

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	01/09/2022 10:10 (SGT)
Reported by	Driver
Date of Accident	20/08/2022 11:35 (SGT)
Exact Location of Accident	Siglap Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5761Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BKK TRAVEL PTE. LTD.
Company Reg No	2XXXXX387C
Email Address	lennon_ckw@yahoo.com.sg
Mobile Phone No	(Phone) +65-96829329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00008182200

DRIVER

Name of Driver	CHOW KIM WING
NRIC No	SXXXX889D
Date Of Birth	11/11/1975
Occupation	Outdoor

Date Of Driving Pass	19/04/1996
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96829329
Alt. Phone Number	-
Email Address	lennon_ckw@yahoo.com.sg
Address	BLK 119 HOUGANG AVENUE 1 #07-1156
Address complement	-
Postcode	530119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	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

PLEASE REFER TO POLICE REPORT T/20220831/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1




Vehicle Registration Number	SLE8074R
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
 2. This Form must be completed by the Policyholder and/or the Authorized Person.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or willful hiding of material facts may allow insurance companies to revoke 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. The report will be forwarded by the insurers of the Civil Claims Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
 7. By the acceptance of this report by the insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available thereafter.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, agree and consent that:
- (a) all insurers, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data and 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 insurers) and have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"). The Insurers, my workshop, 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claim (including the mailing of correspondence, statements, notices, 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 and postboxes); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firms, may be 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 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 located outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature & Date
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre
 Received

Sketch Plan

A-PCS7612



Siglap Road

Describe Circumstances of the Accident

Please refer to Police Report
170220831/7022

Declaration

We declare on form that all facts 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

01/09/2022











































SINGAPORE POLICE FORCE

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



T/20220831/7028

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Report No. T/20220831/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2022 14:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOW KIM WING		Address: 119 HOUGANG AVENUE 1 #07-1156 SINGAPORE 530119			
ID Type / ID No.: NRIC NO / S7534889D		Contact No.: Home/Office:		Mobile: 96829329	
Nationality: SINGAPORE CITIZEN		Email: LENNON_CKW@YAHOO.COM.SG			
Sex: Male	Age: 46	Date of Birth: 11/11/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2022 11:35	Type of Location: Gradient
Location: SIGLAP ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5761Z	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

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



T/20220831/7028

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Report No. T/20220831/7028

CONTINUATION OF REPORT

Driver			
Name	CHOW KIM WING		ID No. S7534889D
Related Vehicle	PC5761Z (Van)		Contact No. 96829329
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

Brief Details.

I am travelling along Siglap Road on 20 August 2022. The accident take place when I overtake to the right, I did not know that my van hit into the rear of the vehicle SLE8074R . I have pictures attached regarding the accident. The involved vehicle driver is SLE8074R, we did not have any face-to-face communication regarding the accident involved. However, the vehicle owner of SLE8074R, have contacted my company Care Express Services. Currently, my company is still checking the footage on the accident. Initially, the vehicle owner of SLE8074R wanted to have a private settlement with my company owner, however he changed his mind and asked for more than the agreed amount from my boss. Please look into this matter. Thank you.



SINGAPORE POLICE FORCE

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



T/20220831/7028

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Report No. T/20220831/7028

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:
31/08/2022 14:08

Classification Of Case:

Annual Leave


**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/22548/2022
Date : 26 AUGUST 2022

BKK TRAVEL PTE. LTD.
BLK 14 JALAN TARI PIRING

SINGAPORE 799167

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 6902
Fax +65 6547 4883
www.police.gov.sg

Dear Sir / Madam

**ALLEGED HIT-AND-RUN ACCIDENT INVOLVING PC5761Z & SLE8074R ALONG SIGLAP ROAD
ON 20 AUGUST 2022 AT 1135 HRS**

Our investigations showed that you are the registered owner / driver of motorcar, **PC5761Z**, allegedly involved in the said accident.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online **Traffic Accident Report** using Singpass via <http://www.eservices.police.gov.sg>. Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Rashidah_Azman@spf.gov.sg. If the file size is too big, please make arrangements with the IO contactable at DID: 6547 6902 for a convenient method of retrieval. Alternatively, you may forward the video to IO RASHIDAH AZMAN through Whatsapp Messenger at 94577835.

Yours faithfully,

LIM KIAN HENG SAM, SUPT
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE

This is a computer-generated letter. No signature is required.

Particulars of the driver of **PC5761Z** on 20 AUGUST 2022 AT 1135 HRS:-

Name :	NRIC / FIN / PP No.	Address :
Contact No :		

I affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner Signature of Registered vehicle owner Date

*Please mail or email a soft copy of the completed form, addressed to the Investigation Officer.

A FORCE FOR THE NATION



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

Our Ref: SNM22D206083/PC5761Z/C02

Date: 29 AUG 2022

Via Ordinary Mail

BKK TRAVEL PTE LTD
34 JALAN TARI PIRING
JALAN KAYU ESTATE
SINGAPORE 799187

Dear Policyholder,

**RE: ACCIDENT INVOLVING OUR VEHICLE NOS. PC5761Z AND SLE8074R ON 20 AUG 2022 11:35 ALONG
TRAFFIC JUNCTION TOWARDS CHAI CHEE**

Policy : DMB1SNA00008182200

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of our Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to your own damage claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

(This is a computer-generated letter and no signature is required)

cc: AN0626A UNIVERSAL INSURANCE AGENCY PTE LTD (via EMAIL)