

## 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 ..... 17/11/2022 17:15 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/11/2022 11:03 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BEDOK SOUTH CARPARK (BELOW BLOCK 33)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX7559D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOOI LUEN HONG  
NRIC No ..... S1471307G  
Email Address ..... iflyer.777@gmail.com  
Mobile Phone No ..... (Phone) +65-91003261  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... C4  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... GA 570842

#### DRIVER

Name of Driver ..... CHOOI LUEN HONG  
NRIC No ..... S1471307G  
Date Of Birth ..... 03/02/1961  
Occupation ..... Indoor

Date Of Driving Pass .....	26/01/1979
Driving experience .....	43 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91003261
Alt. Phone Number .....	-
Email Address .....	iflyer.777@gmail.com
Address .....	106 JALAN SIMPANG BEDOK
Address complement .....	-
Postcode .....	488223
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? .....	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 .....	Kaki Bukit Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004429999
Alt. Police Station Phone No .....	(Fax) +65-62444377
Police Station Address .....	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	SJY6286C
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SEAH PEI HUA
NRIC No .....	S8945569C
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****IMPORTANT NOTICE**

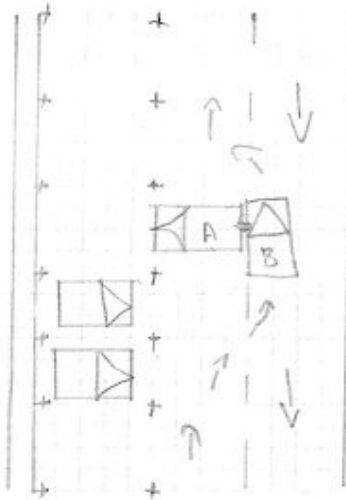
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

 17/11/22  
 Policyholder's Signature Date  
 & Time: 1638

  
 Driver's Signature  
 (If driver is not the policyholder) Date  
 & Time:

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

SKETCH PLAN



A) SMX 7559B  
B) SJY 6286C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attachment Police Report.

DECLARATION

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

*[Signature]*  
Date & Time: 17/11/22 1638

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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















**SINGAPORE  
POLICE FORCE**



T/20221117/2063

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Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20221117/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2022 15:45	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: CHOOI LUEN HONG			Address: 106 JALAN SIMPANG BEDOK SINGAPORE 488223		
ID Type / ID No.: NRIC NO / S1471307G			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 91003261
			Email:		
Sex: Male	Age: 61	Date of Birth: 03/02/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/11/2022 11:30	Type of Location: Car Park
Location:  BEDOK SOUTH AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between moving vehicle rear to side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY6286C	Car	KIA		Black	Slightly Damaged	0
SMX7559D	Car	CITROEN	C4 PICASSO 1.6 BLUEHDI EAT6	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
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T/20221117/2063

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Report No. T/20221117/2063

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX7559D	AXA INSURANCE SINGAPORE PTE LTD	GA570842	16/04/2022	15/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SEAH PEI HUA	ID No.	S8945569C
Related Vehicle	SJY6286C (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	CHOOI LUEN HONG	ID No.	S1471307G
Related Vehicle	SMX7559D (Car)	Contact No.	91003261
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 15/11/2022 at about 1130hrs, I was at the carpark of Blk 33 Bedok South Ave 2. My vehicle was parked head in when I parked my vehicle. Before I reversed my car out of the lot, I have check for any oncoming vehicle from my left. As there are vehicle parked beside me, I had reversed out slowly. Upon half of the vehicle out of the lot, suddenly I felt an impact.

I went out of the car to make a check and discovered that my car had grace the other vehicle. As I was already halfway out of the lot, I believed that the driver of the other car had tried to squeeze through. I have an In car Camera installed but unsure if it was in recording mode.

We had agreed on a private settlement and I gave my contact number for her to call me. However, I did not receive a call from her but 2 days later I received an email from my insurance stating that the driver had lodge an insurance claim.



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T/20221117/2063

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Report No. T/20221117/2063

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221117/2063

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Report No. T/20221117/2063

**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:

G /

SR STAFF SGT MOHAMED NOR  
BIN MOHAMED ALI JINNAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2022 15:45

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168

Kaki Bukit NPP  
Block 526 Bedok North Street 3  
#01-448 Singapore 460526  
Tel: 1800-4429999