

# 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 ..... 28/09/2022 15:33 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/09/2022 17:35 (SGT)  
Exact Location of Accident ..... Ubi Ave 1, Singapore  
Additional Location Information ..... TOWARDS PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM3669D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOO ENG TONG  
NRIC No ..... SXXXX225E  
Email Address ..... choo\_et@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-97578806  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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 ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00010382201

### DRIVER

Name of Driver ..... CHOO ENG TONG  
NRIC No ..... SXXXX225E  
Date Of Birth ..... 25/06/1969  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/02/2012
Driving experience .....	10 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97578806
Alt. Phone Number .....	-
Email Address .....	choo_et@yahoo.com.sg
Address .....	BLK 172 LORONG 1 TOA PAYOH #25-1158
Address complement .....	-
Postcode .....	310172
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) .....	3
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 .....	WES LEE
Gender .....	Male

#### PASSENGER 2

Name .....	GRAB PASSENGER
Gender .....	Male

#### 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 AND POLICE REPORT T/20220928/7027

#### 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 .....	SJZ8380U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JIMMY
Contact Number .....	(Phone) +65-97825052
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.

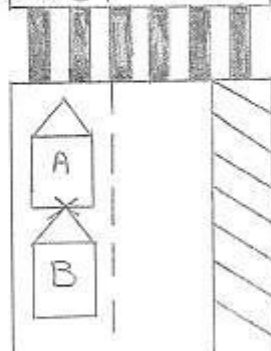
  
Policyholder's Signature / Date & Time

Sketch Plan

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

  
Witnessed by Reporting Centre Personnel

W31 AVEALUE 1 TOWARDS PIE



A : SMM3669D

B : SJZ 8380U

Describe Circumstances of the Accident


On 27/09/2022 at 17:35 pm. I was traveling along UBI AVENUE 1 towards PIE. While reaching the zebra crossing, there was pedestrian crossing the road thus I slow down to a stop. After a few seconds, I suddenly felt an impact from my vehicle (9MM3669D) rear portion. When I alighted from my vehicle, I realised vehicle B (S328380U) had collided onto my vehicle rear portion.

POLICE REPORT T/20220928/7027

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

 28/09/2022  
Witnessed by Reporting Centre Personnel











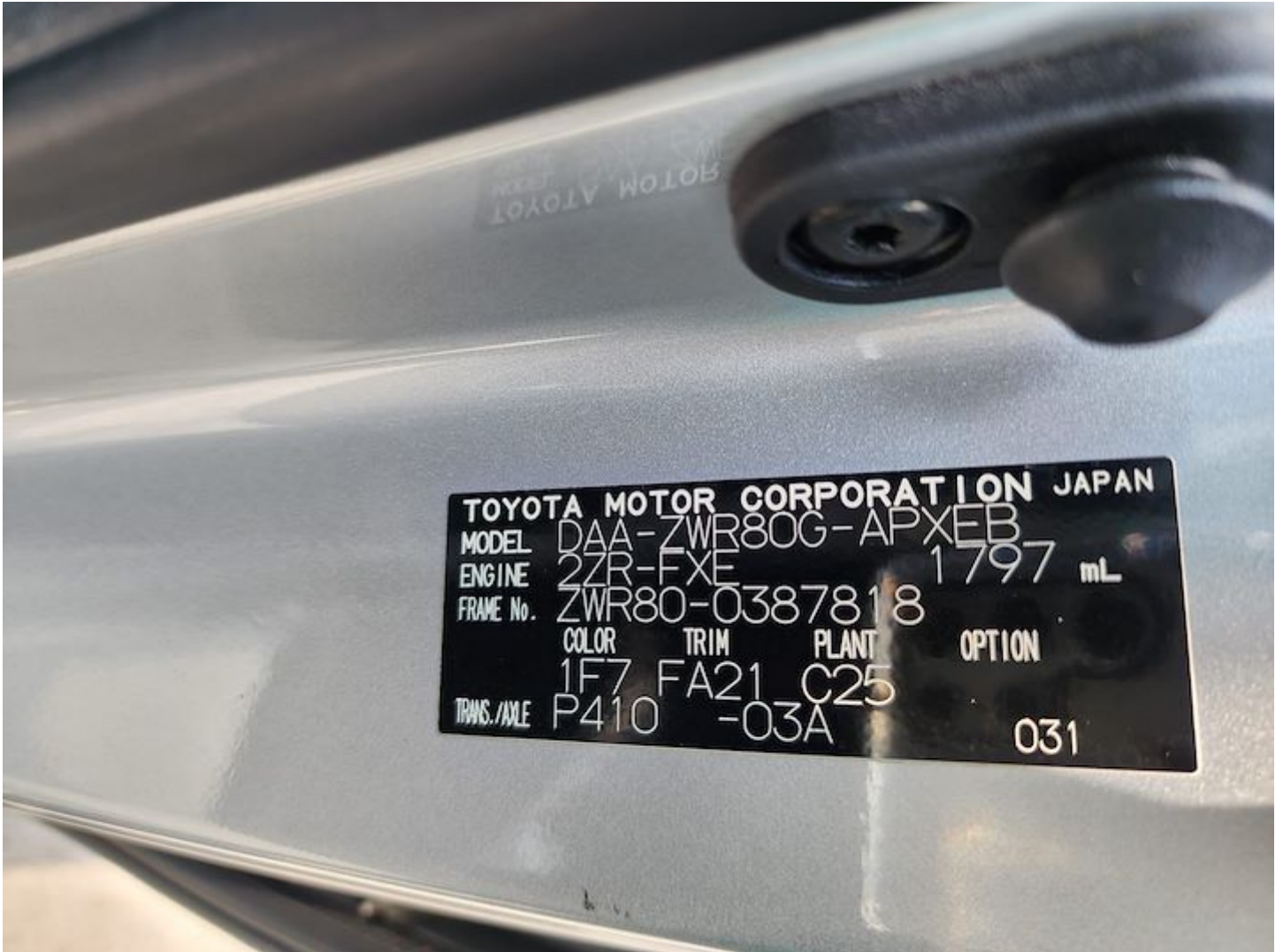















**SINGAPORE  
POLICE FORCE**

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



T/20220928/7027

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Report No. T/20220928/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2022 13:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO ENG TONG			Address: 172 LORONG 1 TOA PAYOH #25-1158 SINGAPORE 310172		
ID Type / ID No.: NRIC NO / S6921225E			Contact No.: Home/Office:		Mobile: 97578806
Nationality: SINGAPORE CITIZEN			Email: CHOO_ET@YAHOO.COM.SG		
Sex: Male	Age: 53	Date of Birth: 25/06/1969	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2022 17:35	Type of Location: Straight Road	
Location:  UBI AVENUE 1					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
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
SJZ8380U	Car					0
SMM3669D	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Silver		0



**SINGAPORE  
POLICE FORCE**



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

Report No. T/20220928/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM3669D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000103 82201	07/08/2022	06/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHOO ENG TONG	ID No.	S6921225E	
Related Vehicle	SMM3669D (Car)	Contact No.	97578806	
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	
Passenger				
Name	GRAB PASSENGER	ID No.	NIL	
Related Vehicle	SMM3669D (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	
Passenger				
Name	WES LEE	ID No.	NIL	
Related Vehicle	SMM3669D (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	



**SINGAPORE  
POLICE FORCE**



T/20220928/7027

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

Report No. T/20220928/7027

**CONTINUATION OF REPORT**Brief Details.

On the above stated time & date, I was travelling along Ubi Avenue 1 towards PIE. While reaching the zebra crossing, there was pedestrian crossing the road thus I slow down to a stop. After a few seconds, I suddenly felt an impact from my vehicle (SMM3669D) rear portion. When I alighted from my vehicle, I realised vehicle B (SJZ8380U) had collided onto my vehicle rear portion.



# SINGAPORE POLICE FORCE

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



T/20220928/7027

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Report No. T/20220928/7027

## 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 /  
CHONG GUAN FATT  
Contact No.: 65472077

NP168

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

Date/Time:  
28/09/2022 13:08

Classification Of Case: