

# 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 17:38 (SGT)  
Date of Accident ..... 26/04/2022 19:15 (SGT)  
Exact Location of Accident ..... South Bridge Rd, Singapore  
Additional Location Information ..... JUNCTION WITH NORTH CANAL ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR8235A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WHATTI  
Company Reg No ..... 5XXXX241W  
Email Address ..... benjamin\_chong@ymail.com  
Mobile Phone No ..... (Phone) +65-96984292  
Alternative Phone No ..... +65-96984292

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00007952100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BENJAMIN CHONG CHOON SHIN  
NRIC No ..... SXXXX857Z

Date Of Birth .....	25/11/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	11/03/1992
Driving experience .....	30 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96984292
Alt. Phone Number .....	-
Email Address .....	benjamin_chong@ymail.com
Address .....	19 JALAN BINA 3, BINA PARK
Address complement .....	BANDAR SERI ALAM, MASAI JOHOR
Postcode .....	81750
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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? .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	FBN3496K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	KUAN KHEH WEI
NRIC No .....	SXXXX891F
Contact Number .....	(Phone) +65-81124229
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## 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' 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.



29/4/22  
17:20 pm

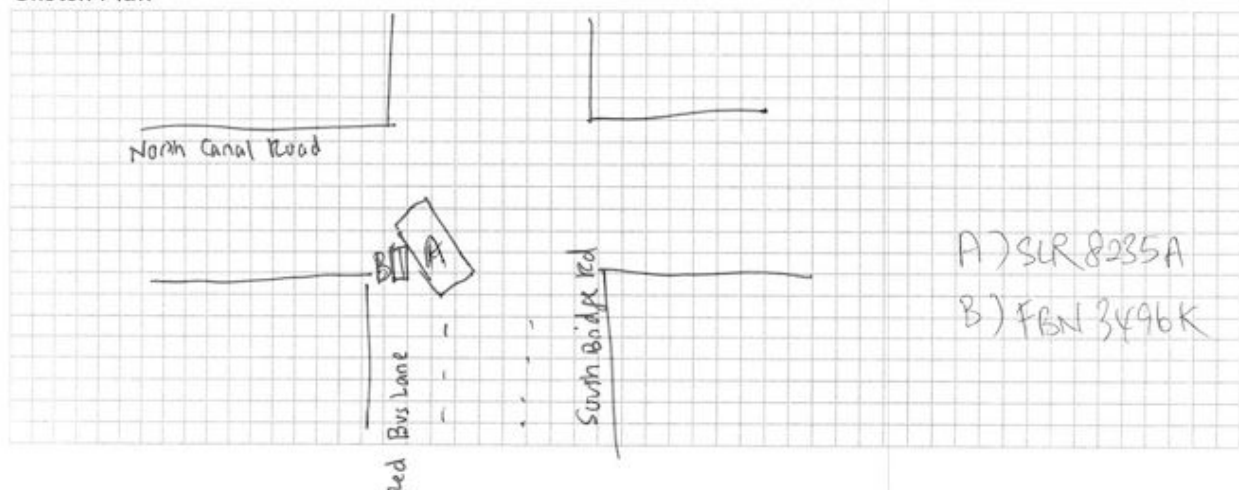
29/04/2022

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

At about 7:15 pm on 26/4/2022, I was about to make a left turn into North Canal Road from South Bridge Road at the junction of North Canal Road and South Bridge Road. I was in the middle lane as the first lane was a red bus lane and I wanted to turn in after the bold red line. As I was turning I did not see the rider on my left and he hit the left front tire of my car. He fell off his bike. Seeing that he was not seriously hurt I moved my car so as not to block traffic and parked by the side of North Canal Road. I checked the rider and ask if he was OK. He had slight abrasions on his left arm. Otherwise physically he looked OK. We also checked on the condition of his bike and noticed that the left signal light was damaged, and the left mirror was damaged as rider fell on the left side. Other than that, the gear pedal on the bike was out of alignment but that was able to be pushed back. We agreed to settle privately and signed a letter where I said that I will pay for his repairs and any doctor fee. I handed over to him \$100. I asked the rider if he wanted to fix the bike but he wanted to do that in his home back in Johor. So after we have talked a while and I check again and again as to whether he is OK, he said OK. Then he rode off on his bike. So over the next two days we talked about the compensation for income loss as he took 2 days MC on Wednesday and Thursday. I had offered to compensate him \$500 but he rejected. He also rejected \$600 offer. He said he wanted \$800. I felt this was excessive and based on his 18th-24th April payment summary from HRAB I tried to calculate and show that \$614 compensation was reasonable but he refused. He wanted me to pay \$500 by 28/4/22 and \$300 in May, failing which he would proceed to claim against my insurance.

Reason for late reporting: We had agreed to private settlement but could not agree on the quantum to compensate him on the loss of income. As he wanted to claim against my insurance, so I reported late.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Kyama* 29/4/22  
17:20 pm

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

*[Signature]* 29/4/2022  
Witnessed by Reporting Centre Personnel




































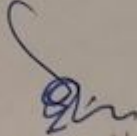







I, BENJAMIN CHONG CHOON SHIN, NRIC S7141857Z OF  
Vehicle SLR8235A <sup>collided.</sup> HITTED VEHICLE FBV2496 K, DRIVER KUAN KUEH WEI  
S7589891F. DRIVER BENJAMIN CHONG CHOON SHIN admitted the mistake  
and will pay for all damage incurred for repair fees & loss of income  
and will wish to private settlement. This Letter is for record  
purposes. This accident happen on 26 April 2022 @ 1915hrs

  
Benjamin chong choon shin  
S7141857Z

  
Kuan Kueh wei  
S7589891F

26/04/2022 20:20

 **MediSpring Family Polyclinic**  
No. 5, Jalan Indah 25/1, Taman Bukit Indah 2, Johor Bahru 81200, Johor  
Tel 07-244 5157

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**OFFICIAL RECEIPT**

Patient Name	: KUAN KHEH WEI	Receipt No. :	R132728
NRIC	: 751210065257	Date	: 27-Apr-2022
The Sum Of	: Ninety Eight Ringgit Only		
Being Payment Of	: CONSULTATION; MEDICATION		
Total	: RM 98.00		
Payment Mode	: Cash		

**MEDISPRING FAMILY POLYCLINIC**  
MEDISPRING HEALTH GROUP SDN. BHD.  
Reg No. 1066308-H  
No. 5, Jalan Indah 25/1,  
Taman Bukit Indah 2,  
81200 Johor Bahru, Johor.

\_\_\_\_\_  
Signature & Stamp

\* Medication/items sold are NOT refundable nor exchangeable.  
\* Keep in fridge, avoid humid and hot environment for best quality preservation.



