

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	19/04/2022 10:41 (SGT)
Date of Accident	15/02/2022 06:45 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	JUNCTION WITH SOUTH BUONA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9092T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOONG YEE HUI, BENJAMIN
NRIC No	SXXXX613A
Email Address	benandting@gmail.com
Mobile Phone No	(Phone) +65-91713948
Alternative Phone No	+65-91713948

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00247662100
Cover Note Number	-

DRIVER

Name of Driver	CHOONG YEE HUI, BENJAMIN
NRIC No	SXXXX613A

Date Of Birth	11/01/1987
Occupation	Indoor
Date Of Driving Pass	07/02/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-91713948
Alt. Phone Number	+65-91713948
Email Address	benandting@gmail.com
Address	176 CANBERRA DRIVE #05-13
Address complement	-
Postcode	767950
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JTG6315
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220415/2015 AND T/20220415/2019

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	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTG6315
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHRISTOPHER
Contact Number	(Phone) +65-97789817
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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 5. Any false reporting may be referred to the Police for investigation.
 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' 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.

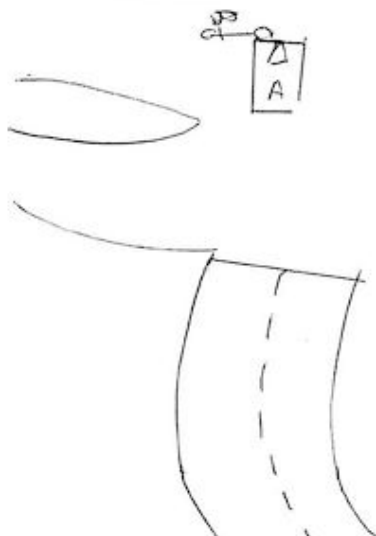
Penchang
Policyholder's Signature / Date & Time

Sketch Plan

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

19/04/2022
Witnessed by Reporting Centre Personnel

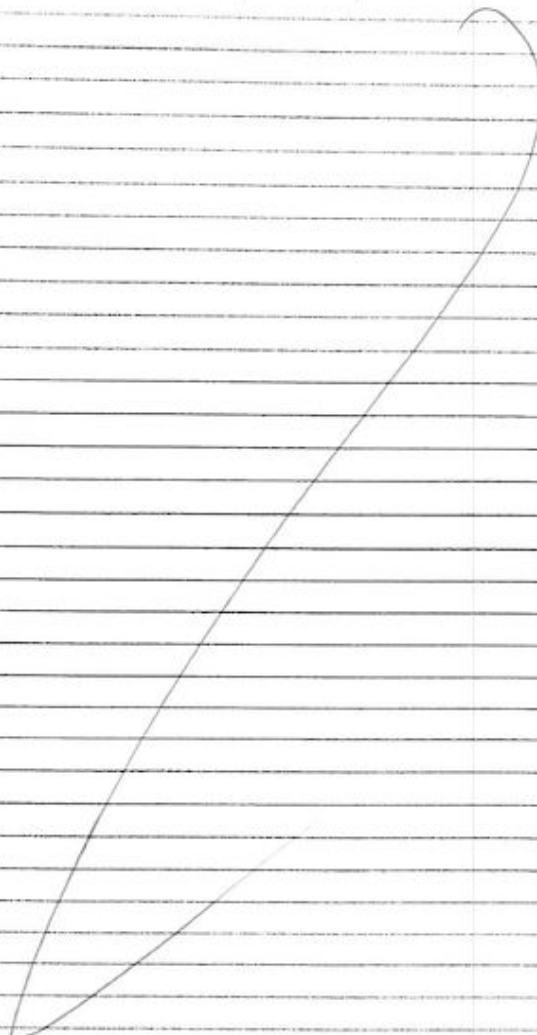
Joseph Bourne
Road



Vehicle A : SNC 9092T
Vehicle B : JTG 631B

Describe Circumstances of the Accident:

Refer to police report. - 7/2022 04/15/2015 & 7/2022 04/15/2019.



Perchang

19/04/2022


























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220415/2015

1 of 1

Report No. T/20220415/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2022 09:44	Vide Report No.: D/20220415/0039	Station Diary No. 11
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Informant's Particulars

Name of Informant: CHOONG YEE HUI, BENJAMIN			Address: 176 CANBERRA DRIVE #05-13 SINGAPORE 767950	
ID Type / ID No.: NRIC NO / S8700613A			Contact No.: Home/Office: Mobile: 91713948	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 11/01/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2022 06:45	Type of Location: T-Junction
Location: PASIR PANJANG ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTG6318	Motorcycle			Blue		0
SNC9092T	Car	TOYOTA	YARIS CROSS 1.5XB CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC9092T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002476 62100	24/11/2021	23/11/2022



**SINGAPORE
POLICE FORCE**



T/20220415/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20220415/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOONG YEE HUI, BENJAMIN	ID No.	S8700613A
Related Vehicle	SNC9092T (Car)	Contact No.	91713948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/04/2022, at about 0645hrs, I was traveling along Pasir Panjang towards West Coast as I was heading to National University Hospital. At the junction of Pasir Panjang Road and South Buona Vista, I slowed down and made the right turn. As I turn, I notice that the vehicles on my left started moving off from the traffic light junction. Then I saw a motorcycle coming from my left and we collided. The right of my vehicle had hit onto the right side of the motorcycle. I then parked my vehicle at the side of the road and alighted. I then went to make a check on the rider who was sitting at the side of the road, he complained of left shoulder and left ankle pain. I then called for the Police and ambulance. I made a check on my vehicle and the right headlight was smashed with scratch marks on the front bonnet and bumper area. The rider only gave his name as Christopher and contact number is 97789817. A while later, a friend of the rider came and his name was Yogesh and contact number 94812054. Shortly the ambulance and police arrived. The rider was conveyed by the ambulance and the police took over my in car camera SD card. I was then requested to lodge a Police report and was informed that the in-charge case is IO ISA. I wish to add that I did not suffer any injuries, I was also not under the influence of drugs or alcohol.



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Tel No: 1800-4719999



T/20220415/2015


Report No. T/20220415/2015

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: D / SGT 3 NG YONG XIN, ALESTER	Signature Of Informant: <i>Penchuang</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2022 09:44
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476904	Classification Of Case: SN 49
NP168	 <p>SINGAPORE POLICE FORCE</p> <p><i>A</i></p> <p>SIGNATURE</p>


**SINGAPORE
POLICE FORCE**

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220415/2019

1 of 3

Report No. T/20220415/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2022 10:44	Vide Report No.: D/20220415/0039	Station Diary No.: 19
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Informant's Particulars

Name of Informant: CHOONG YEE HUI, BENJAMIN			Address: 176 CANBERRA DRIVE #05-13 SINGAPORE 767950		
ID Type / ID No.: NRIC NO / S8700613A			Contact No.: Home/Office: Mobile: 91713948		
Nationality: SINGAPORE CITIZEN			Email: benandting@gmail.com		
Sex: Male	Age: 35	Date of Birth: 11/01/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2022 06:45	Type of Location: T-Junction
Location: PASIR PANJANG ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTG6315	Motorcycle			Blue	Slightly Damaged	0
SNC9092T	Car	TOYOTA	YARIS CROSS 1.5XB CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC9092T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002476 62100	24/11/2021	23/11/2022



SINGAPORE POLICE FORCE

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Queenstown N.P.C
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Tel No: 1800-4719999



T/20220415/2019

2 of 3

Report No. T/20220415/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOONG YEE HUI, BENJAMIN	ID No.	S8700613A
Related Vehicle	SNC9092T (Car)	Contact No.	91713948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

With reference to T/20220415/2015 vide D/20220415/0039, the amendments to make is to change the injured party vehicle number from JTG6318 to JTG6315 which is the correct vehicle registration number. That's all.


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Tel No: 1800-4719999



T/20220415/2019

3 of 3

Report No. T/20220415/2019

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:
D /
SR STAFF SGT NUR ZAFIRAH
BINTE MOHD NOOR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2022 10:44

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI
Contact No.: 65476904

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

SN 49

SIGNATURE