

# 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 ..... 06/05/2022 16:01 (SGT)  
Date of Accident ..... 23/04/2022 18:15 (SGT)  
Exact Location of Accident ..... 73 Compassvale Bow, Singapore 544995  
Additional Location Information ..... The Quartz  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE3381K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SJE3381K  
NRIC No ..... S1180666Z  
Email Address ..... ohellobelle@gmail.com  
Mobile Phone No ..... (Phone) +65-88905133  
Alternative Phone No ..... (Home) +65-88905133

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Altis  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00095042201  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Wah Belle  
NRIC No ..... S8605193A

|  |   |
|--|---|
| Date Of Birth .....  | 01/03/1986                              |
| Occupation .....   | Indoor                                  |
| Date Of Driving Pass .....   | 27/03/2021                              |
| Driving experience .....   | 1 YEAR AND 1 MONTH                      |
| Gender .....   | Female                                  |
| Mobile Number .....  | (Phone) +65-88905133                    |
| Alt. Phone Number .....  | -                                       |
| Email Address .....  | ohellobelle@gmail.com                   |
| Address .....  | Blk 529 #05-335 Choa Chu Kang Street 51 |
| Address complement .....   | -                                       |
| Postcode .....   | 680529                                  |
| Is the driver the policyholder? .....                              | No                                      |
| If No, Relationship of the Driver with the Insured .....           | Child                                   |
| 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? .....  | 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? .....  | Yes   |
| Police Station Name .....                       | Choa Chu Kang Neighbourhood Police Centre             |
| Police Station Phone No .....                   | (Phone) +65-18007659999                               |
| Alt. Police Station Phone No .....              | (Fax) +65-67644104                                    |
| Police Station Address .....                    | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| 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 ..... | SGP8382C    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |                      |
|---|----------------------|
| Name of Driver .....                          | Darren               |
| Contact Number .....                          | (Phone) +65-97206398 |
| 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

While exiting The Quartz condo at Sengkang on ~~22~~ 23 April around 6:10pm I reversed my car when I realised I was moving towards the wrong direction and avoiding the car coming from the left. My car bumped into party's B front. I then ~~then~~ parked my car at the traffic junction to meet party B as he. Party B frantically horned me despite me signalling to meet at the smaller road in front.

He then agreed to follow me to the front of Espanna condo and we both got off to inspect the cars. He checked there was no damages, and changed his mind after he ~~to~~ shortly after saying to, claiming the bumper had a gap. (see video) after he pressed hardly on it. He then asked for my NRIC, a drivers license when I gave to him and he took pictures. We ~~also~~ exchanged phone numbers ~~to~~ for me to inform him on the private settlement (to have repairs if required at the car workshop near our house.)

The reason I am late into submitting this report is because party B had initially agreed on private settlement, and subsequently my car broke down and had to be sent to the car workshop for repairs, following public holiday, or I'm informed this report will only be submitted this coming Wednesday 4th May '22

## Declaration

I/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



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

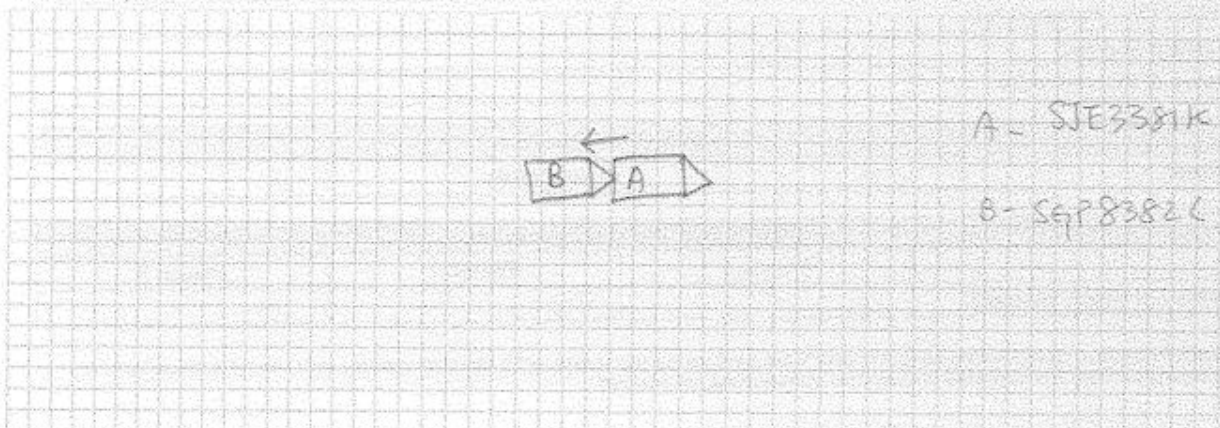
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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





























**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20220425/2110

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Report No. T/20220425/2110

**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:

J /

STAFF SGT VISHNUVEERAN  
S/O MANOGARAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
25/04/2022 22:29Officer In Charge Of Case:  
TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168


**SINGAPORE  
POLICE FORCE**


T/20220425/2110

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Report No. T/20220425/2110

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                           |                            |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made:<br>25/04/2022 22:29   |            | Vide Report No.:             |   | Station Diary No.:<br>127 |                            |
| <b>Informant's Particulars</b>               |            |                              |   |                           |                            |
| Name of Informant:<br>WAH BELLE (PAN JIALIN) |            |                              | Address:<br>APT BLK 529 CHOA CHU KANG STREET 51 #05-335<br>SINGAPORE 680529 |                           |                            |
| ID Type / ID No.:<br>NRIC NO / S8605193A     |            |                              | Contact No.:<br>Home/Office: Mobile: 88905133                               |                           |                            |
| Nationality:<br>SINGAPORE CITIZEN            |            |                              | Email:  |                           |                            |
| Sex:<br>Female                               | Age:<br>36 | Date of Birth:<br>01/03/1986 | Type of Informant:<br>Driver  |                           |                            |
| Race:<br>Chinese                             |            |                              | Language:   |                           | Institution / School Name: |
| Occupation:<br>Brand Manager                 |            |                              | Driving Licence Information:<br>Class: 3A                                   |                           | Date of Expiry:            |

|  |            |                                    |  |   |
|--|------------|------------------------------------|--|---|
| <b>General Information of the Accident</b>                   |            |                                    |  |   |
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>23/04/2022 18:15 | Type of Location:<br>Condominium Entrance |
| Location:<br><br>COMPASSVALE BOW                             |            |                                    |  |   |
| Weather:<br>Clear  |            | Road Surface:<br>Dry               |  | Road Speed Limit:                         |
| Traffic Flow:<br>One Way                                     |            | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic             |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |            |                                    |  | Anyone conveyed by ambulance:<br>No       |

| <b>Details of Vehicle Involved</b> |      |        |               |       |                  |                 |
|------------------------------------|------|--------|---------------|-------|------------------|-----------------|
| Vehicle No.                        | Type | Make   | Model         | Color | Condition        | No of Passenger |
| SGP8382C                           | Car  | HONDA  |               |       | Slightly Damaged | 1               |
| SJE3381K                           | Car  | TOYOTA | Ccrolla Altis |       | Slightly Damaged | 0               |

| <b>Details of Vehicle Insurance</b> |   |                     |            |             |
|-------------------------------------|---|---------------------|------------|-------------|
| Vehicle No.                         | Insurance Company                             | Insurance No        | Effective  | Expiry Date |
| SJE3381K                            | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNA0009504 2201 | 05/04/2022 | 04/04/2023  |




**SINGAPORE  
POLICE FORCE**


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Report No. T/20220425/2110

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

| Details of Person Involved        |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                   |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                        |  |                                   |
| Name                              | WAH BELLE (PAN JIALIN) | ID No.                                 | S8605193A                         |
| Related Vehicle                   | SJE3381K (Car)         | Contact No.                            | 88905133                          |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                        |  |                                   |
| Name                              | DARREN                 | ID No.                                 | NIL                               |
| Related Vehicle                   | NIL                    | Contact No.                            | 97206398                          |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<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 23/04/2022 at about 1815hrs, I was driving V1) SJE3381K. I was exiting from The Quartz condominium and was about to turn right. I overlooked on the direction as I was suppose to turn left instead. I reversed V1 in order to turn left, however I did not see V2 behind me. The rear of my V1 hit onto V2's front. V2's owner and I parked by the road side and took pictures of our vehicles damages. V2's owner sounded loud and rude which panicked me. V2's owner took picture of my driving license and he verbally provided his name and contact number to me. There was no Traffic Police or Ambulance activated at scene as no one was injured.

I have contacted my insurance agent who advised me to lodge a accident report at a car workshop.