

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 06/06/2022 16:50 (SGT)
Date of Accident 04/06/2022 09:45 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE8624E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOY WEIXIANG, ROYSTON
NRIC No SXXXX039I
Email Address supersonicrun123@gmail.com
Mobile Phone No (Phone) +65-96169221
Alternative Phone No +65-96169221

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A180
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00109722200
Cover Note Number -

DRIVER

Name of Driver CHOY WEIXIANG, ROYSTON
NRIC No SXXXX039I

Date Of Birth	02/08/1987
Occupation	Outdoor
Date Of Driving Pass	11/11/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96169221
Alt. Phone Number	+65-96169221
Email Address	supersonicrun123@gmail.com
Address	BLK 922 HOUGANG STREET 91 #15-37
Address complement	-
Postcode	530922
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	Raining
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?	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	LEE WAN CHENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220604/2070

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	GBA725M
Vehicle Manufacturer	Toyota

Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KWAN CHOON FATT
NRIC No	SXXXX853Z
Contact Number	(Phone) +65-98805111
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	CHOY WEIXIANG, ROYSTON
Gender	Male
Phone No	(Phone) +65-96169221
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE8624E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE WAN CHENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE8624E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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

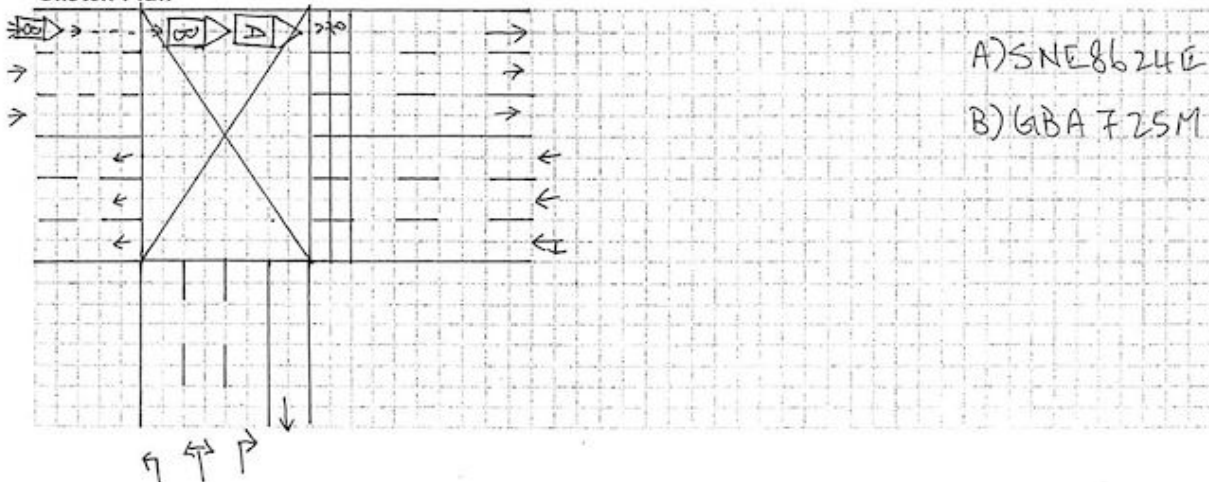
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 police report T120320604/2010

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20220604/2070

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Report No. T/20220604/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2022 16:23	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars

Name of Informant: CHOY WEIXIANG, ROYSTON	Address: APT BLK 922 HOUGANG STREET 91 #15-37 SINGAPORE 530922		
ID Type / ID No.: NRIC NO / S87260391	Contact No.:	Mobile: 96169221	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 34	Date of Birth: 02/08/1987	Email:
Race: Chinese	Type of Informant: Driver		Institution / School Name:
Occupation: PROPERTY AGENT	Language:		Date of Expiry:
Driving Licence Information: Class: 3A			

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2022 09:45	Type of Location: T-Junction
Location: BALESTIER ROAD				
Weather: Heavy rain		Road Surface: Wet		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
GBA725M	Lorry	TOYOTA		White	Seriously Damaged	1
SNE8624E	Car	MERCEDES BENZ	A180 (R18 BI)	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE8624E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001097 22200	29/04/2022	31/07/2023



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Tel No: 1800-4890999



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Report No. T/20220604/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Passenger			
Name	LEE WAN CHENG	ID No.	S9111433Z
Related Vehicle	SNE8624E (Car)	Contact No.	97923904
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/06/2022	Date Discharge	04/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHOY WEIXIANG, ROYSTON	ID No.	S8726039I
Related Vehicle	SNE8624E (Car)	Contact No.	96169221
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/06/2022	Date Discharge	04/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KWAN CHOON FATT	ID No.	S1189853Z
Related Vehicle	NIL	Contact No.	98805111
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	NIL

Brief Details.

On 04/06/2022 at about 0945hrs, I was driving my vehicle bearing registration plate number SNE8642E along Balestier Rd. I was then approaching a traffic light along Balestier Rd and noticed that the traffic light had turned to amber however there were still pedestrians rushing to cross the road as such I slow down my vehicle. As I was slowing down my vehicle, I then felt a hard impact on the rear side of my vehicle. I then went out from my vehicle and discovered that a lorry bearing registration plate number GBA725M had hit onto the rear side of my vehicle.

I had one passenger with me namely Lee Wan Cheng HP: 96169221 at that point of time. My passenger



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Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



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Report No. T/20220604/2070

CONTINUATION OF REPORT

is experiencing strain on her spine and neck and is having a headache. She had visited a clinic and was given 3 days medical certificate dated from 04/06/2022 to 06/06/2022.

My vehicle left rear was damaged and had multiple dents due to the impact. I also suffered a whiplash and strains on my body and had visited a clinic and was given 3 days medical certificate dated from 04/06/2022 to 06/06/2022.

Both me and the said driver exchanged particulars. My vehicle only has a front in-car camera there is not rear in-car camera in my vehicle.



SINGAPORE
POLICE FORCE



T/20220604/2070

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220604/2070

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:

F /

Other NURUL NATASHA BINTE
MUALIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2022 16:23

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168