

# 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 .....	14/09/2022 15:26 (SGT)
Reported by .....	Driver
Date of Accident .....	13/09/2022 09:00 (SGT)
Exact Location of Accident .....	Near 82 Hillview Ave, Singapore 669581
Additional Location Information .....	(TUAS) EXIT 27
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS7221R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOYCE BOEY YOKE LENG
NRIC No .....	SXXXX128C
Email Address .....	junxianmr@gmail.com
Mobile Phone No .....	(Phone) +65-97529867
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00096032100

### DRIVER

Name of Driver .....	YAP JUN XIAN
NRIC No .....	SXXXX864B
Date Of Birth .....	25/09/1990
Occupation .....	Indoor

Date Of Driving Pass .....	25/09/2015
Driving experience .....	7 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97529867
Alt. Phone Number .....	-
Email Address .....	junxianmr@gmail.com
Address .....	BLK 608A TAMPINES NORTH DRIVE 1 #11-300
Address complement .....	-
Postcode .....	521608
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Wet

#### 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) .....	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 SKETCH PLAN

#### 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 .....	SLV4292P
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 .....	YAP JUN XIAN
Gender .....	Male
Phone No .....	(Phone) +65-97529867
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	SLS7221R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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)

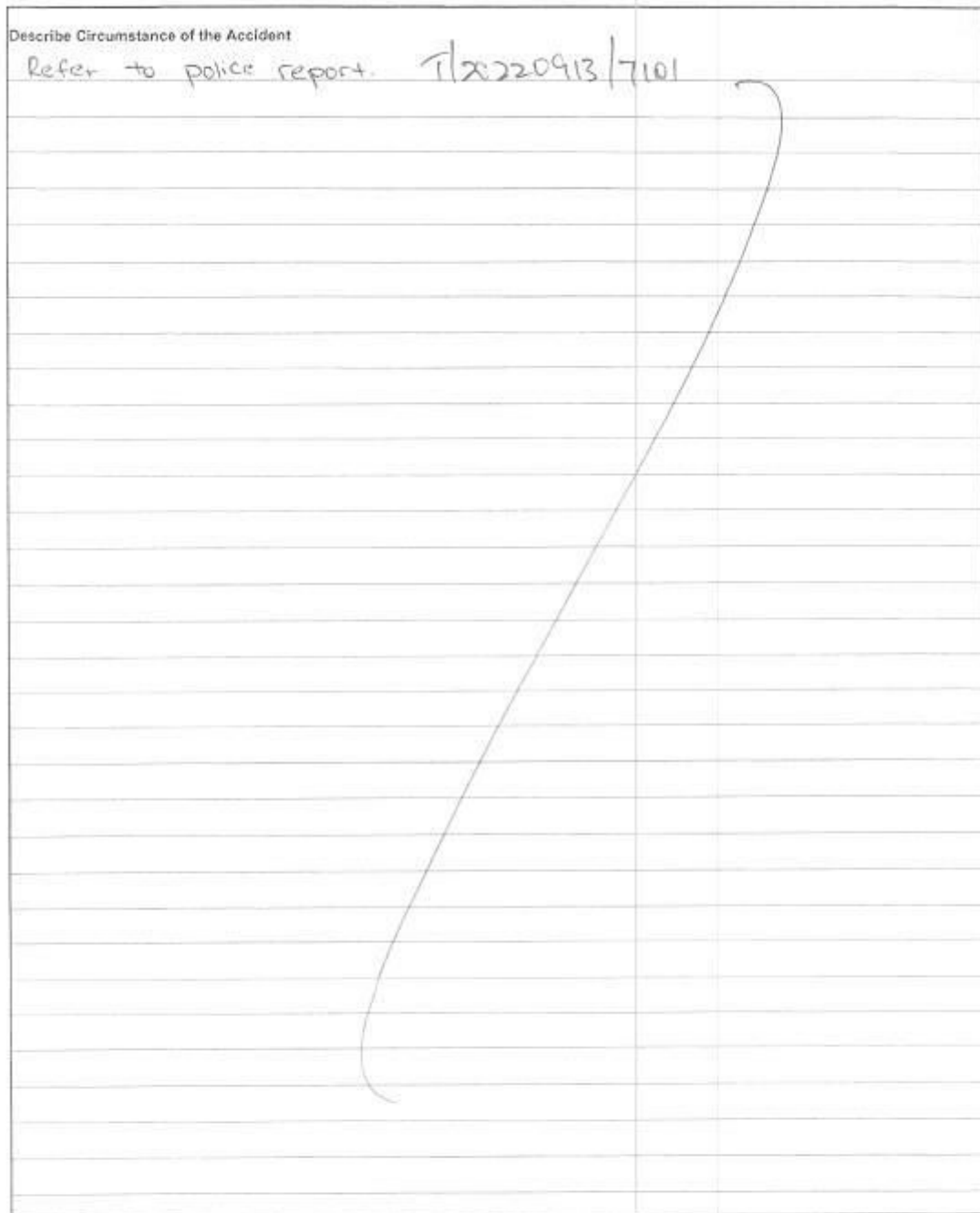
Sketch Plan

PIE (THAS) EXPT 27

	<p>A: SL87221R</p> <p>B: SLV 4292P</p>
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Describe Circumstance of the Accident

Refer to police report. T/20220913/7101



**Declaration**

I/We declare the foregoing particulars are true in every respect.

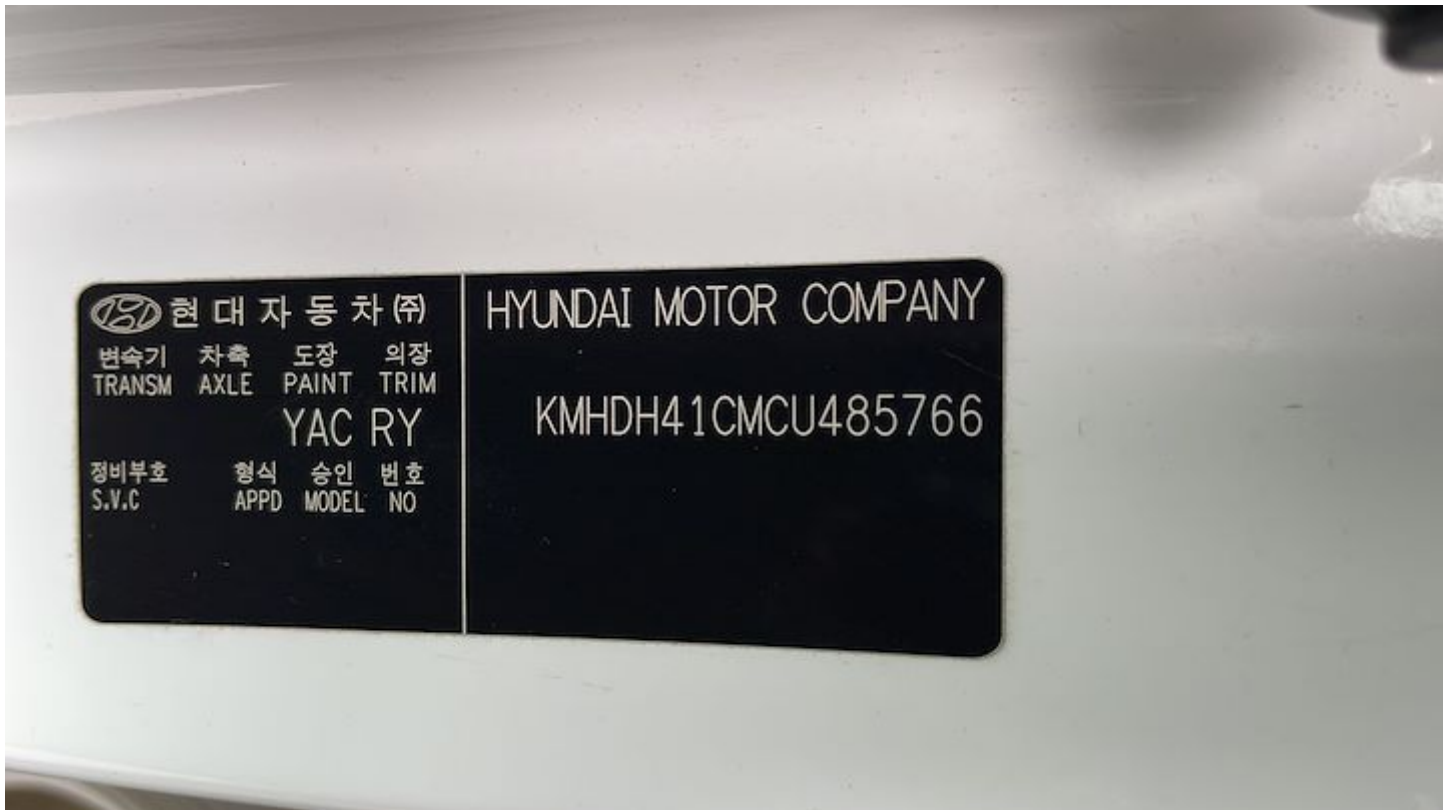
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

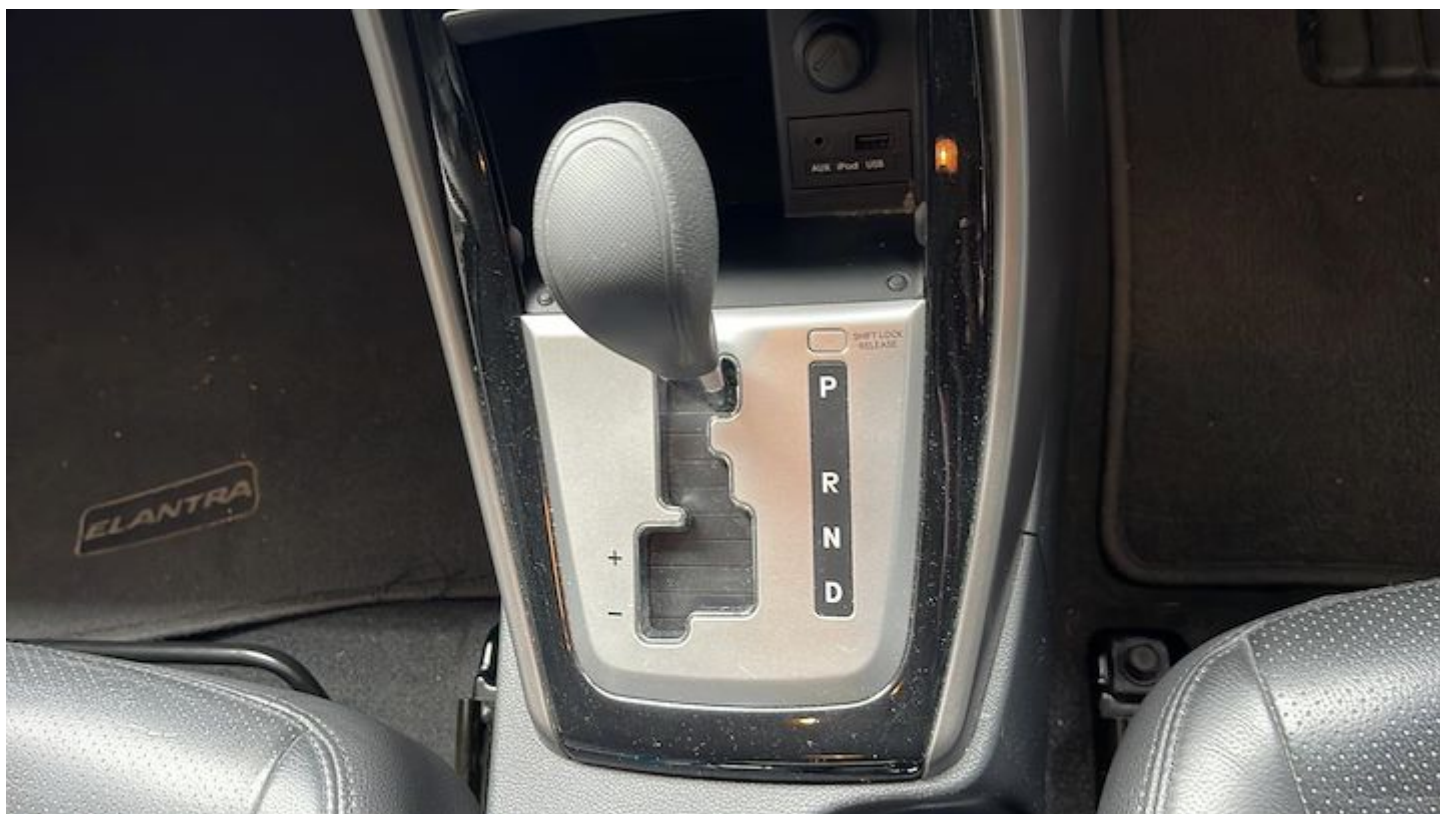
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ND card)





























# SINGAPORE POLICE FORCE

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



T/20220913/7101

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Report No. T/20220913/7101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2022 21:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YAP JUN XIAN			Address: 608A TAMPINES NORTH DRIVE 1 #11-300 SINGAPORE 521608		
ID Type / ID No.: NRIC NO / S9035864B			Contact No.: Home/Office:		Mobile: 97529867
Nationality: SINGAPORE CITIZEN			Email: JUNXIANMR@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 25/09/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2022 09:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLS7221R	Car					0
SLV4292P	Car					0

<b>Details of Person Involved</b>	
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/20220913/7101

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Report No. T/20220913/7101

**CONTINUATION OF REPORT**

Driver:			
Name	YAP JUN XIAN		ID No. S9035864B
Related Vehicle	SLS7221R (Car)		Contact No. 97529867
Hospital/Clinic	GREEN CROSS MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	13/09/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the 13 Sep 2022 @ 0900 Hrs, I was driving along PIE ( Tuas) and I was about to exit on the 'EXIT 27'. Suddenly Vehicle B ( SLV4292P ) hit my vehicle ( SLS7221R ) on the rear with a big impact. After being hit I was very lost at that moment after awhile I gain back my energy, I went down and look at the damage of my vehicle and saw that the damage was very bad. I went over to confront vehicle B driver and we exchanged particular. After that I drove off and head to my office. When I reach office after a moment I felt that I was having backache and neck pain. I straight went to consult a doctor and the doctor gave me MC and Medicine. The doctor also mention that next few days if it get serious ask me straight walk into A&E.

**SINGAPORE  
POLICE FORCE**

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



T/20220913/7101

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Report No. T/20220913/7101

**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 / TPB /  
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:  
13/09/2022 21:57

Classification Of Case: