

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 16/02/2022 17:01 (SGT)
Date of Accident 16/02/2022 12:35 (SGT)
Exact Location of Accident Bedok North Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EV2211U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA HIANG CHOON
NRIC No SXXXX765Z
Email Address JULIEDANIELCHUA@GMAIL.COM
Mobile Phone No (Phone) +65-97567627
Alternative Phone No +65-97567627

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA495355
Cover Note Number -

DRIVER

Name of Driver CHUA HIANG CHOON
NRIC No SXXXX765Z

Date Of Birth	29/04/1958
Occupation	Indoor
Date Of Driving Pass	22/11/1977
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97567627
Alt. Phone Number	+65-97567627
Email Address	JULIEDANIELCHUA@GMAIL.COM
Address	APT BLK 94D BEDOK NORTH AVENUE 4 #07-1429
Address complement	-
Postcode	463094
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	Side Swipe
Weather Conditions	Clear
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?	Yes
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	PAX 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBA886G
Vehicle Manufacturer	Honda
Vehicle Model	Cb400
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD NURRAIHAN BIN ABDUL GHANI
NRIC No	SXXXX802Z
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	MUHAMMAD NURRAIHAN BIN ABDUL GHANI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBA886G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

I was travelling along Bedok North Road and filtering right to Bedok Ave 3 towards Bedok Reservoir, I checked the rear and side mirror and found it clear so I filtered to the next lane! A motorcyclist then came crashing onto the side and

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Chia Peng Loo 16/12/2022
Policyholder's Signature & Date & Time

Chia Peng Loo 16/12/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

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:

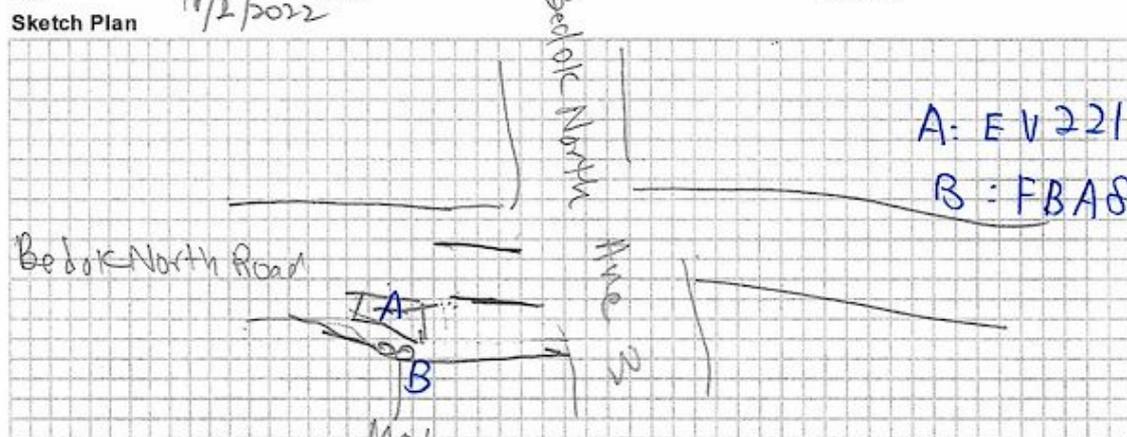
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

<p><i>Chuan Huiyong Choo</i> Policyholder's Signature / Date & Time 14/2/2022</p>	<p><i>Chuan Huiyong Choo</i> Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> Witnessed by Reporting Centre Personnel</p>
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A: EV2211U
 B: FBA886G

Motorcycle knock onto the right side of the car, causing dent and side mirror dislodged





























**SINGAPORE
POLICE FORCE**



T/20220216/2048

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4
Report No. T/20220216/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2022 14:40	Vide Report No.: G/20220216/0074	Station Diary No.: 62
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Informant's Particulars

Name of Informant: CHUA HIANG CHOON		Address: APT BLK 94D BEDOK NORTH AVENUE 4 #07-1429 SINGAPORE 463094	
ID Type / ID No.: NRIC NO / S2534765Z		Contact No.: Home/Office: Mobile: 97567627	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 29/04/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/02/2022 12:35	Type of Location: Straight Road
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EV2211U	Car	TOYOTA	COROLLA ALTIS 1.6 STANDARD (AUTO)	Silver		1
FBA886G	Motorcycle	HONDA	CB400	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220216/2048

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20220216/2048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EV2211U	AXA INSURANCE SINGAPORE PTE LTD	GA495355	06/09/2021	05/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA HIANG CHOON	ID No.	S2534765Z	
Related Vehicle	EV2211U (Car)	Contact No.	97567627	
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	
Rider				
Name	MUHAMMAD NURRAIHAN BIN ABDUL GHANI	ID No.	S9728802Z	
Related Vehicle	FBA886G (Motorcycle)	Contact No.	NIL	
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 16/02/2022 i was travelling along the said road, i wanted to turn right towards Bedok Reservoir Rd. I had already checked my mirror that it was clear before i filtered to the lane which was clear, all of a sudden a motorcycle scrapped against the right side of my vehicle causing the right side to sustain some scratches and dents. My side mirror had also dislodge from the side completely, the motorcyclist had then fell onto the side and onto the road divider railing. I had then alighted from my vehicle and went to check on the rider, i had then called for the ambulance and exchanged particulars with the rider. While waiting for the ambulance to arrive, i had taken some photos of the accident. Shortly the paramedics arrived and a while later traffic police came down, the rider was then conveyed to the nearest hospital. The traffic police had then taken my in car dash camera SD card and advised that i lodged a police report with regards to the accident.



**SINGAPORE
POLICE FORCE**



T/20220216/2048

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20220216/2048

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220216/2048

Police Station Of Origin:
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Tel No: 1800-2449999

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Report No. T/20220216/2048

CONTINUATION OF REPORT

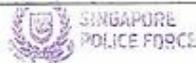
Sketch Plan

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 LIM SHAO WEI, CLARENCE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2022 14:40
Officer In Charge Of Case: TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:

NP168





SIGNATURE