

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 11/04/2022 17:55 (SGT)
Date of Accident 08/04/2022 19:15 (SGT)
Exact Location of Accident Choa Chu Kang Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS2668S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUM KAH WAI MELVIN
NRIC No SXXXX625E
Email Address sum_kah_wai_melvin@moe.edu.sg
Mobile Phone No (Phone) +65-92292812
Alternative Phone No +65-92292812

VEHICLE PARTICULARS

Manufacturer Mitsuoka
Model NOUERA
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00060552200
Cover Note Number -

DRIVER

Name of Driver SUM KAH WAI MELVIN
NRIC No SXXXX625E

Date Of Birth	11/11/1975
Occupation	Indoor
Date Of Driving Pass	09/07/1996
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92292812
Alt. Phone Number	+65-92292812
Email Address	sum_kah_wai_melvin@moe.edu.sg
Address	17 JALAN RAJAH #14-01
Address complement	-
Postcode	329137
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?	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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20220409/7021

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	SMM1990M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SNG HONG DING, ERIC
Contact Number	(Phone) +65-92971329
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	SUM KAH WAI MELVIN
Gender	Male
Phone No	(Phone) +65-92292812
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJS2668S
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.

[Signature]

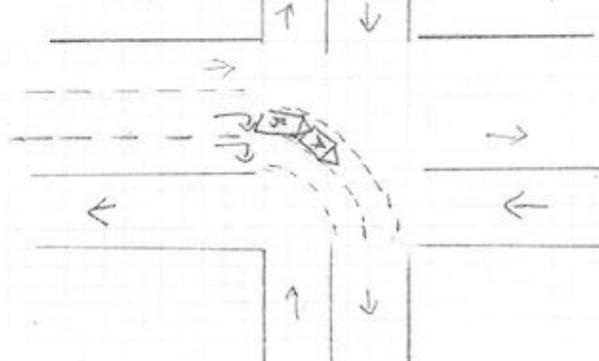
Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

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

1010A City Court Avenue Y



[Signature] 11/04/2022
Witnessed by Reporting Centre Personnel

A = SJS 2668 S

B = SMY 1990M

Describe Circumstances of the Accident

AS Police report.
E/20220409/7021

Declaration

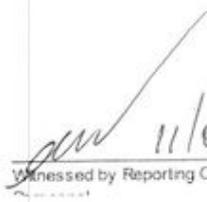
We declare the foregoing particulars are true in every respect.

✓ 

Policyholder's Signature / Date &

✓ 

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

 11/04/2022
Witnessed by Reporting Centre






















**SINGAPORE
POLICE FORCE**


E/20220409/7021

1 of 2

POLICE REPORT (NP299)

Report No. E/20220409/7021

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 09/04/2022 13:28	Vide Report No.	Station Diary No.
Name Of Informant SUM KAH WAI MELVIN	Address 17 JALAN RAJAH #14-01 SINGAPORE 329137	
ID Type / ID No. NRIC NO / S7534625E	Contact No. Home/Office:	Mobile: 92292812
Nationality SINGAPORE CITIZEN	Email Address sum_kah_wai_melvin@moe.edu.sg	
Occupation Secondary school teacher	Sex Male	Age 46
Institution/School Name	Date of Birth 11/11/1975	Race Chinese
Date/Time Of Incident 08/04/2022 19:15 - 08/04/2022 20:30	Location Of Incident 17 JALAN RAJAH #14-01 SINGAPORE 329137	

Brief details.

On 8 April 7:15 pm, I was driving at the junction of Chua Chu Kang Ave 4, when my vehicle (SJS2668S) was hit from behind by another vehicle (SMM 1990M). It happened at a right turn junction at the traffic light.

The back of my vehicle was smashed and I was in shock but no visible physical injury. Traffic Police and ambulance came to the scene as well. I was advised by TP to contact my insurance company to do a claim against his and the Traffic Police would not intervene.

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: 09/04/2022 13:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220409/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220409/7021

I am going for a physical check at Tan Tock Seng Hospital on 9 April to see if there's any possible injury.

Subjects Involved			
Victim			
Person Name	SUM KAH WAI MELVIN		
ID Type	NRIC NO	ID No	S7534625E
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Secondary school teacher	Address	17 JALAN RAJAH #14-01 SINGAPORE 329137
Mobile No	92292812	Is Informant A Victim?	Yes
Person Name	SUM KAH WAI MELVIN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
09/04/2022 13:28

Classification Of Case: