

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	31/10/2022 17:45 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD TOWARDS NEWTON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3343P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYLLYS AUTO PTE LTD
Company Reg No	2XXXXX359K
Email Address	aogangel3@gmail.com
Mobile Phone No	(Phone) +65-96985643
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007892100

DRIVER

Name of Driver	LEE ENG KEONG RICHARD
NRIC No	SXXXX434Z
Date Of Birth	10/07/1973
Occupation	Outdoor

Date Of Driving Pass	11/11/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88083690
Alt. Phone Number	-
Email Address	aogangel3@gmail.com
Address	BLK 3 JALAN BUKIT MERAH #09-5078
Address complement	-
Postcode	S 150003
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DRIVER
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)	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	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

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	SMD8844D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.
 - (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

Sketch Plan



Describe Circumstances of the Accident

— Refer to the Police report —

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 Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221029/2073

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20221029/2073

CONTINUATION OF REPORT

Driver			
Name	LEE ENG KEONG RICHARD		ID No. S7324434Z
Related Vehicle	SLP3343P (Car)		Contact No. 88083690
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 29/10/2022 at about 1400hrs, I was driving (SLP3343P) along Thomson Rd towards Newton Rd, as the traffic was heavy at the point of time, before turning into Newton Rd, there was another vehicle (SMD8844D) who was trying to cut into my lane while driving. At the time, I was completing a GoJek trip reference RB-173720-9107584, from Thomson Lane to Great World City.

As I was at the filter lane towards Newton Rd, the vehicle was at my rear and subsequently, I heard a loud horn coming from my left side as such I stepped on the brakes and afterwards, the vehicle which was behind me then knocked on the rear of my vehicle.

I then stopped my vehicle and wanted to alight from the vehicle, I spotted the driver then reversed and drove off from the location.

At the point of time, I have a passenger inside and made a check on the passenger and was informed that she is not injured. I made a check on my vehicle and there was a dent on the rear bumper and the center stoplight was dislodged from the bumper and dangling.

I wanted to tail the driver, but I do have a passenger in the vehicle as such I continued my journey to send the passenger to the designated location before lodging a report.

I have an in-car camera and footage was also saved in the memory card. I have yet to go to the workshop to access the damages cost and will be lodging this report for insurance claim purposes.

















SINGAPORE POLICE FORCE



T/20221029/2073

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Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20221029/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2022 15:14	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: LEE ENG KEONG RICHARD			Address: APT BLK 3 JALAN BUKIT MERAH #09-5078 SINGAPORE 150003	
ID Type / ID No.: NRIC NO / S7324434Z			Contact No.: Home/Office: Mobile: 88083690	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 10/07/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/10/2022 14:00	Type of Location: Bend
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP3343P	Car				Slightly Damaged	1
SMD8844D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20221029/2073

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Report No. T/20221029/2073

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

CONTINUATION OF REPORT

Driver			
Name	LEE ENG KEONG RICHARD		ID No. S7324434Z
Related Vehicle	SLP3343P (Car)		Contact No. 88083690
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

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SINGAPORE POLICE FORCE



T/20221029/2073

3 of 3

Report No. T/20221029/2073

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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:
E /
SGT 2 CHAN WEI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/10/2022 15:14

Officer In Charge Of Case:
TP / HRT /
INSP (1) KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

NP168



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: SN0922AV0007-01 Vehicle Registration No: SLP3343P
 Name (as shown in NRIC): LEE ENL KEONG RICHARD NRIC/FIN/Passport No: SXXXX4342
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 3 JUN BUKIT MERAH HO9-5078 Singapore (150003)
 Contact (Tel): _____ Mobile No.: 88083690
 Email Address: _____
 Date of Accident: 29/10/22 Time of Accident: 14:00
 Place of Accident: THOMSON RD TOWNS NEWTON RD
 Insurance Company: CHINA FAIRING

(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:

AMEND EMAIL ADDRESS: 00gange13@gmail.com



Policyholder / Actual Driver's Signature
Date:

slm 09/12/22
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: