

## 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 ..... 21/09/2022 18:41 (SGT)  
Reported by ..... Both  
Date of Accident ..... 20/09/2022 19:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHOA CHU KANG WAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP8636A

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIM CHOON SUN  
NRIC No ..... S7065373G  
Email Address ..... SUN.DARREN@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97123473  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00218242200

#### DRIVER

Name of Driver ..... SIM CHOON SUN  
NRIC No ..... S7065373G  
Date Of Birth ..... 19/08/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	30/12/2009
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97123473
Alt. Phone Number .....	-
Email Address .....	SUN.DARREN@HOTMAIL.COM
Address .....	BLK 684C CHOA CHU KANG CRESCENT
Address complement .....	#09-342
Postcode .....	683684
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	VIVIAN
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

#### REFER TO POLICE REPORT

#### 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 .....	SNA3746R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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

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5. Any false reporting may be referred to the Police for investigation.
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

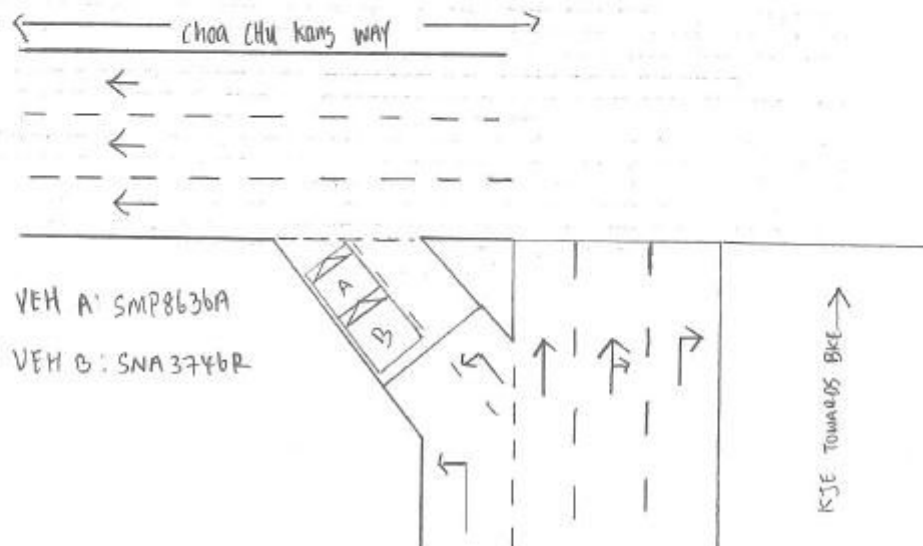
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving my vehicle number SMP8636A along KJE towards BKE at the exit of CHOA CHU KANG WAY/DRIVE.

I was on the left lane turning towards CHOA CHU KANG WAY.


AS I was approaching the junction, I came to a stop due to on coming vehicle on my right, suddenly I felt a impact from the rear.

I alighted from my vehicle and realized vehicle number SA1A 3746R collided onto my vehicle rear portion.

Declaration

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

  
21-Sep-2023  
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20220921/7037

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

1 of 3  
Report No. T/20220921/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2022 17:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIM CHOON SUN			Address: 684C CHOA CHU KANG CRESCENT #09-342 SINGAPORE 683684		
ID Type / ID No.: NRIC NO / S7065373G			Contact No.: Home/Office: Mobile: 97123473		
Nationality: MALAYSIAN			Email: SUN.DARREN@HOTMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 19/08/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			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: 20/09/2022 19:40	Type of Location:
Location:  KRANJI EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP8636A	Car	HYUNDAI	AD AVANTE 1.6 GLS (A)	White		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP8636A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002182 42200	15/09/2022	14/09/2023



**SINGAPORE  
POLICE FORCE**



T/20220921/7037

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

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Report No. T/20220921/7037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	TAN SIU ING VIVIEN	ID No.	NIL
Related Vehicle	SMP8636A (Car)	Contact No.	NIL
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>Driver</b>			
Name	SIM CHOON SUN	ID No.	S7065373G
Related Vehicle	SMP8636A (Car)	Contact No.	97123473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time I was driving my friend (Tan Siu Ing Vivien) on board vehicle SMP8636A. I was travelling straight on the stated venue and as I enter the slip road to Choa Chu Kang Way I stopped at the giveway line to check for traffic. Suddenly vehicle SNA3746R came from behind and hit onto my vehicle's rear portion. The sudden impact causes my right hand to slip and hit onto my steering. After a while both of us felt sore on our neck, shoulders and back areas. We did not bother about it and went back. The next day the pain on my body worsen. I then proceeded to Unihealth 24hr clinic Jurong East to seek treatment and I was given 3 days MC. My friend pain also worsen and she told me she will seek medical treatment herself.



**SINGAPORE  
POLICE FORCE**



T/20220921/7037

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

3 of 3

Report No. T/20220921/7037

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
21/09/2022 17:04

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: SA1F229L0001 Vehicle Registration No: SMP8636A

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**(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:

Remove Picture 1

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Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: