

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	29/04/2022 14:00 (SGT)
Date of Accident	28/04/2022 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG RANGOON RD TWDS KITCHENER RD AFT SING AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8207G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CELESTE WONG
NRIC No	SXXXX403B
Email Address	seahmengteck@gmail.com
Mobile Phone No	(Phone) +65-98512162
Alternative Phone No	+65-98512162

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00004692201
Cover Note Number	-

DRIVER

Name of Driver	SEAH MENG TECK
NRIC No	SXXXX048C

Date Of Birth	07/08/1974
Occupation	Outdoor
Date Of Driving Pass	22/05/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85337637
Alt. Phone Number	-
Email Address	seahmengteck@gmail.com
Address	BLK 165 HOUGANG AVE 1
Address complement	#10-1602
Postcode	530165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RUI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220429/7008

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	YP5256R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH MENG TECK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMK8207G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

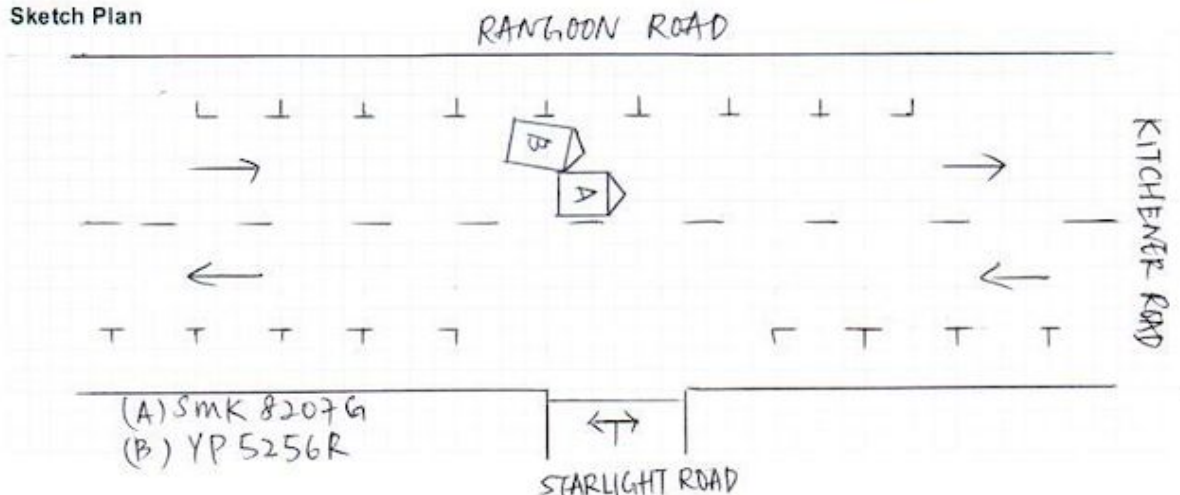
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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:

Refer to TP Report
T/20220429/7001

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220429/7008

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220429/7008

CONTINUATION OF REPORT

Driver			
Name	SEAH MENG TECK	ID No.	S7425048C
Related Vehicle	SMK8207G (Car)	Contact No.	85337637
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/04/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 28/04/2022 AT ABOUT 1705HOURS AT ALONG RANGOON ROAD TOWARDS KITCHENER ROAD AFTER SING AVE. I WAS TRAVELLING STRAIGHT AT ALONG RANGOON ROAD AND SUDDENLY , A VEHICLE ON MY LEFT MADE A ILLEGAL UTURN WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS AND HIT ONTO THE LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE AND I HAVE 05 DAYS MC FOR MY INJURY.

- (A) SMK8207G
(B) YP5256R









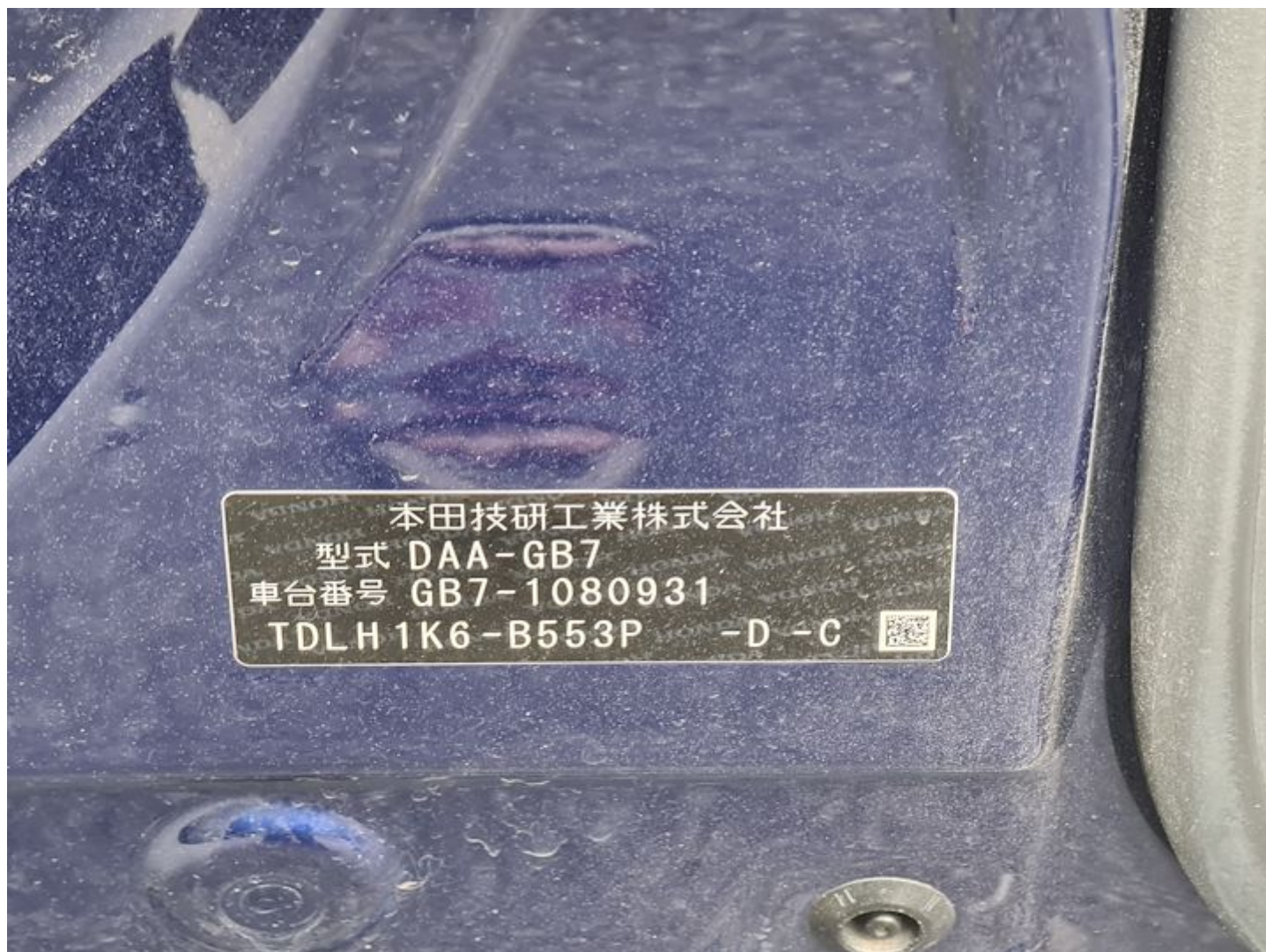
















**SINGAPORE
POLICE FORCE**



T/20220429/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220429/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2022 10:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SEAH MENG TECK		Address: 165 HOUGANG AVENUE 1 #10-1602 SINGAPORE 530165	
ID Type / ID No.: NRIC NO / S7425048C		Contact No.: Home/Office: Mobile: 85337637	
Nationality: SINGAPORE CITIZEN		Email: seahmengteck@gmail.com	
Sex: Male	Age: 47	Date of Birth: 07/08/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2022 17:05	Type of Location: Straight Road
Location: RANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMK8207G	Car					1
YP5256R	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20220429/7008

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220429/7008

CONTINUATION OF REPORT

Driver			
Name	SEAH MENG TECK	ID No.	S7425048C
Related Vehicle	SMK8207G (Car)	Contact No.	85337637
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
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- (A) SMK8207G
(B) YP5256R



**SINGAPORE
POLICE FORCE**



T/20220429/7008

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Report No. T/20220429/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
29/04/2022 10:30

Classification Of Case:

