

## 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 15:50 (SGT)                        |
| Date of Accident .....                | 18/04/2022 09:15 (SGT)                        |
| Exact Location of Accident .....      | Upper Thomson Rd, Singapore                   |
| Additional Location Information ..... | Junction of Upper Thomson Road/Jalan Angklong |
| Country/State of Loss .....           | Singapore                                     |

### DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SMD212E |
|-----------------------------------|---------|

#### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | No                      |
| Name Of Registered Owner ..... | Sim Pitt Chen Gregory   |
| NRIC No .....                  | SXXXX562F               |
| Email Address .....            | sim_gregory@hotmail.com |
| Mobile Phone No .....          | (Phone) +65-92702570    |
| Alternative Phone No .....     | (Home) +65-92702570     |

#### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer .....   | Subaru      |
| Model .....  | Forester    |
| 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 .....   | 2000        |

#### INSURANCE COMPANY

|                                 |   |
|---------------------------------|---|
| Name of Insurance Company ..... | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage .....          | Comprehensive                                 |
| Fleet Policy .....              | No  |
| Policy Number .....             | DMPCSNW00163782101                            |
| Cover Note Number .....         | -   |

#### DRIVER

|                      |                       |
|----------------------|-----------------------|
| Name of Driver ..... | Sim Pitt Chen Gregory |
| NRIC No .....        | SXXXX562F             |

|  |                                  |
|--|----------------------------------|
| Date Of Birth .....  | 01/08/1966                       |
| Occupation .....   | Outdoor                          |
| Date Of Driving Pass .....   | 04/04/1989                       |
| Driving experience .....   | 33 YEARS                         |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-92702570             |
| Alt. Phone Number .....  | (Home) +65-92702570              |
| Email Address .....  | sim_gregory@hotmail.com          |
| Address .....  | Blk 467A #09-179 Admiralty Drive |
| Address complement .....   | -                                |
| Postcode .....   | 751467                           |
| 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 - Cross Junction |
| Weather Conditions ..... | drizzling                  |
| 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? .....  | 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 .....   | Sala Uddin |
| Gender ..... | Male       |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Thomson Neighbourhood Police Post             |
| Police Station Phone No .....                   | (Phone) +65-18004529999                       |
| Alt. Police Station Phone No .....              | (Fax) +65-65535740                            |
| Police Station Address .....                    | Blk 25 Sin Ming Road #01-180 Singapore 570025 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

refer attached police report.

#### 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 ..... | SML4892Z |
| Vehicle Manufacturer .....        | Honda    |

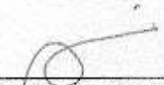
|   |             |
|---|-------------|
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name 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) .....     | -           |

**Describe Circumstances of the Accident**


Refer attached police report.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
  
 19/4/22

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

Witnessed by Reporting Centre Personnel  




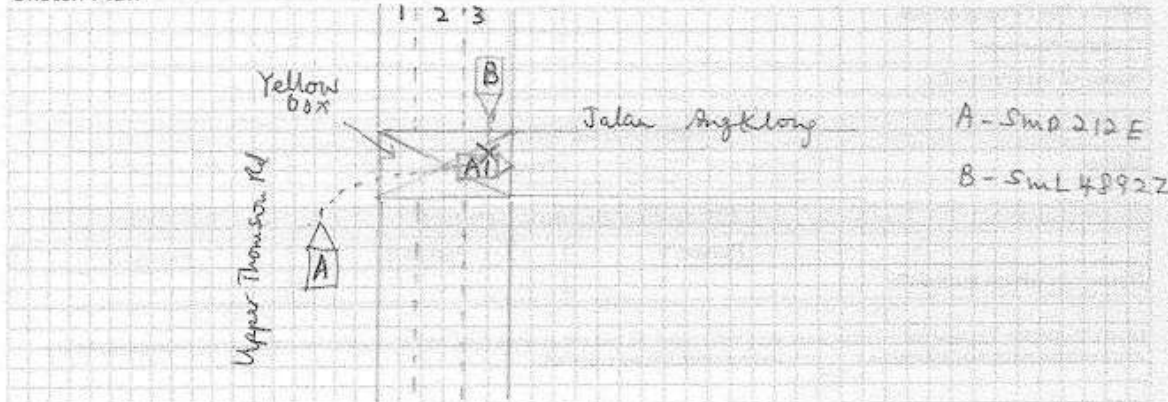
**SKETCH PLAN****IMPORTANT NOTICE**

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**.
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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.

19/4/22  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



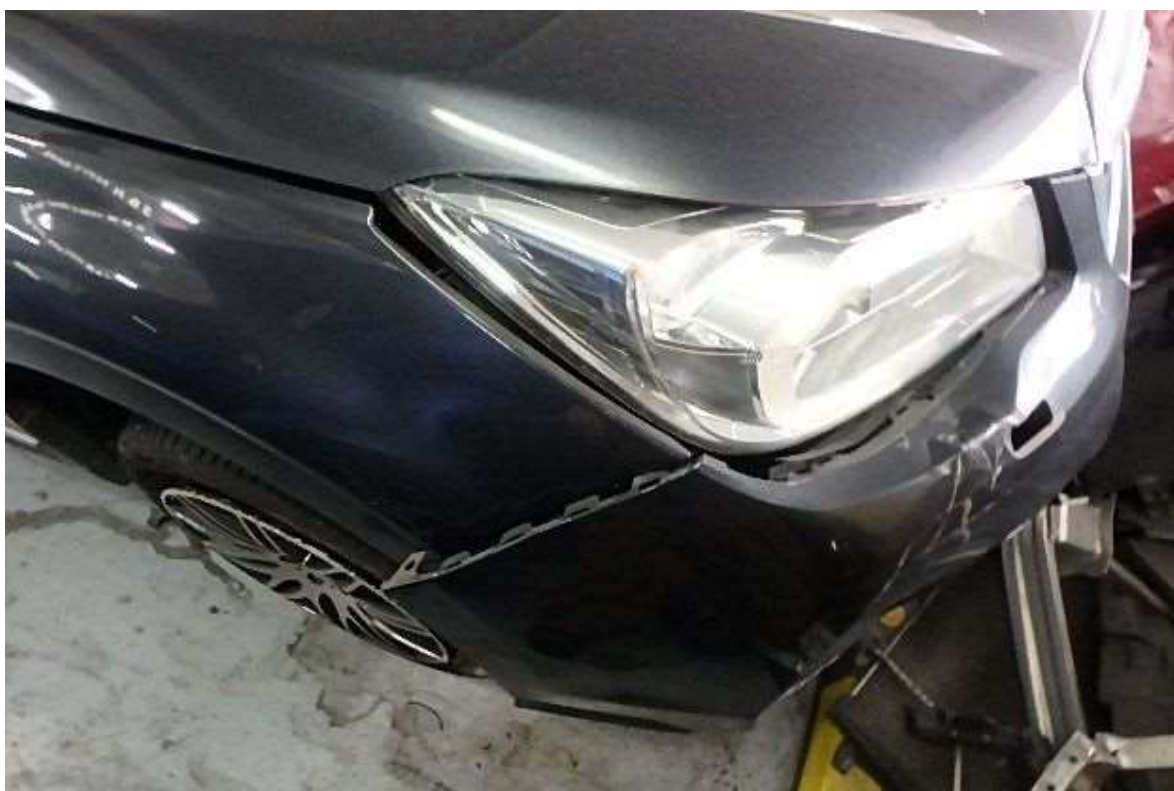






























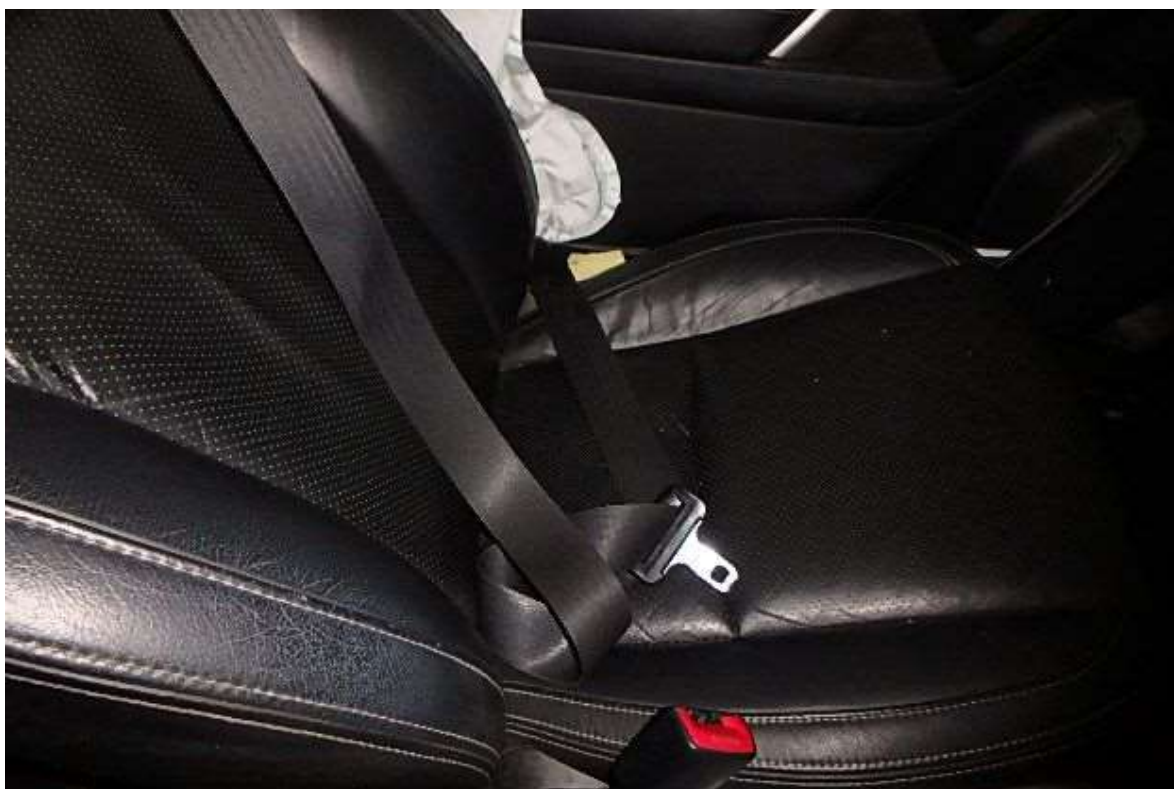

















**SINGAPORE  
POLICE FORCE**


T/20220418/2041

2 of 3

Report No. T/20220418/2041

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |                        |            |             |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SMD212E                      | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW001637<br>82101 | 30/09/2021 | 29/09/2022  |

| Details of Person Involved        |                       |                                |   |
|-----------------------------------|-----------------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                       |                                |   |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA |   |
| Driver                            |                       |                                |   |
| Name                              | SIM PITT CHEN GREGORY |                                | ID No. S1733562F  |
| Related Vehicle                   | SMD212E (Car)         |                                | Contact No. 92702570  |
| Hospital/Clinic                   | NIL                   |                                | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   |                                | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL                   |                                | Degree of Injury NIL  |

**Brief Details.**

On 18/04/2022 at about 0915hrs, I was driving (SMD212E) along Upper Thomson Road and stopped at the center divider before the yellow box junction to make a right turn towards Jln Angklong. While I was turning to my right, there was a car (SML4892Z) from the opposite side of the junction driving straight towards me at a high speed and collided onto me. My airbags were activated, and the left portion was badly damaged too.

Upon collision, both drivers came out of the vehicles to check the injuries on both parties. We then called for traffic police. Nobody was injured in this accident and no ambulance was needed. We also did not exchange particulars with each other, TP arrived shortly and took my SD Card. My car was also unable to be driven and was towed away at scene.

I am lodging this report for police investigation purposes.


**SINGAPORE  
POLICE FORCE**


T/20220418/2041

1 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No: T/20220418/2041

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>18/04/2022 13:36 | Vide Report No.:<br>E/20220418/0037 | Station Diary No.:<br>10 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|   |            |   |  |                            |
|---|------------|---|--|----------------------------|
| Name of Informant:<br>SIM PITT CHEN GREGORY |            |   | Address:<br>APT BLK 467A ADMIRALTY DRIVE #09-179 SINGAPORE<br>751467 |                            |
| ID Type / ID No.:<br>NRIC NO / S1733562F    |            |   | Contact No.:   | Mobile: 92702570           |
| Nationality:<br>SINGAPORE CITIZEN           |            |   | Home/Office:   |                            |
|   |            |   | Email:   |                            |
| Sex:<br>Male                                | Age:<br>55 | Date of Birth:<br>01/08/1966                                      | Type of Informant:<br>Driver   |                            |
| Race:<br>Chinese                            |            | Language:   |  | Institution / School Name: |
| Occupation:<br>CONTRACTOR                   |            | Driving Licence Information:<br>Class: 2B,2A,3<br>Date of Expiry: |  |                            |

**General Information of the Accident**

| General Information of the Accident                          |                                  |   |  |                                     |
|--|----------------------------------|---|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>18/04/2022 09:15 | Type of Location:<br>X-Junction     |
| Location:<br><br>UPPER THOMSON ROAD                          |                                  |   |  |                                     |
| Weather:<br>Drizzling  |                                  | Road Surface:<br>Wet                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way                                     |                                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                                  |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                       | Color | Condition            | No of Passenger |
|-------------|------|--------|-----------------------------|-------|----------------------|-----------------|
| SMD212E     | Car  | SUBARU | SUBARU<br>FORESTER<br>2.0XT | Grey  | Seriously<br>Damaged | 1               |
| SML4892Z    | Car  |        |                             |       | Slightly<br>Damaged  | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|

**SINGAPORE  
POLICE FORCE**

T/20220418/2041

3 of 3

Report No: T/20220418/2041

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**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:  
E /  
SGT 3 HO BOON KIAT, DARON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/04/2022 13:36

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168