

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 Actual 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 27/07/2022 11:53 (SGT)
Reported by Both
Date of Accident 25/07/2022 16:30 (SGT)
Exact Location of Accident Serangoon North Ave 6, Singapore
Additional Location Information T-JUNCTION WITH SERANGOON NORTH AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW2817J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOO MUI LING (WU MEILING)
NRIC No SXXXX230F
Email Address korkelvin87@gmail.com
Mobile Phone No (Phone) +65-84992209
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00023672200

DRIVER

Name of Driver KOR HAN BOON (XU HANWEN)
NRIC No SXXXX150E
Date Of Birth 08/08/1987
Occupation Indoor

Date Of Driving Pass	31/05/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84992209
Alt. Phone Number	-
Email Address	korkelvin87@gmail.com
Address	44 WOODGROVE AVENUE
Address complement	-
Postcode	738243
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NUR SHEELA SIM BINTE MOHD ISMADI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20220726/7003

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2176U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	KOR HAN BOON (XU HANWEN)
Gender	Male
Phone No	(Phone) +65-84992209
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW2817J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR SHEELA SIM BINTE MOHD ISMADI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLW2817J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

On the stated time & Date, I was driving my vehicle on lane 2 of 2 lanes along T-junction of Serangoon north Ave 6 & Serangoon north Ave 5. The Traffic light was Red so I slowly came to an stop. After a few seconds I felt an huge impact from my rear. I alighted my vehicle and realized vehicle (SLX2176U) had rear ended my vehicle. We exchange particular and left the scene shortly.

POLICE REPORT 4/20220726/7003

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
(Name as in NRIC/ID card)


















**SINGAPORE
POLICE FORCE**


L/20220726/7003

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POLICE REPORT (NP299)

Report No. L/20220726/7003

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 26/07/2022 03:19	Vide Report No.	Station Diary No.
Name Of Informant KOR HAN BOON	Address 44 WOODGROVE AVENUE SINGAPORE 738243	
ID Type / ID No. NRIC NO / S8724150E	Contact No. Home/Office:	Mobile: 84992209
Nationality SINGAPORE CITIZEN	Email Address Korkelvin87@gmail.com	
Occupation Sales manager	Sex Male	Age 34
Institution/School Name	Date of Birth 08/08/1987	Race Chinese
Date/Time Of Incident 25/07/2022 16:30	Location Of Incident 44 WOODGROVE AVENUE SINGAPORE 738243	

Brief details.

On stated time and date i was driving my vehicle on lane 2 of 2 lanes along T-Junction of serangoon north ave 6 and serangoon north ave 5. The traffic light was red so i slowly came to an stop. After a few seconds later i felt an huge impact from the rear and i alighted my vehicle and realise that vehicle (SLX2176U) had rear ended my vehicle. We exchange particulars.

Subjects Involved	
Victim	
Person Name	KOR HAN BOON

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2022 03:19
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220726/7003

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220726/7003

ID Type	NRIC NO	ID No	S8724150E
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Sales manager	Address	44 WOODGROVE AVENUE SINGAPORE 738243
Mobile No	84992209	Is Informant A Victim?	Yes
Person Name KOR HAN BOON (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2022 03:19
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08227R 0005. Vehicle Registration No: SLW 2817 J.
 Name (as shown in NRIC): BOO MEI LING. NRIC/FIN/Passport No: S7214230F.
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 17 OAKWOOD GROVE SINGAPORE Singapore (T3825)
 Contact (Tel): 8499 2209. Mobile No.: 8499 2209
 Email Address: KORKELVIN 87@GMAIL.COM
 Date of Accident: 27/01/2022 Time of Accident: 1630HRS.
 Place of Accident: T-JUNCTION WITH SERANGEM NORTH AVE 5
 Insurance Company: CHINA TAIPING.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

PLEASE HELP TO AMEND INJURED PERSON TO = YES

INJURED PERSON = DRIVER X1, PASSENGER X1

DRIVER NAME = KOK HAN BOON - MALE.

PASSENGER = NUR SHEELA SUM BIAE MUHD ISMAIL - FEMALE

x

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshni ABA083
NRIC/FIN No.:
Date: 05/08/2022