# **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 witholding 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.

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   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 25/10/2022 17:44 (SGT) Reported by Date of Accident 22/10/2022 14:35 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF EU TONGSEN ST AND RIVER VALLEY ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMV155S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN KIM LIANG** NRIC No SXXXX431J Email Address JAPANCHAN8333@GMAIL.COM Mobile Phone No (Phone) +65-83538333 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Noah 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

No - Claiming third party your vehicle? 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 DMHCSNW00016382201

DRIVER

Name of Driver **CHAN KIM LIANG** NRIC No SXXXX431J Date Of Birth 15/04/1962 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/12/2007 14 YEARS AND 10 MONTHS Male (Phone) +65-83538333 - JAPANCHAN8333@GMAIL.COM BLK 223A SUMANG LANE #09-189 - 562431 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Cross Junction Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH WORK SHOP
DETAILS OF OTHER	VEHICLE PROPERTY 1

SH6855T

# Accident report SN0922AP000C

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	CHAN KIM LIANG
Gender	Male
Phone No	(Phone) +65-83538333
Address	BLK 223A SUMANG LANE #09-189
Address Complement	-
Post Code	562431
Approximate Age Years Old	60
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMV155S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

## 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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.

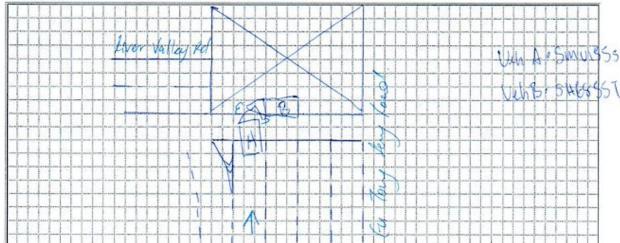
Policyholder's Signature / Date & Time

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

jese (Name

Witnessed by Reporting Centre Perso (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

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cyholders Signature ( Date & Time Drive	er's Signature (if driver)s not the policyho	ilder) / Date Witne	ssed by Reporting Centre Pyrsonylei
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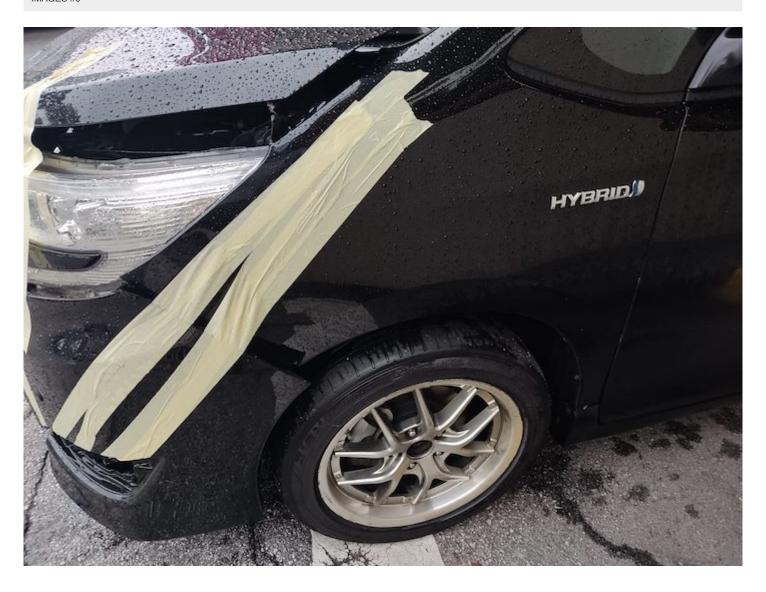






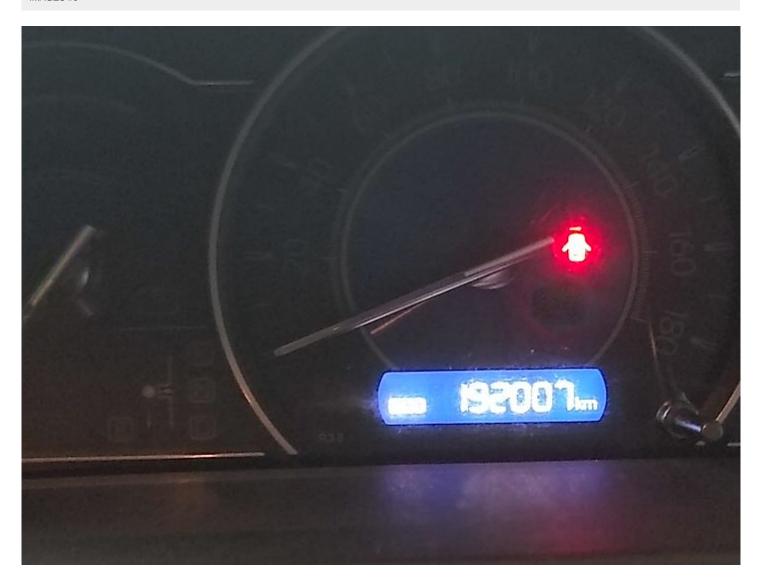


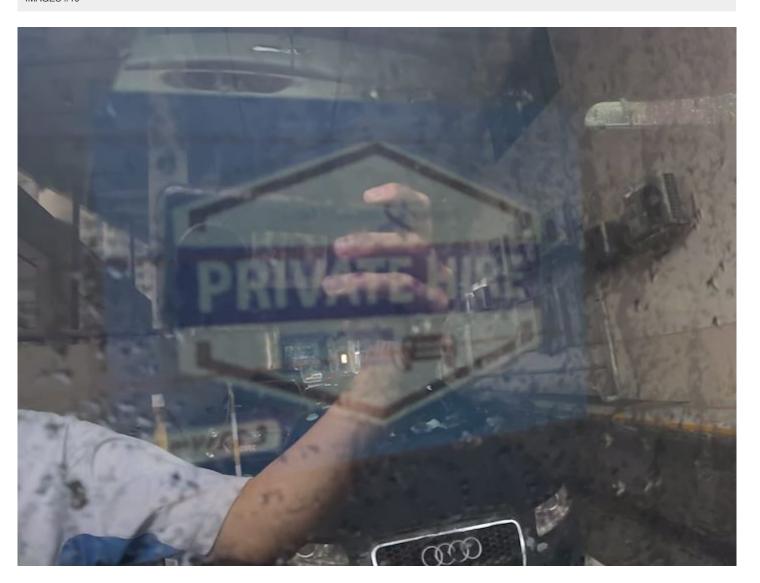






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221022/7007

## REPORT OF A TRAFFIC ACCIDENT

	Pate/Time Report Made: 2/10/2022 06:12		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	ame of Informant: HAN KIM LIANG		Address: 223A SUMANG LANE #09-189 SINGAPORE 821		
	/ ID No.: D / S156240	31J	Contact No.: Home/Office: Mobile: 83538333		
	lationality: INGAPORE CITIZEN		Email: japanchan8333@gmail.com		
Sex: Male	Age: 60	Date of Birth: 15/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 02:3	Type of Location: X-Junction	
Location: HILL STREE	г				
		Road Surface:		Road Speed Limit:	
Weather: Clear		Dry		70 Km/h	
		20.3 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rking		

Details of V	ehicle Invo	lved		TO THE REAL PROPERTY.		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SH6855T	Car					0
SMV155S	Car	ТОУОТА	NOAH HYBRID 7- SEATER 1.8X CVT	Black		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221022/7007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV155S	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000163 82201	11/09/2022	10/09/2023

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use o			Use of Pec	of Pedestrian Crossing: NA		
Driver		AND DESCRIPTION				
Name	CHAN KIM LIANG			ID No.	S1562431J	
Related Vehicle	SMV155S (Car)			Contact N	lo. 83538333	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date		Date	NI	L '	
No. of Days granted Medical Leave 03			Degree of	Sli	ght	

### Brief Details.

I was driving across the junction when the traffic light for my direction was green when suddenly a taxi with car plate SH 6855T came from the junction on my right and collided into my vehicle front portion.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221022/7007

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 22/10/2022 06:12
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

