

# 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 .....	05/04/2022 18:27 (SGT)
Date of Accident .....	04/04/2022 16:40 (SGT)
Exact Location of Accident .....	Depot Rd, Singapore
Additional Location Information .....	THE TRAFFIC LIGHT JUNCTION AT DEPOT ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	EB111T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ROY CHAN KUM WAH
NRIC No .....	SXXXX652G
Email Address .....	ROYCHANKW@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96792970
Alternative Phone No .....	(Office) +65-92977103

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	M2
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 .....	3000

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SP2000385710/2021
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ROY CHAN KUM WAH
NRIC No .....	SXXXX652G

Date Of Birth .....	28/11/1955
Occupation .....	Indoor
Date Of Driving Pass .....	24/12/1973
Driving experience .....	48 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96792970
Alt. Phone Number .....	(Office) +65-92977103
Email Address .....	ROYCHANKW@GMAIL.COM
Address .....	27 TAMAN SERASI
Address complement .....	#08-31
Postcode .....	257724
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) .....	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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT D/20220405/7017

#### 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 .....	SML496K
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Cerato
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	VANESSA TOH
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

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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

5/4/22

Sketch Plan

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



Witnessed by Reporting Centre Personnel

5/4/2022 @ 16:18

B	
XX	
A	
↑↑	

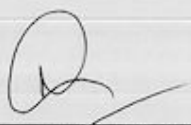
A-EB111T  
B-SML496K

## Describe Circumstances of the Accident

Please refer to the police report: D/2022 0405 / 7017

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 5/4/22  
4:25 pm

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

  
Witnessed by Reporting Centre  
Personnel 5/4/2022 @ 16:18



**SINGAPORE  
POLICE FORCE**



D/20220405/7017

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20220405/7017

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-7740000



Date/Time Report Made 05/04/2022 13:00	Video Report No.	Station Diary No.
Name Of Informant ROY CHAN KUM WAH ID Type / ID No. NRIC NO / S1185652G	Address 27 TAMAN SERASI #08-31 SINGAPORE 257724 Contact No. Home/Office: Mobile: 96792970	
Nationality SINGAPORE CITIZEN Occupation Dermatologist Institution/School Name	Email Address ROYCHANKW@GMAIL.COM Sex Age Date of Birth Race Male 66 28/11/1955 Chinese Language English	
Date/Time Of Incident 04/04/2022 16:40 - 05/04/2022 12:45	Location Of Incident DEPOT ROAD	

**Brief details.**

I was involved in a Road Traffic accident yesterday 4th of April 2022 at approximately 440 pm in the afternoon.  
I was driver of EB111T. The accident happened when i hit the back of the stationary vehicle number SML 496K.  
Place of accident was along Depot Road, at the entrance of the CMPB.

The driver of the vehicle was Vanessa Toh S7313902C. She was well and normal after the accident.  
There was damage sustained to the other car's bumper and boot.

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: 05/04/2022 13:00
Officer In-Charge Of Case:	Classification Of Case:

		<b>SINGAPORE POLICE FORCE</b>			
<b>POLICE REPORT (NP299)</b>		<b>CONTINUATION OF REPORT</b>		D/20220405/7017 2 of 2	
Report No. D/20220405/7017					
<p>My car had minimal damage. Ms Toh tells me that she is experiencing some pain in the neck, however she has not see a doctor yet. I have just SMS her, it is now (it is 1238 hrs on 5 April 2022). I am uninjured.</p> <p>Both cars were in good condition and able to drive off.</p> <p>I am reporting in case she is given more than 3 days of medical leave.</p>					
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: 05/04/2022 13:00		
Officer In-Charge Of Case:			Classification Of Case:		