

# 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 .....	05/11/2022 09:59 (SGT)
Reported by .....	Both
Date of Accident .....	04/11/2022 14:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Along Leng Kee Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF7340A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHEN XIAOHUA
NRIC No .....	S2635820E
Email Address .....	roy.shen66@gmail.com
Mobile Phone No .....	(Phone) +65-96192686
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Harrier
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 .....	2500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5128181685

### DRIVER

Name of Driver .....	SHEN XIAOHUA
NRIC No .....	S2635820E
Date Of Birth .....	06/05/1963
Occupation .....	Indoor

Date Of Driving Pass .....	10/03/1998
Driving experience .....	24 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96192686
Alt. Phone Number .....	-
Email Address .....	roy.shen66@gmail.com
Address .....	APT BLK 163A PUNGGOL CENTRAL
Address complement .....	#09-173
Postcode .....	S821163
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	0
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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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 .....	SBW91S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BRANDON TAN CHEE HENG
NRIC No .....	S7242457C
Contact Number .....	(Phone) +65-96866011
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	0

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHD6741P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHUA CHE PHENG
NRIC No .....	S1315255A
Contact Number .....	(Phone) +65-98255261
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD6741P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

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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.
- (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

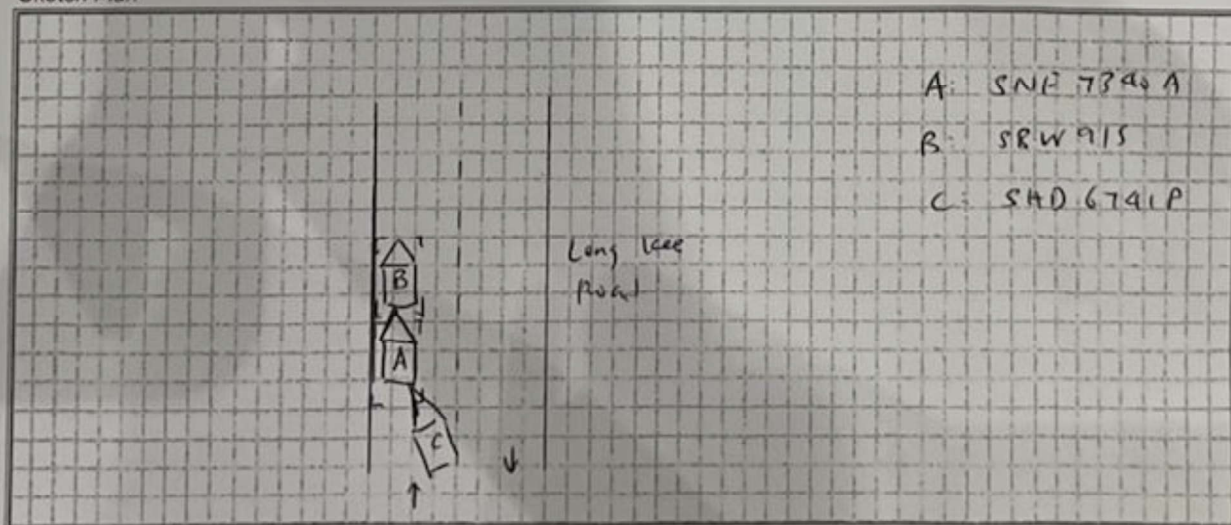
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time  
05/11/2022 094044

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

 KEE CHONG CHIANG  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report: T/2022/105/2000

Declaration

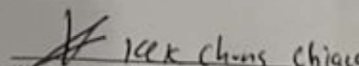
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

05/11/2021 6:40 hrs

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

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



















# SINGAPORE POLICE FORCE



T/20221105/2000

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20221105/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2022 00:13	Vide Report No.: D/20221104/0051	Station Diary No.: 2
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### Informant's Particulars

Name of Informant: SHEN XIAOHUA			Address: APT BLK 163A PUNGGOL CENTRAL #09-173 SINGAPORE 821163		
ID Type / ID No.: NRIC NO / S2635820E			Contact No.: Home/Office: Mobile: 96192686		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 06/05/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2022 14:25	Type of Location: Car Park
Location:  LENG KEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBW91S	Car	MERCEDES BENZ			Seriously Damaged	0
SHD6741P	TAXI				Seriously Damaged	1
SNF7340A	Car	TOYOTA	HARRIER 2.5 HYBRID (AUTO) (2WD) PREMIUM	Grey	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221105/2000

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20221105/2000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF7340A	NTUC Income Insurance Co-Operative Limited	5128181685	20/06/2022	19/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHEN XIAOHUA		ID No. S2635820E
Related Vehicle	SNF7340A (Car)		Contact No. 96192686
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 THE 04/11/2022 AT ABOUT 1426HRS, I PARKED MY VEHICLE ALONG THE ROAD NEAR TO NO 5 LENG KEE ROAD (CARPARK L0077). THERE ARE 2 PARKING LOTS THERE AND THE OTHER LOT, INFRONT OF MINE, WAS OCCUPIED BY ANOTHER VEHICLE (SBW91S). I THEN LEFT.

AT ABOUT 1445HRS, I CAME BACK TO MY VEHICLE AND DISCOVERED THAT A TAXI HAD COLLIDED ONTO THE RIGHT REAR OF MY VEHICLE. THE IMPACT MADE MY VEHICLE MOVE 2 METRES FORWARD AND HIT ONTO THE REAR OF THE FRONT VEHICLE. THE FRONT VEHICLE WAS ALSO MADE TO MOVE 1 METRES FORWARD. SUBSEQUENTLY THE POLICE AND AMBULANCE ARRIVED AT SCENE. THE PASSENGER OF THE TAXI WAS CONVEYED BY THE AMBULANCE.

THE RIGHT REAR SIDE AND THE FRONT OF MY VEHICLE WAS BADLY DAMAGED AND HAD TO BE TOWED AWAY. I WAS THEN ADVISED BY THE POLICE OFFICER TO LODGE A TRAFFIC ACCIDENT REPORT REFERENCE: D/20221104/0051. IN-CHARGE CASE GIVEN WAS INVESTIGATION OFFICER AFIQ TEL: 65476171.



**SINGAPORE  
POLICE FORCE**

T/20221105/2000

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

3 of 3

Report No. T/20221105/2000

**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 /

SR STAFF SGT MOHAMED  
FAZLY SHAH BIN HUSSAINSAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2022 00:13

Officer In Charge Of Case:

TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168