

# 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 ..... 17/08/2022 17:56 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/08/2022 18:15 (SGT)  
Exact Location of Accident ..... Swiss Club Rd., Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA3464R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN BOON WAH (CHEN WENHUA)  
NRIC No ..... SXXXX428D  
Email Address ..... tanbw1402@outlook.com  
Mobile Phone No ..... (Phone) +65-93366300  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00014222100

### DRIVER

Name of Driver ..... TAN BOON WAH (CHEN WENHUA)  
NRIC No ..... SXXXX428D  
Date Of Birth ..... 14/02/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/03/1985
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93366300
Alt. Phone Number .....	-
Email Address .....	tanbw1402@outlook.com
Address .....	71 JURONG WEST CENTRAL 3 #12-16
Address complement .....	-
Postcode .....	648335
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 - Major/Minor Rd
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 .....	NOEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN POLICE REPORT T/2022816/2012

#### 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 .....	SHB451B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SOH CHIN WAN
NRIC No .....	SXXXX364I
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 .....	TAN BOON WAH (CHEN WENHUA)
Gender .....	Male
Phone No .....	(Phone) +65-93366300
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA3464R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	NOEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA3464R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

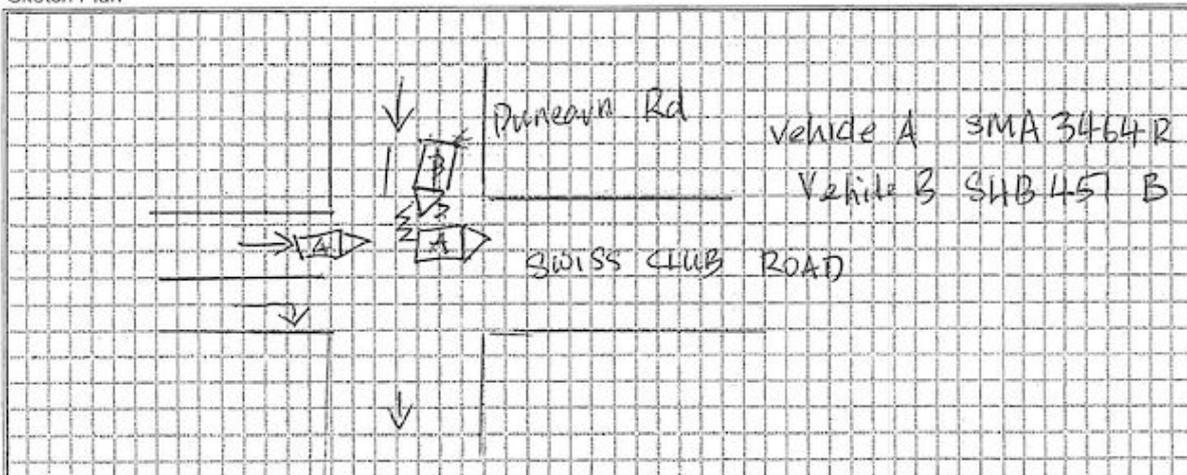
Policyholder's Signature / Date & Time

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

17/08/2022

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

**Sketch Plan**



Describe Circumstance of the Accident

On the above date and time, I was travelling in Bukit Rd turning into swiss club road on approaching the junction of dunearn road I slow down and <sup>stop</sup> as the traffic is red. when the traffic turn green and I start to move off suddenly I felt a very hard impact from my rear left, thereafter as I a light and check I realize that vehicle <sup>B</sup> had dash red light along dunearn road and cause the collision.

POLICE REPORT T/20220816/2022

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

 17/08/2022  
 Witnessed by Reporting Centre Personnel















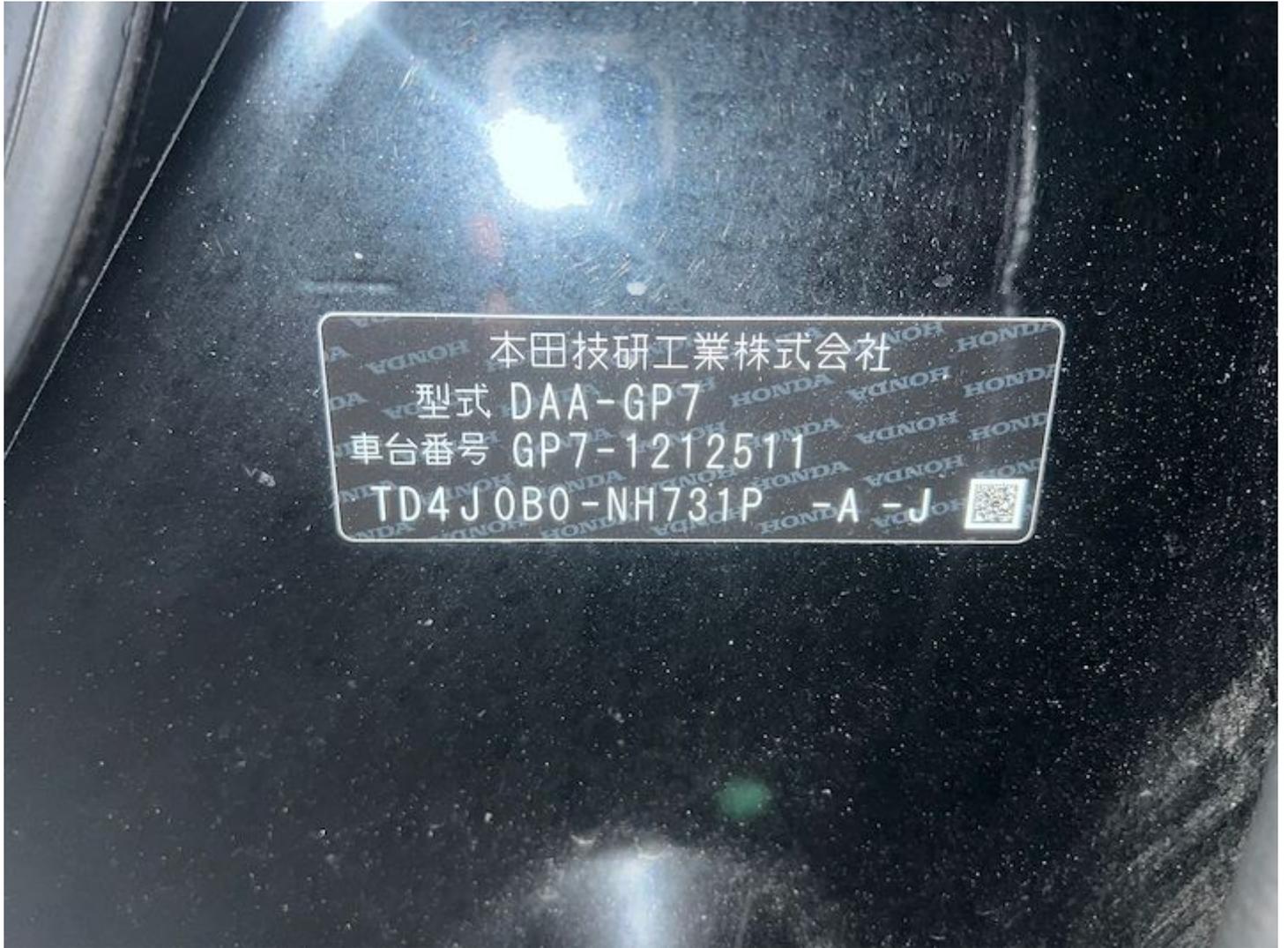













**SINGAPORE  
POLICE FORCE**


T/20220816/2012

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Report No. T/20220816/2012

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/08/2022 11:10	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: TAN BOON WAH		Address: 71 JURONG WEST CENTRAL 3 #12-16 SINGAPORE 648335	
ID Type / ID No.: NRIC NO / S1607428D		Contact No.:	Mobile: 93366300
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 14/02/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2022 18:15	Type of Location: Straight Road
Location: SWISS CLUB ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB451B	Car				Slightly Damaged	0
SMA3464R	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA3464R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000142 22100	04/12/2021	03/12/2022



**SINGAPORE  
POLICE FORCE**



T/20220816/2012

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Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20220816/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH CHIN WAN	ID No.	S12933641
Related Vehicle	SHB451B (Car)	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	NIL
Driver			
Name	TAN BOON WAH	ID No.	S1607428D
Related Vehicle	SMA3464R (Car)	Contact No.	93366300
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2022	Date Discharge	16/08/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

#### Brief Details.

On 15/08/2022 at about 1815hrs, I was driving my Grab vehicle bearing registration number SMA3464R (Honda Shutter) black in colour at the traffic light junction of Bukit Timah Road turning into junction of Dunearn Road & Swiss Club Road and I stopped at the traffic light junction.

While the traffic light turned green, I drove my vehicle straight toward Swiss Club Road. Suddenly, there was a Smart taxi bearing registration number SHB451B who beat red light on the left traffic junction collided onto my vehicle left passenger side/rear. We then stopped our vehicle, the smart taxi from portion was dented and my left rear was badly damaged due to the impact. During, the incident myself & my passenger only suffer stiff neck and no one was convey to hospital. There is no government property damaged and no traffic Police was called down to scene. We only exchange particular at scene and our vehicle was towed to workshop for insurance claim.

On 16/08/2022 at 0800hrs, I went to Mount Elizabeth Hospital to seek treatment due to neck pain, I was given 7 days outpatient medical certificate from 16/08/2022 to 22/08/2022.



**SINGAPORE  
POLICE FORCE**



T/20220816/2012

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3  
Report No. T/20220816/2012

**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:

E /

SR-STAFF-SGT-LIM-WEI-MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2022 11:10

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168





**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: SN08228H0002 Vehicle Registration No: SMA 3464R  
 Name (as shown in NRIC): Low Boon Wai NRIC/FIN/Passport No: 9272428D  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 93866305  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/08/2022 Time of Accident: 18:15  
 Place of Accident: Swiss Club Road  
 Insurance Company: Chiyon Insurance

**(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:

to insert correct sketch plan & police report

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

[Signature] 24/08/2022  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: