



## 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	06/10/2022 17:19 (SGT)
Reported by	Both
Date of Accident	06/10/2022 03:35 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6164C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG CHEE KIANG
NRIC No	SXXXX818A
Email Address	edwin2818@gmail.com
Mobile Phone No	(Phone) +65-90061218
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCWSNW00001572200

#### DRIVER

Name of Driver	HENG CHEE KIANG
NRIC No	SXXXX818A
Date Of Birth	16/04/1974
Occupation	Outdoor



Date Of Driving Pass	12/01/1996
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90061218
Alt. Phone Number	-
Email Address	edwin2818@gmail.com
Address	BLK 922 HOUGANG STREET 91 #14-33
Address complement	-
Postcode	530922
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 - Roundabout
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	UNKNOWN PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221006/2015

#### 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	SLW5324U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	HENG CHEE KIANG
Gender	Male
Phone No	(Phone) +65-90061218
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLE6164C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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/small 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 (Name as in NRIC/ID card)

Sketch Plan

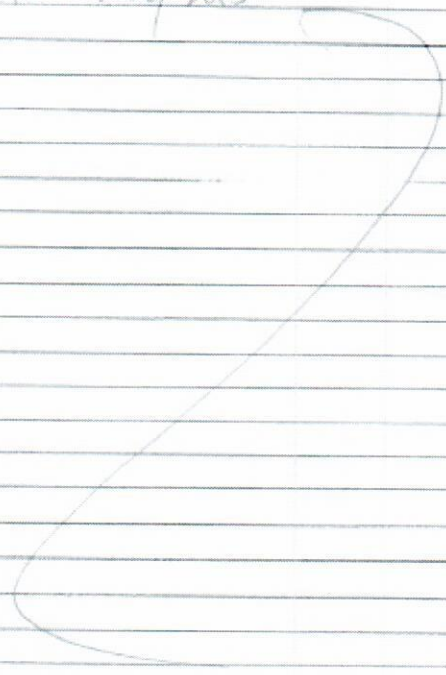




Describe Circumstance of the Accident

REFER TO POLICE REPORT

T/2022/006/2015

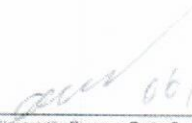


Declaration

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

 06/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20221006/2015

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20221006/2015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2022 07:11		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: HENG CHEE KIANG			Address: APT BLK 922 HOUGANG STREET 91 #14-33 SINGAPORE 530922		
ID Type / ID No.: NRIC NO / S7412818A			Contact No.: Home/Office: Mobile: 90061218		
Nationality: SINGAPORE CITIZEN			Email: edwin2818@gmail.com		
Sex: Male	Age: 48	Date of Birth: 16/04/1974	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: TADA DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 02:35	Type of Location:
Location: NEWTON CIRCUS		03:35 HOUGANG N.P.C. 60 HOUGANG AVE 9 SINGAPORE 538775 TEL: 1800-4890999		
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE6164C	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Seriously Damaged	1
SLW5324U	Car	MAZDA		Silver		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Tel No: 1800-4890999

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Report No. T/20221006/2015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE6164C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000015 72200	14/01/2022	26/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HENG CHEE KIANG	ID No.	S7412818A
Related Vehicle	SLE6164C (Car)	Contact No.	90061218
Hospital/Clinic	DA CLINIC @ ANG MO KIO	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/10/2022	Date Discharge	06/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Charles Emil Cashin Junior	ID No.	S1746444B
Related Vehicle	SLW5324U (Car)	Contact No.	82886390
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I am a private hirer driving vehicle SLE6164C.

On 06/10/2022 at about 0235hrs, I picked up a female passenger from Newton Food Centre to 113A Mcnair Road. While I was driving on the third lane at the roundabout of Newton Circus heading towards Novena direction, the green light was in my favour, a vehicle bearing SLW5324U suddenly came out from Scotts Road and as a result the right side of the said vehicle collided on to the left side of my vehicle. Due to the collision, the left portion (both door) was seriously dented in. No one was injured at the point of time. I exchanged particulars with the drivers and left. No police or ambulance was called in.

I wish to inform that I was driving on the main road while the said vehicle was coming out from the small road.

I do not have the detail of the female passenger I only have her number hp:91900993. The passenger did not complain of any pain, she left and took another ride.





**SINGAPORE  
POLICE FORCE**



T/20221006/2015

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60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20221006/2015

**CONTINUATION OF REPORT**

There is an in car camera in my vehicle which captured the accident.

After the accident, I felt pain on my back, chest and neck area as such I went to DA Clinic @ Ang Mo Kio and was issued with 3 days MC from 06/10/2022 to 08/10/2022, reference: #181231.

I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20221006/2015

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Tel No: 1800-4890999

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Report No. T/20221006/2015

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
F /  
SGT 3 LEE JIA YI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
06/10/2022 07:11

Classification Of Case: