

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	28/05/2022 11:53 (SGT)
Date of Accident	27/05/2022 20:26 (SGT)
Exact Location of Accident	Near 9W6V+5Q Singapore
Additional Location Information	TAMPINES AVE 12 TO AVE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5056M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHAI YUN WINNIE
NRIC No	S8734145C
Email Address	WINNIE_CHAIYUN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88330014
Alternative Phone No	+65-88330014

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	hybrid
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?	Yes
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	DMHCSNW00013922100
Cover Note Number	-

DRIVER

Name of Driver	LEE CHAI YUN WINNIE
NRIC No	S8734145C

Date Of Birth	28/10/1987
Occupation	Outdoor
Date Of Driving Pass	26/12/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88330014
Alt. Phone Number	+65-88330014
Email Address	WINNIE_CHAIYUN@HOTMAIL.COM
Address	BLK 207D PUNGGOL PLACE
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MARLIZZA BINTE AZIZ
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SKQ7988J
Vehicle Manufacturer	Hyundai

Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KANNA S/O KUNASAYKARAN
NRIC No	S7421482G
Contact Number	(Phone) +65-90175145
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	MARLIZZA BINTE AZIZ
Gender	Female
Phone No	(Phone) +65-86124569
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	29
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SMQ5056M
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.

 28/5/22
10.30am
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan


refer to police report.

Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

 28/5/22
10:30am
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel


















**SINGAPORE
POLICE FORCE**


T/20220527/2107

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 4

Report No. T/20220527/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2022 20:26	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LEE CHAI YUN, WINNIE		Address: APT BLK 207D PUNGGOL PLACE #14-978 SINGAPORE 824207	
ID Type / ID No.: NRIC NO / S8734145C		Contact No.:	Mobile: 88330014
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 28/10/1987	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private-hire car driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2022 18:40	Type of Location: Bend
Location: TAMPINES AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ7988J	Car				Slightly Damaged	1
SMQ5056M	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ5056M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000139 22100	21/11/2021	20/11/2022



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461 Tampines Street 44 #01-56 SINGAPORE
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Tel No: 1800-7818999

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Report No. T/20220527/2107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KANNAN S/O KUNASAYKARAN	ID No.	S7421482G
Related Vehicle	SKQ7988J (Car)	Contact No.	90175145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LEE CHAI YUN, WINNIE	ID No.	S8734145C
Related Vehicle	SMQ5056M (Car)	Contact No.	88330014
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
Passenger			
Name	MARLIZZA BINTE AZIZ	ID No.	S9324048J
Related Vehicle	SMQ5056M (Car)	Contact No.	86124569
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and location, I was driving(SMQ5056M) along Tampines Ave 12 with one passenger. I have filtered left to turn left onto Tampines Ave 9. I then was looking at the oncoming traffic along Tampines Ave 9 when suddenly I collided with another car(SKQ7988J) who was stopped at the line and waiting to merge into Tampines Ave 9.

We both alighted from our vehicles and exchanged particulars and also took pictures. The other driver and my passenger sustained minor injuries however none of them wish to seek medical attention at that point of time. The other driver and I agreed to settled the matter through insurance claim.



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T/20220527/2107

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Tel No: 1800-7818999

CONTINUATION OF REPORT

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Report No. T/20220527/2107



**SINGAPORE
POLICE FORCE**



T/20220527/2107

Police Station Of Origin:
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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20220527/2107

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:

G /
SGT 2 MUHAMMAD IZZ
KHAIRIN BIN MOHAMED
HISHAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/05/2022 20:26

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168

