

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 | 04/10/2022 16:08 (SGT) |
| Reported by | Both |
| Date of Accident | 03/10/2022 13:55 (SGT) |
| Exact Location of Accident | River Valley Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNG4754D |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | TEH WEE WEE (ZHENG WEIWEI) |
| NRIC No | SXXXX324B |
| Email Address | zhengweiwei04@gmail.com |
| Mobile Phone No | (Phone) +65-81579751 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | C-hr |
| 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 - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1797 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00018272200 |

DRIVER

| | |
|----------------------|----------------------------|
| Name of Driver | TEH WEE WEE (ZHENG WEIWEI) |
| NRIC No | SXXXX324B |
| Date Of Birth | 16/04/1987 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 17/10/2012 |
| Driving experience | 10 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-81579751 |
| Alt. Phone Number | - |
| Email Address | zhengweiwei04@gmail.com |
| Address | BLK 27 TOA PAYOH EAST #11-176 |
| Address complement | - |
| Postcode | 310027 |
| 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) | 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 | GOJEK PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------------|
| Name | GOJEK PASSENGER |
| 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

PLEASE REFER TO SKETCH PLAN

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 | FBS3746M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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 | TEH WEE WEE (ZHENG WEIWEI) |
| Gender | Male |
| Phone No | (Phone) +65-81579751 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SNG4754D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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

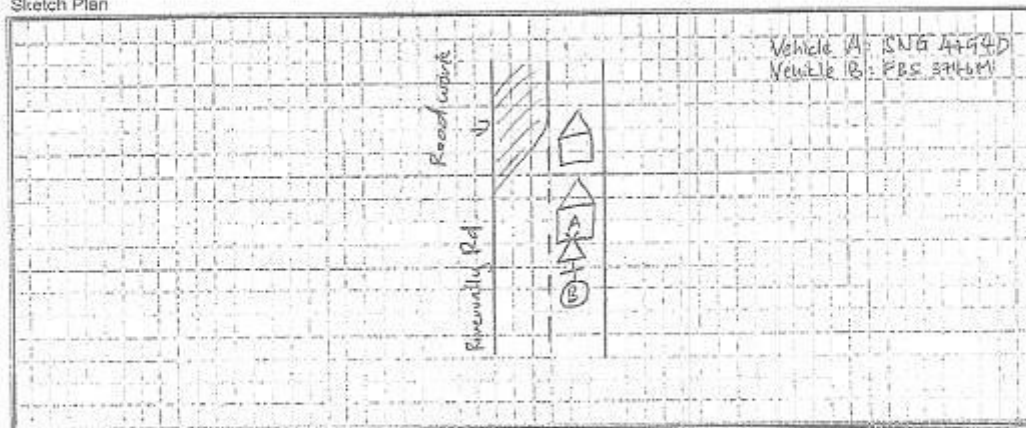
(c) my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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



Describe Circumstances of the Accident

On 3/10/2022 at 1:55PM, I was travelling straight along River Valley Rd
 The vehicle in front of me slow down to a stop, thus I followed suit to slow down
 (NG 4354D)
 my vehicle to a stop. I suddenly felt an impact from the rear portion of my
 (FB 53946 M)
 vehicle. When I alighted from my vehicle, I realised vehicle B, had collided with
 the rear portion of my vehicle.

POLICE REPORT 7/20221003/7101

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


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




















**SINGAPORE
POLICE FORCE**

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



T/20221003/7101

1 of 3

Report No. T/20221003/7101

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 03/10/2022 21:42 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEH WEE WEE | | Address: 27 TOA PAYOH EAST #11-176 SINGAPORE 310027 | | | |
| ID Type / ID No.: NRIC NO / S8710324B | | Contact No.: | | Mobile: 81579751 | |
| Nationality: SINGAPORE CITIZEN | | Email: ZHENGWEIWEI04@GMAIL.COM | | | |
| Sex: Male | Age: 35 | Date of Birth: 16/04/1987 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: Grab driver | | Driving Licence Information: Class: 3 | | Date of Expiry: | |

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 03/10/2022 13:50 | Type of Location: Straight Road |
| Location: RIVER VALLEY ROAD | | | | |
| 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 | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|----------------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBS3746M | Motorcycle | | | | | 0 |
| SNG4754D | Car | TOYOTA | C-HR HYBRID 1.8S CVT | Grey | | 2 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**

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



T/20221003/7101

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Report No. T/20221003/7101

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|-------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNG4754D | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSN/W000182 72200 | 29/09/2022 | 28/09/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver: | | | | |
| Name | TEH WEE WEE | | ID No. | S8710324B |
| Related Vehicle | SNG4754D (Car) | | Contact No. | 81579751 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 03/10/2022 | | Date | 03/10/2022 |
| No. of Days granted Medical Leave | 03 | | Degree of | Slight |

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a) ,as the vehicle infront slowed down and came to a completed stopped hence I followed suit. Seconds later I felt a huge impact from the rear and when I alighted I realised it was vehicle (b) that had collided onto the rear portion of my vehicle (a) causing damages to my vehicle (a) .

I felt pain on my neck and lower back so I went to our family physician clinic to seek consultation and was given 3days mc .

Vehicle (a) sng4754d

Vehicle (b) fbs3746m

**SINGAPORE
POLICE FORCE**

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



T/20221003/7101

3 of 3

Report No. T/20221003/7101

CONTINUATION OF REPORTSketch 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:
03/10/2022 21:42

Classification Of Case:

