

# 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 .....	26/08/2022 09:44 (SGT)
Reported by .....	Both
Date of Accident .....	25/08/2022 06:28 (SGT)
Exact Location of Accident .....	Yio Chu Kang Rd, Singapore
Additional Location Information .....	TWDS BOUNDARY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF646B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SOON BOON CHEE(SUN WENZHI)
NRIC No .....	SXXXX740Z
Email Address .....	tazsoon@gmail.com
Mobile Phone No .....	(Phone) +65-85888284
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00012232200

### DRIVER

Name of Driver .....	SOON BOON CHEE(SUN WENZHI)
NRIC No .....	SXXXX740Z
Date Of Birth .....	03/08/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	03/08/1979
Driving experience .....	43 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-85888284
Alt. Phone Number .....	-
Email Address .....	tazsoon@gmail.com
Address .....	BLK 996C BUANGKOK CRESCENT
Address complement .....	#15-913
Postcode .....	536996
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 - 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 .....	HO JI WANG JOY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
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 .....	SHB8368G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	MR TEO
Contact Number .....	(Phone) +65-91710108
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

PASSENGER 1

Name .....	STEFFI
Gender .....	Female

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	SOON BOON CHEE(SUN WENZHI)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMF646B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### WITNESS DETAILS

WITNESS 1

Name .....	STEFFI
Phone .....	(Phone) +65-92268803
Email .....	-

# SKETCH PLAN

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6. The 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.
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

Sketch Plan

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

YIO CHU ICANG RD

Witnessed by Reporting Centre Personnel



A: SMF646B  
B: SHB8368G



**Describe Circumstances of the Accident**

On the abovementioned date, time and place. I was travelling along Yio Chu Kang Rd towards Boundary Rd with my wife in my vehicle SMP666B.


I had come to a complete stop for the traffic lights of Yio Chu Kang Rd x Phillips Ave when I noticed a Silver Cab, SHB 8368A in front of my vehicle rolling back. I immediately sounded my horn to warn the driver who did nothing and the vehicle rolled back and collided into the front of my vehicle. The impact of the collision had jolted me and my wife.


I then went down from my vehicle and realised that the Silvercab had a passenger Ms Steffi, 9226 8003. I checked with Ms Steffi whether she was hurt and she said no. I then asked her to be my witness to the Silvercab rolling back and she agreed. I then exchanged contact number with the Silvercab driver (later established to be Mr Teo), 91710108 and proceeded with our journey.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
25/08/2021 @ 11:01  
Policyholder's Signature / Date & Time

  
25/08/2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
26/08/22  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220825/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220825/7024

**CONTINUATION OF REPORT**

Driver			
Name	SOON BOON CHEE	ID No.	S7923740Z
Related Vehicle	SMF646B (Car)	Contact No.	85888284
Hospital/Clinic	MEDLIFE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/08/2022	Date	25/08/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On the abovementioned date, time and place, I was driving along Yio Chu Kang Rd towards Boundary Rd with my wife in my vehicle. I had stopped my vehicle behind Silver Cab, SHB8368G for the traffic lights (Yio Chu Kang Rd X Phillips Ave). I noticed the cab rolling backwards towards my vehicle and immediately sounded the horn to alert the driver. The driver did nothing to stopped the vehicle and it collided with my vehicle.

I alighted from my vehicle to assess the damage and exchange particulars when i noticed there was a female passenger at the rear seat. I then approached the passenger, Ms Steffi to check if she is alright and also to ask if she can be my witness to the taxi rolling backwards which she agreed. I then proceeded to exchange particulars with the taxi driver and noted that he had his earpiece on his ear. We exchanged particulars and moved on. On the same day, i experienced pain and soreness on my back when i reached home. I proceed to seek medical treatment and was given 7 days medical leave.

Damage to my vehicle

Cracked front grille and misaligned bumper (assessment by workshop visually)

Contact details Taxi driver

Mr Teo  
9171 0108

Contact details of taxi passenger

Ms Steffi  
9226 8803





























**SINGAPORE  
POLICE FORCE**



T/20220825/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220825/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2022 14:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOON BOON CHEE			Address: 121 BEDOK NORTH ROAD #06-173 SINGAPORE 460121		
ID Type / ID No.: NRIC NO / S7923740Z			Contact No.: Home/Office: Mobile: 85888284		
Nationality: SINGAPORE CITIZEN			Email: tazsoon@gmail.com		
Sex: Male	Age: 43	Date of Birth: 03/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2022 06:25	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB8368G	Car	HYUNDAI	I30	Silver	No Damage	1
SMF646B	Car	HONDA	FREED+HY BRID+1.5G+ AUTO	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220825/7024

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220825/7024

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHB8368G	NTUC Income Insurance Co-Operative Limited	Unknown		
SMF646B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00012232200	13/07/2022	12/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	MR TEO	ID No.	NIL	
Related Vehicle	SHB8368G (Car)	Contact No.	91710108	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
<b>Passenger</b>				
Name	STEFFI	ID No.	NIL	
Related Vehicle	SHB8368G (Car)	Contact No.	92668803	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
<b>Passenger</b>				
Name	HO JI WANG JOY	ID No.	S9214803C	
Related Vehicle	SMF646B (Car)	Contact No.	93841879	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	





**SINGAPORE  
POLICE FORCE**



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9226 8803





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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220825/7024

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Report No. T/20220825/7024

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
25/08/2022 14:55

Classification Of Case: