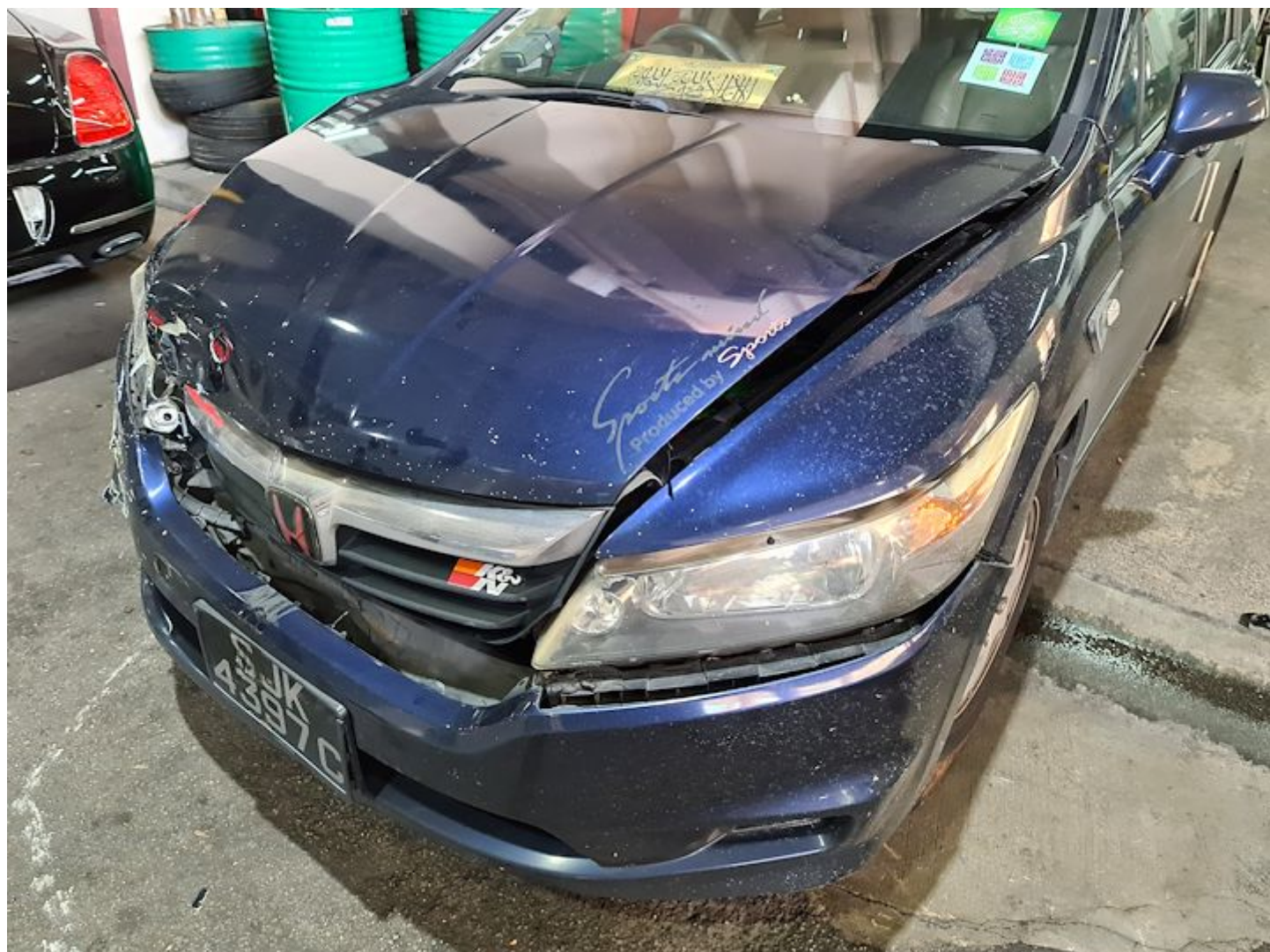
Driver			
Name	AHMAD SUYUTI BIN AHMAD SULAIMAN	ID No.	S7625127D
Related Vehicle	SJK4397C (Car)	Contact No.	91076319
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/03/2022	Date Discharge	30/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA MING CHOO	ID No.	S7820582B
Related Vehicle	NIL	Contact No.	98383934
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	NIL

Brief Details.

On 29th March 2022, I was executing my "Gojek" duties and was driving my rented dark blue coloured vehicle bearing registration number: SJK4397C. After which, I sent a passenger to a condominium called "L'Viv" located at Newton Road. Subsequently, at about 4.40pm, I exited the said condominium and was travelling at a relatively slow speed along Newton Road towards Novena Square. Upon reaching the junction of Evelyn Road, one white coloured vehicle bearing registration number: SMP324C (Mini Cooper) that was from the opposite road, executed a right turn towards Evelyn Road and hit onto the right front portion of my vehicle.

Due to the accident, my vehicle's right headlight and front bumper were severely damaged. In addition, before the collision, my vehicle was in a straight position. However due to the hard impact of the collision, my vehicle was in a slanted position. I wish to state that I have an in-car camera installed inside my vehicle and it was in recording mode. After the accident, I felt pain on my lower back, neck and the back of my head. Thus, I went to Ng Teng Fong General Hospital to seek medical assistance and was issued a 3 days of Medical Leave from 30/03/2022 to 01/04/2022.





















SINGAPORE POLICE FORCE



T/20220330/2016

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220330/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2022 08:12	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: AHMAD SUYUTI BIN AHMAD SULAIMAN			Address: APT BLK 478 SEGAR ROAD #05-396 SINGAPORE 670478	
ID Type / ID No.: NRIC NO / S7625127D			Contact No.:	Mobile: 91076319
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 20/08/1976	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			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: 29/03/2022 16:40	Type of Location: Straight Road
Location: NEWTON ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK4397C	Car	HONDA	Stream	Blue	Seriously Damaged	0
SMP324C	Car	MINI		White	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220330/2016

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220330/2016

CONTINUATION OF REPORT

Driver			
Name	AHMAD SUYUTI BIN AHMAD SULAIMAN	ID No.	S7625127D
Related Vehicle	SJK4397C (Car)	Contact No.	91076319
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
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Name	CHUA MING CHOO	ID No.	S7820582B
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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**SINGAPORE
POLICE FORCE**



T/20220330/2016

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220330/2016

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: J / SGT 3 NURUL ATIQA BINTE DOL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2022 08:12
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

NP168

