

# 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 ..... 16/09/2022 15:01 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/09/2022 22:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT BATOK RD TWDS CCK WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLA5183A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MR WOO SIANG YIN  
NRIC No ..... SXXXX314E  
Email Address ..... clk2wsy@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-97588574  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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 ..... 1197

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MU001974-R05

### DRIVER

Name of Driver ..... MR WOO SIANG YIN  
NRIC No ..... SXXXX314E  
Date Of Birth ..... 18/07/1961  
Occupation ..... Indoor

Date Of Driving Pass .....	28/02/1980
Driving experience .....	42 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97588574
Alt. Phone Number .....	-
Email Address .....	clk2wsy@singnet.com.sg
Address .....	99 CASHEW ROAD
Address complement .....	#05-01
Postcode .....	679670
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 .....	CHIA LAY KEOK
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBU870X
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 .....	MR WOO SIANG YIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLA5183A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHIA LAY KEOK
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLA5183A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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 &amp; Time

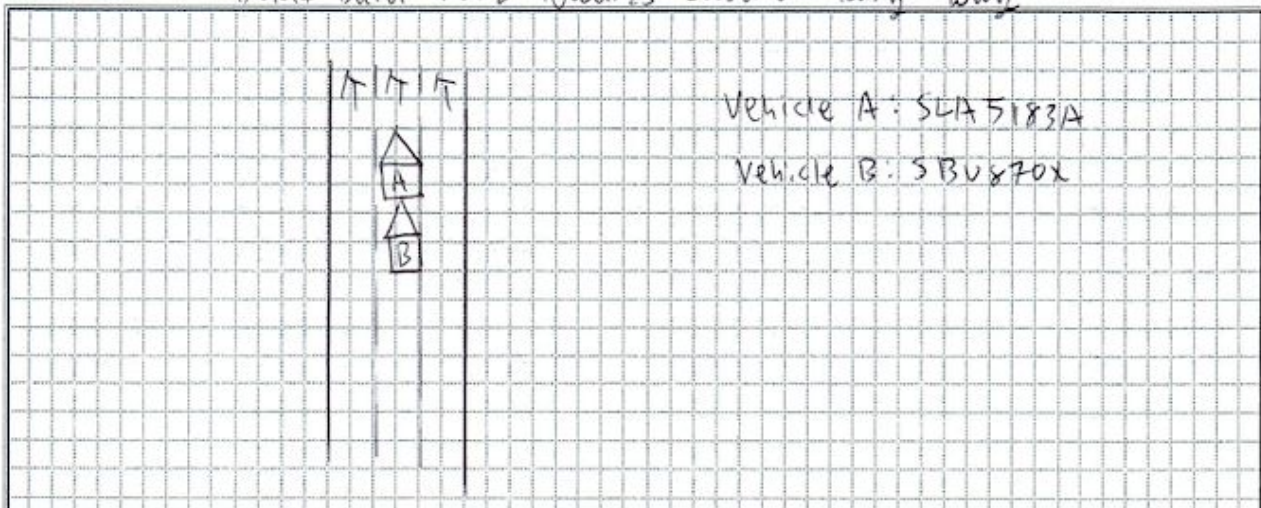
Driver's Signature (if driver is not the policyholder) / Date &amp; Time

16/09/22

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

Sketch Plan

Bukit Batok road towards Choa chuan kang way




## Describe Circumstance of the Accident

I was traveling along Bukit Batok road towards Chen Chu Kang way. I was stationary at lane 2, waiting for the traffic light to turn green. Suddenly I felt a huge impact from the rear of my vehicle. I got down and realised vehicle BCSBV870X had hit onto the rear portion of my vehicle.

## 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

 16/09/22  
 Witnessed by Reporting Centre Personnel



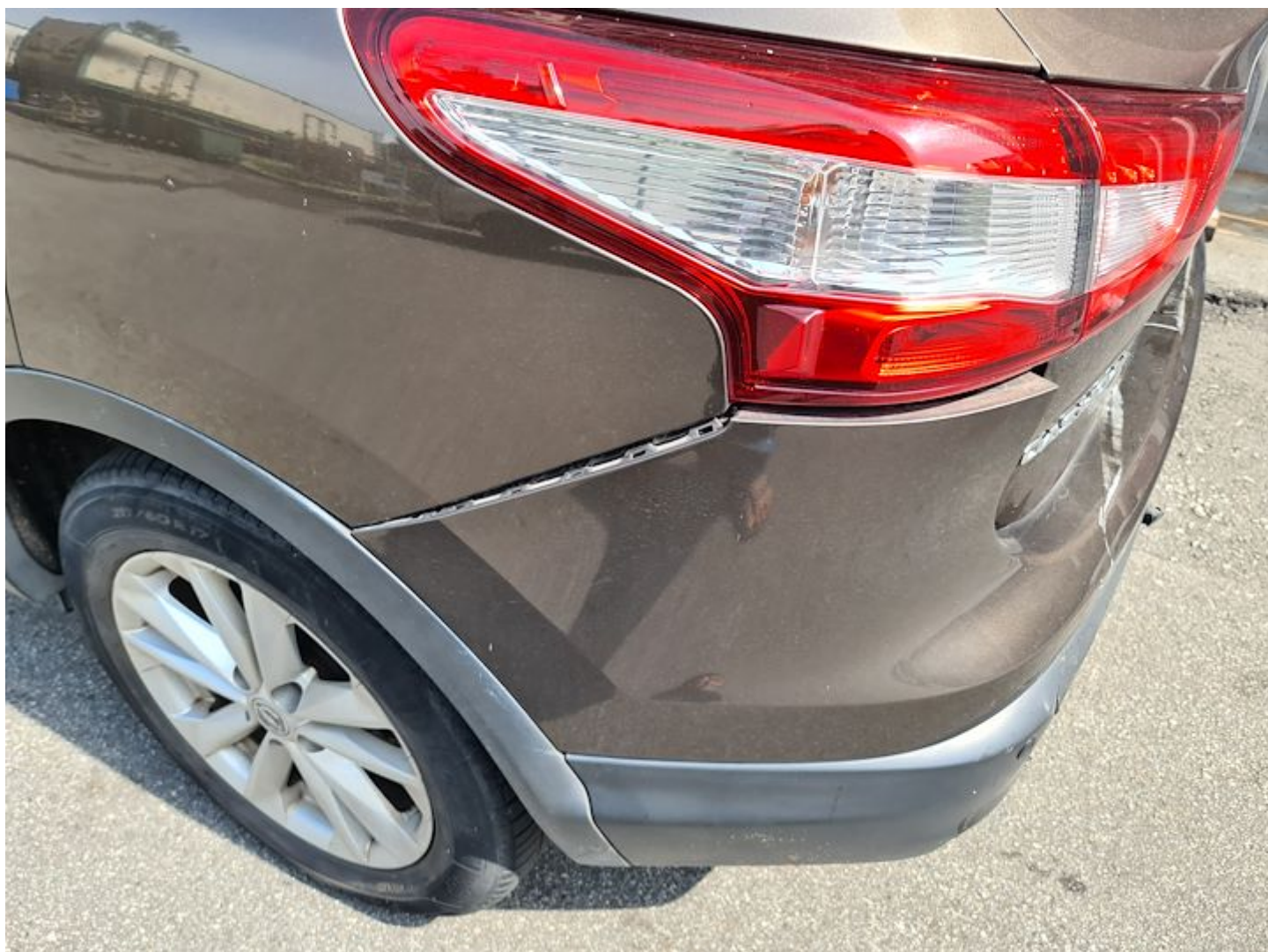


































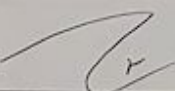
**CONFIDENTIAL**  
**NOTICE OF REPORTING**

This is to inform that WOO SIANG YIN (DRIVER of VI), NRIC S1461314E, has reported to the police a non-injury traffic accident, which occurred at JUNCTION OF BUKIT BATOK WEST AVE 2, on 15/09/2022, 09:45PM involving the following vehicles:

V I : SLA5183A

V II : SBU870X (Driver: CHUA KAH TIAN, S1302033G, HP: 91805802)

2. If the accident is reported to the Police within 24 hours of its occurrence, he/she therefore has complied with Section 84(2) of the Road Traffic Act, Chapter 276.

Rank/Name of Issuing Officer : SGT(2) ZOEN LEE WEN  
Date/Time : 15/09/2022 @ 10:20PM  
e-Station Diary : 156  
Police Post : Bukit Panjang NPC  
Signature : 

**Bukit Panjang NPC**  
1 Segar Road #01-05  
Singapore 677738  
Tel : 6892 9999

Original - To be issued to informant  
Duplicate - To be retained at NPC or Police Post