

# 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 .....	11/08/2022 14:11 (SGT)
Reported by .....	Both
Date of Accident .....	10/08/2022 12:42 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MARYMOUNT RD TWDS BISHAN ST 21
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJS7763S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHOO KAI JUN, DOUGLAS(ZHOU KAIJUN)
NRIC No .....	SXXXX864D
Email Address .....	ktmotorwerk@hotmail.com
Mobile Phone No .....	(Phone) +65-81633111
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1597

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00036282201

### DRIVER

Name of Driver .....	CHOO KAI JUN, DOUGLAS(ZHOU KAIJUN)
NRIC No .....	SXXXX864D
Date Of Birth .....	02/06/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	26/09/2011
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81633111
Alt. Phone Number .....	-
Email Address .....	ktmotorwerk@hotmail.com
Address .....	BLK 910 HOUGANG ST 91
Address complement .....	#10-92
Postcode .....	530910
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD6013T
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GX2387L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	CHOO KAI JUN,DOUGLAS(ZHOU KAIJUN)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	SJS7763S
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.

*DU*

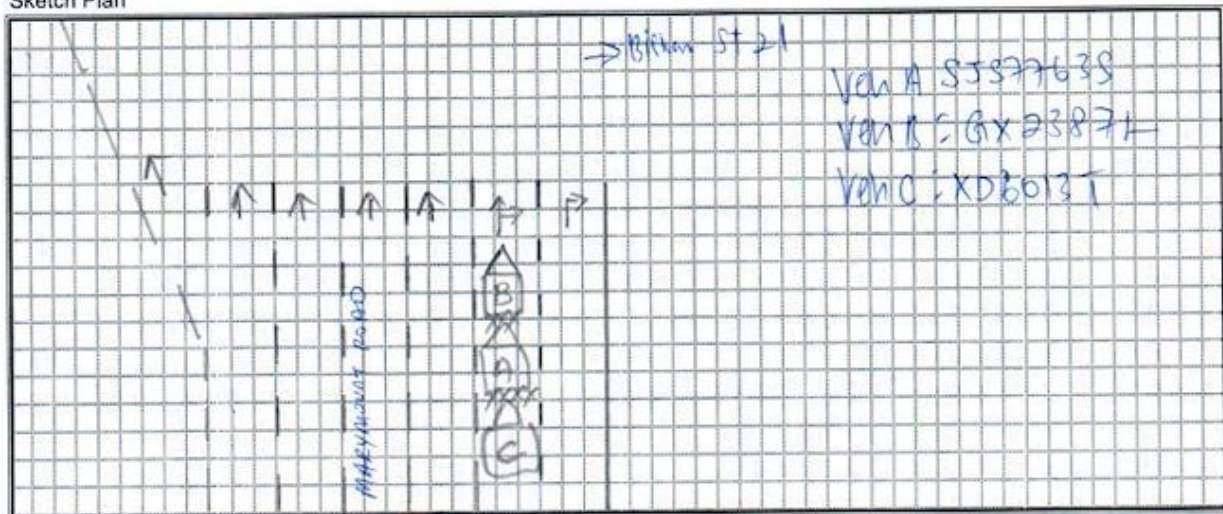
Policyholder's Signature / Date & Time

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

*lyne 11/08/22*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan





## Describe Circumstance of the Accident

On the stated date and time, I was waiting at the traffic light and suddenly veh C (XD60137) hit very hard on my vehicle (SS57763S) and I hit onto veh B (A2387L). After the accident, I was having neck pain and will consult the doctor after.

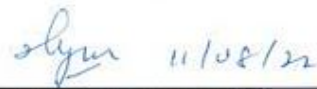
## Declaration

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)



Report No. E/20220811/7018

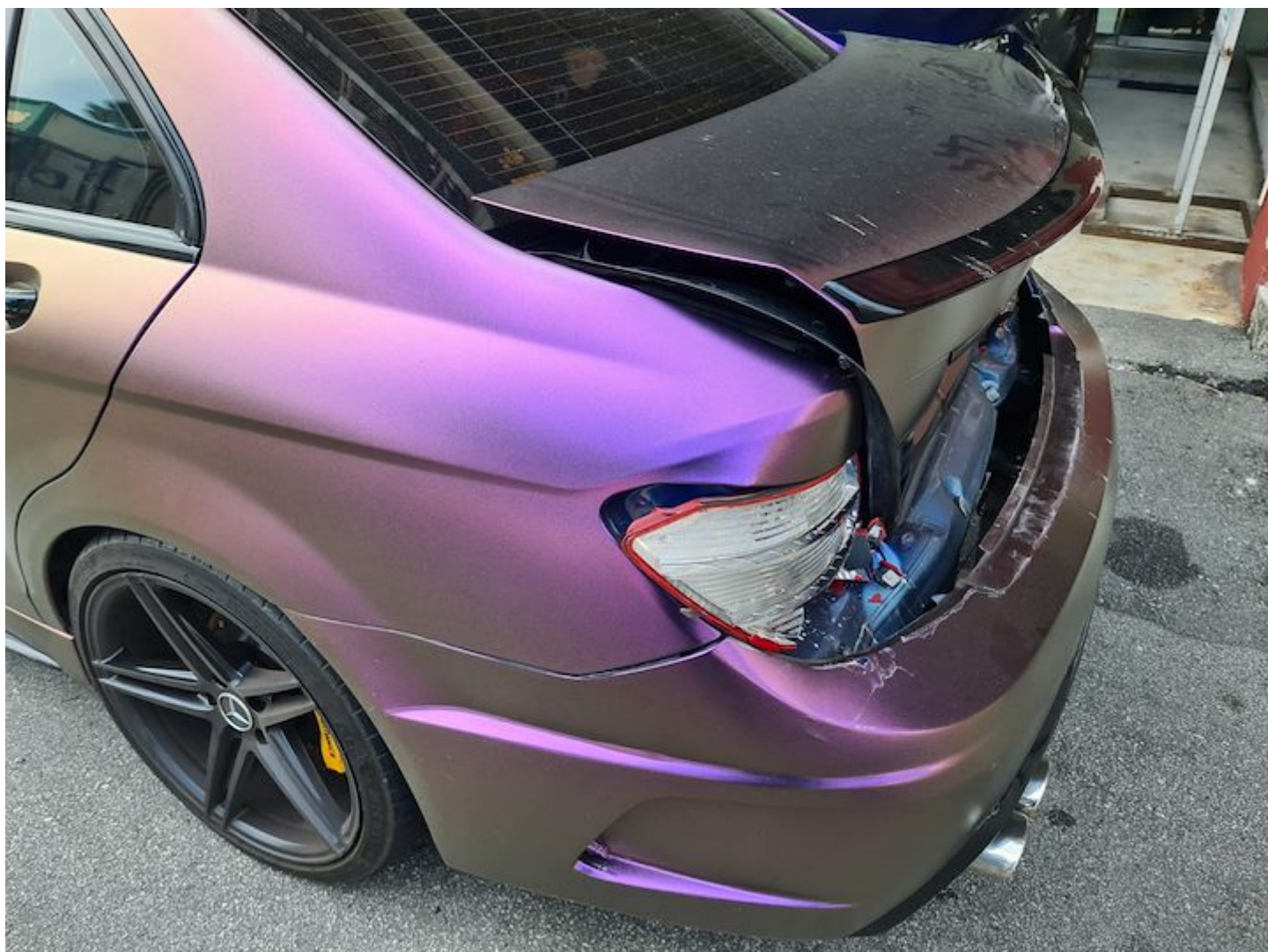
Date/Time Report Made 11/08/2022 13:54	Vide Report No.	Station Diary No.
Name Of Informant CHOO KAI JUN, DOUGLAS	Address 910 HOUGANG STREET 91 #10-92 SINGAPORE 530910	
ID Type / ID No. NRIC NO / S8918864D	Contact No. Home/Office:                      Mobile: 81633111	
Nationality SINGAPORE CITIZEN	Email Address DOUGKNIGHTCHOO@GMAIL.COM	
Occupation Interior designer	Sex Male	Age 33
Institution/School Name	Date of Birth 02/06/1989	Race Chinese
Date/Time Of Incident 10/08/2022 00:40 - 11/08/2022 00:40	Location Of Incident MARYMOUNT ROAD	

### Subjects Involved

Classification Of Case:

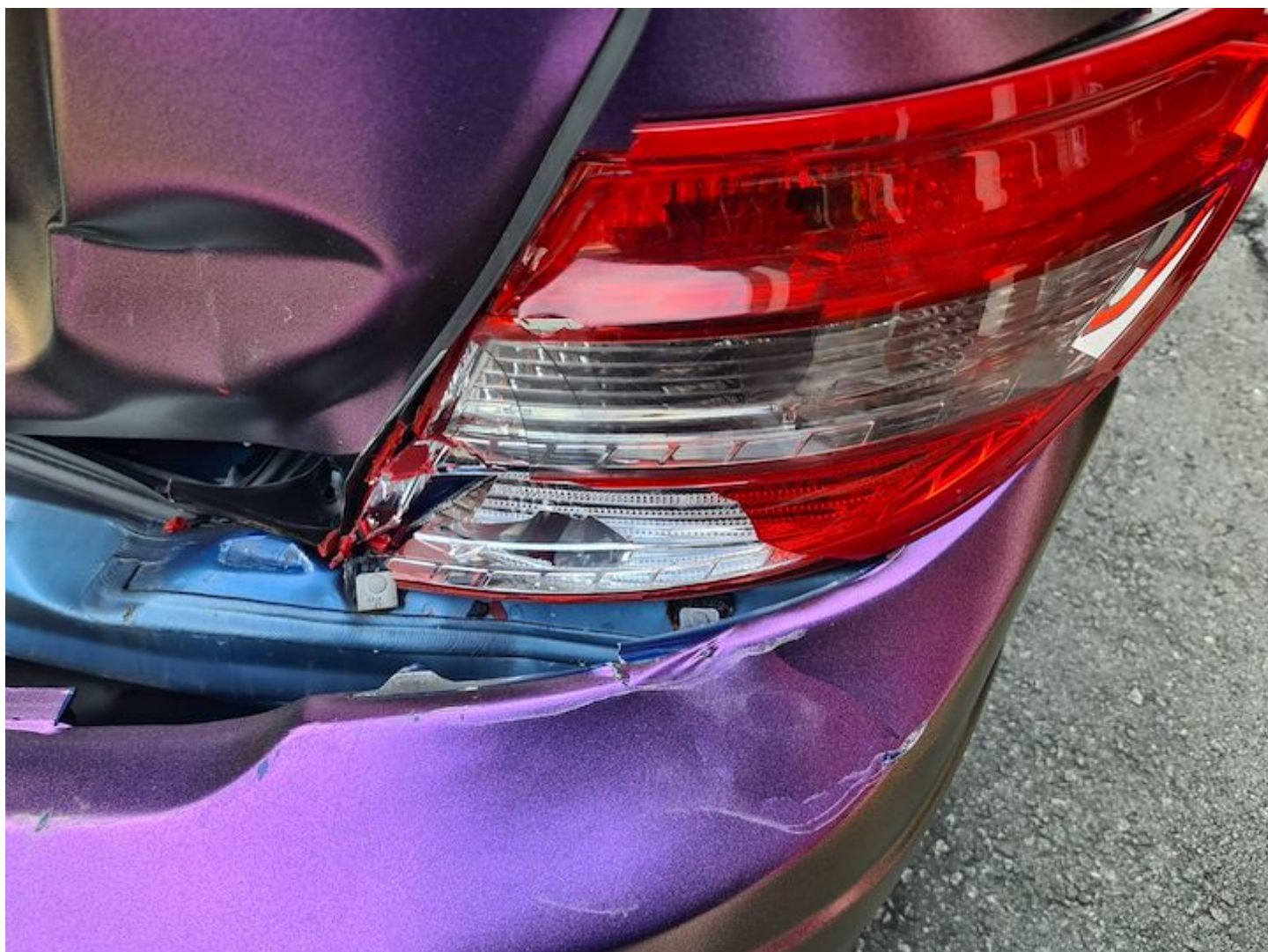




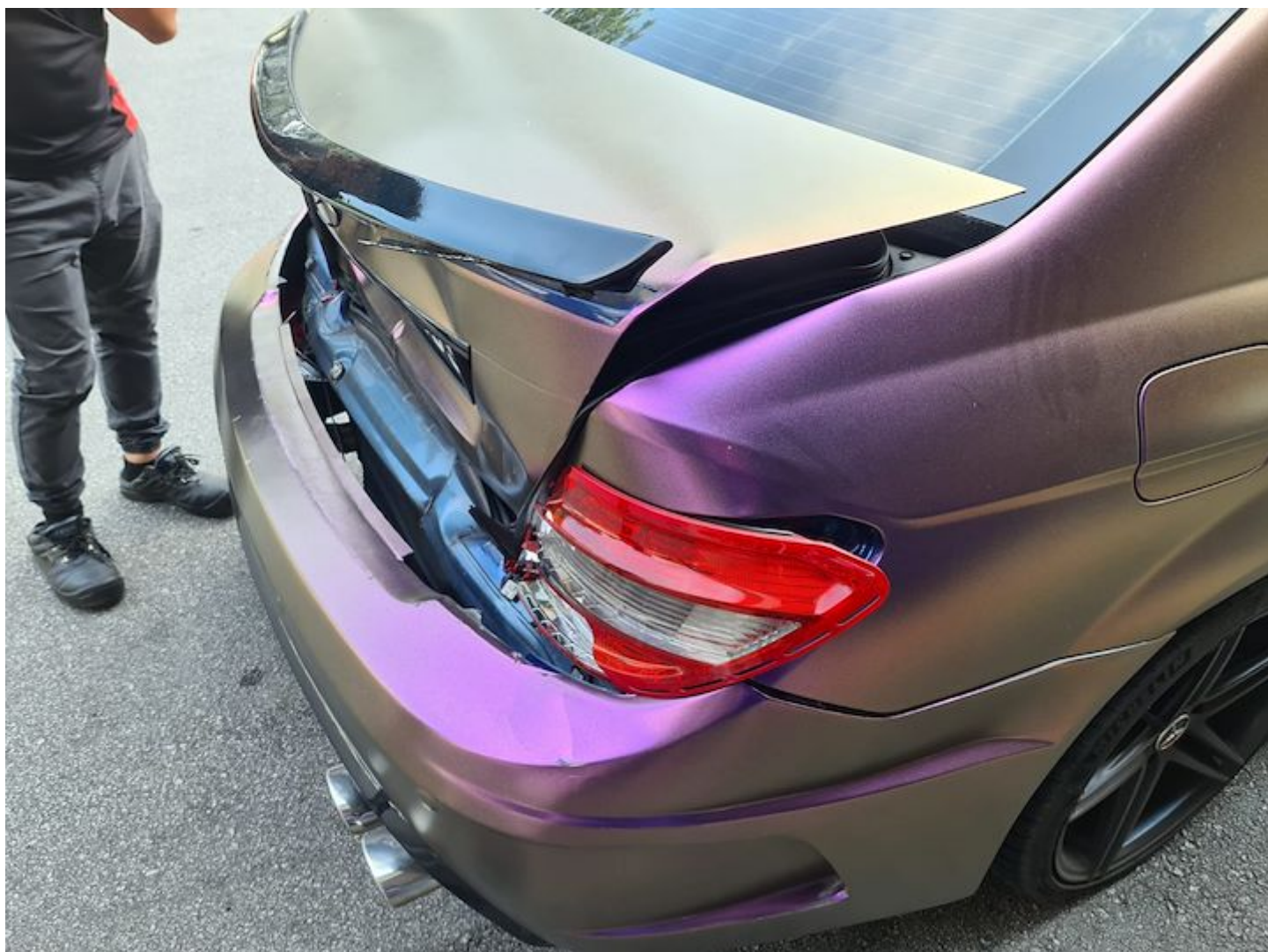






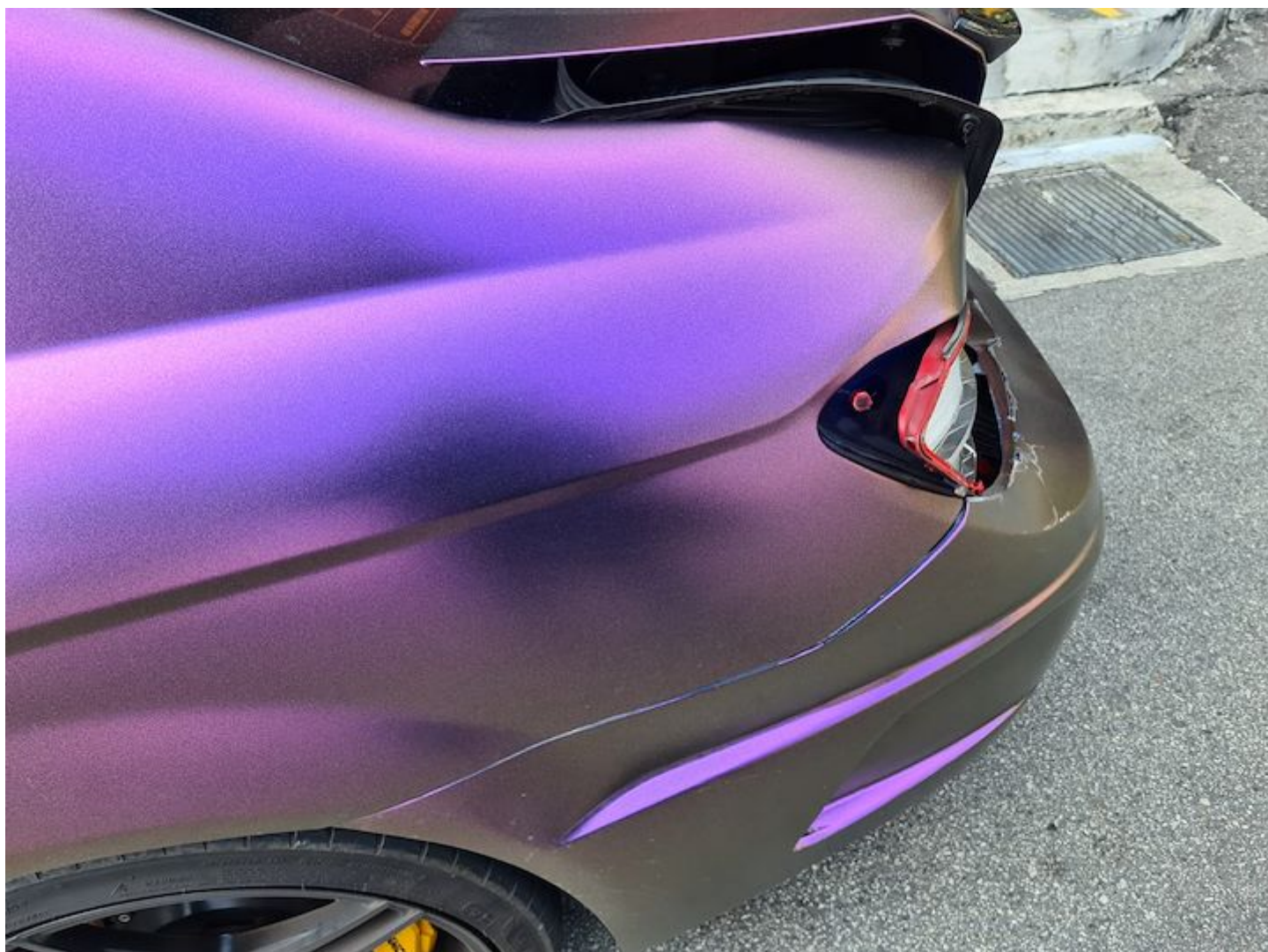
































**SINGAPORE  
POLICE FORCE**



E/20220811/7018

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**POLICE REPORT (NP299)**

Report No. E/20220811/7018

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 11/08/2022 13:54		Vide Report No.		Station Diary No.	
Name Of Informant CHOO KAI JUN, DOUGLAS		Address 910 HOUGANG STREET 91 #10-92 SINGAPORE 530910			
ID Type / ID No. NRIC NO / S8918864D		Contact No. Home/Office:                      Mobile: 81633111			
Nationality SINGAPORE CITIZEN		Email Address DOUGKNIGHTCHOO@GMAIL.COM			
Occupation Interior designer		Sex Male	Age 33	Date of Birth 02/06/1989	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 10/08/2022 00:40 - 11/08/2022 00:40		Location Of Incident MARYMOUNT ROAD			

**Brief details.**

After the accident, i was given 3 days MC at sengkang hospital.

I was involve in a traffic accident.

XD6013T hit into my rear portion and i hit GX2387L

**Subjects Involved**

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: 11/08/2022 13:54
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220811/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220811/7018

<b>Suspect</b>			
Person Name	SATHAIAH KANNAN		
Gender	Male	Relation To Informant	XD6013T
<b>Victim</b>			
Person Name	CHOO KAI JUN, DOUGLAS		
ID Type	NRIC NO	ID No	S8918864D
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Interior designer	Address	910 HOUGANG STREET 91 #10-92 SINGAPORE 530910
Mobile No	81633111	Is Informant A Victim?	Yes
Person Name CHOO KAI JUN, DOUGLAS (Informant)			

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
11/08/2022 13:54

Classification Of Case: