

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	03/10/2022 11:43 (SGT)
Reported by	Both
Date of Accident	30/09/2022 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CHECKPOINT (SINGAPORE CUSTOM) > SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6728C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YOON SIEW CHOON
NRIC No	S8224157D
Email Address	shaozhong@ymail.com
Mobile Phone No	(Phone) +65-90121982
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	COUPE (R17 SR)
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00027162204

DRIVER

Name of Driver	YOON SIEW CHOON
NRIC No	S8224157D
Date Of Birth	07/08/1982

Occupation	Outdoor
Date Of Driving Pass	19/01/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90121982
Alt. Phone Number	-
Email Address	shaozhong@ymail.com
Address	678A PUNGGOL DRIVE #07-806
Address complement	-
Postcode	821678
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)	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My car was stationary, queuing in line in the Singapore Custom. Then a Nissan Serena SMD8348U lost control of his vehicle and rear-ended my vehicle SLS6728C

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD8348U
Vehicle Manufacturer	Nissan
Vehicle Model	Serena

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-88689897
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	YOON SIEW CHOON
Gender	Male
Phone No	(Phone) +65-90121982
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS6728C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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:

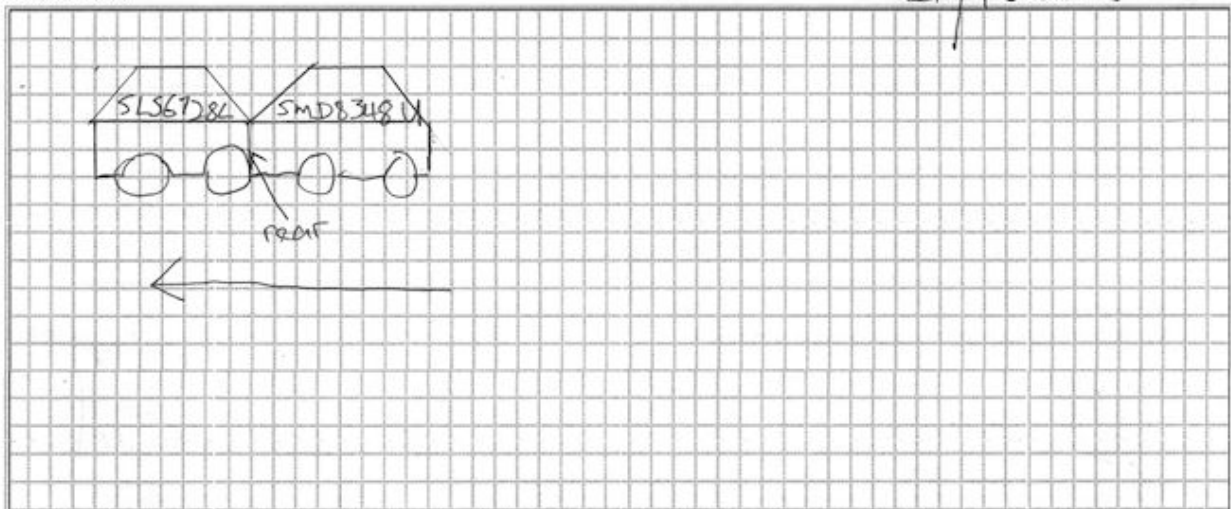
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

11-20am
03/10/22
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)
Sif, Qian-D
JIN AUTO SERVICES PTE LTD

Sketch Plan




Describe Circumstance of the Accident

My car was stationary, queuing in line in the Singapore Customs
 - Then a Nissan Serena SMD 83484
 lost control of his vehicle and rear-ended my vehicle
 SL56728C.

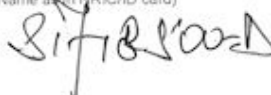
Declaration

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

 03/10/22
 11.20am.
 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)



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Report No. L/20221003/7117

Date/Time Report Made 03/10/2022 21:42	Vide Report No.	Station Diary No.
Name Of Informant YOON SIEW CHOON	Address 678A PUNGGOL DRIVE #07-806 SINGAPORE 821678	
ID Type / ID No. NRIC NO / S8224157D	Contact No.	
	Home/Office:	Mobile: 90121982
Nationality SINGAPORE CITIZEN	Email Address SHAOZHONG@YMAIL.COM	
Occupation Insurance sales agent/broker	Sex Male	Age 40
Institution/School Name	Date of Birth 07/08/1982	Race Chinese
Date/Time Of Incident 30/09/2022 16:35 - 30/09/2022 16:35	Language English	
	Location Of Incident 21 WOODLANDS CROSSING WOODLANDS CHECKPOINT SINGAPORE 738203	

My vehicle SLS6728C was stationary while queuing at the Woodlands Checkpoint. Then a Nissan Serena SMD8348U lost control of his vehicle and rear-ended my vehicle. Thereafter, I suffered from neck soreness and headache and sought medical treatment on 2th October 2022. I was prescribed some medication and given medical leave for 3 days.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2022 21:42
Officer In-Charge Of Case:	Classification Of Case:



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: SJ0E22A30002 Vehicle Registration No: SLS6728C
 Name (as shown in NRIC): YOON SIEW CHOON NRIC/FIN/Passport No: S8224157D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 678A PUNGGOL DRIVE #07-806 Singapore (821678)
 Contact (Tel): _____ Mobile No.: 9012 1982
 Email Address: shaozhong@ymail.com
 Date of Accident: 30/09/2022 Time of Accident: 16:35
 Place of Accident: WOODLANDS CHECKPOINT (SINGAPORE CUSTOM) > SINGAPORE
 Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(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:

LOCATION INFORMATION : WOODLANDS CHECKPOINT (SINGAPORE CUSTOM) > SINGAPORE

ATTACHED OF POLICE REPORT

INJURED PERSON : YOON SIEW CHOON (DRIVER)

Policyholder / Driver's Signature
Date:



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