

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	29/11/2022 00:44 (SGT)
Reported by	Both
Date of Accident	28/11/2022 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVE WEST (LAMPOST No.69)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1043U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO XIAN GENG
NRIC No	S8109891C
Email Address	gavin.choo@gmail.com
Mobile Phone No	(Phone) +65-93390759
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	KOMPRESSOR
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	1796

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11096543

DRIVER

Name of Driver	CHOO XIAN GENG
NRIC No	S8109891C
Date Of Birth	29/03/1981
Occupation	Indoor

Date Of Driving Pass	11/08/2014
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93390759
Alt. Phone Number	-
Email Address	gavin.choo@gmail.com
Address	HDB Marine Terrace Walk, 6 Marine Terrace
Address complement	#09-230
Postcode	440006
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	Raining
Road Surface	Wet

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)	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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 28/11/2022 AT ABOUT 1406HRS, I WAS DRIVING ON THE FIRST LANE. THERE WAS A VAN WHO JUST MOVING OFF FROM A STATIONARY POSITION ON THE THIRD LANE AND AS HE SIGNALLED RIGHT, HE WENT ALL THE WAY FROM THE THIRD LANE TO A U-TURN LANE ON THE RIGHT OF THE FIRST LANE. CAUSING, THE FRONT OF MY VEHICLE TO COLLIDE WITH THE REAR RIGHT WHEEL OF HIS VAN. THIS RESULTED IN HIS VAN SPINNING UNTIL THE RIGHT OF HIS VEHICLE HIT THE SIDE OF THE ROAD IN A LANE ON THE RIGHT OF THE FIRST LANE MEANT FOR VEHICLES TO U-TURN WHILE THE LEFT OF HIS REAR VEHICLE HIT A ROAD DIVIDER SIGN.

I GOT OUT OF MY VEHICLE HAVE DISCOVERED THE FRONT LEFT OF MY VEHICLE WAS SEVERELY DAMAGED WITH SCRATCHES, CRACK AND THE BUMPER JUTTING OUT. I FEEL I HAVE A SPRAIN ON MY NECK, AND I HAVE A DASHBOARD CAMERA RECORDING AT THE TIME. I HAVE SENT THE FOOTAGE TO THE TRAFFIC POLICE INVESTIGATION OFFICER.

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	GBH931Y
Vehicle Manufacturer	Toyota
Vehicle Model	Regiusace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUBRAMANI KABASKAR
Work Permit No	G3108280W
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger 1
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOO XIAN GENG
Gender	Male
Phone No	(Phone) +65-93390759
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SPRAIN ON MY NECK
Injured person in which vehicle?	SLK1043U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**IMPORTANT NOTICE**

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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



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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

REFER AS PER ATTACHED POLICE REPORT NO. T/20221128/2099.

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 Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM Ver. Jun2022

A: SLK 1043U
B: GBH 931Y

Commonwealth Ave

Policyholder's Signature / Date & Time

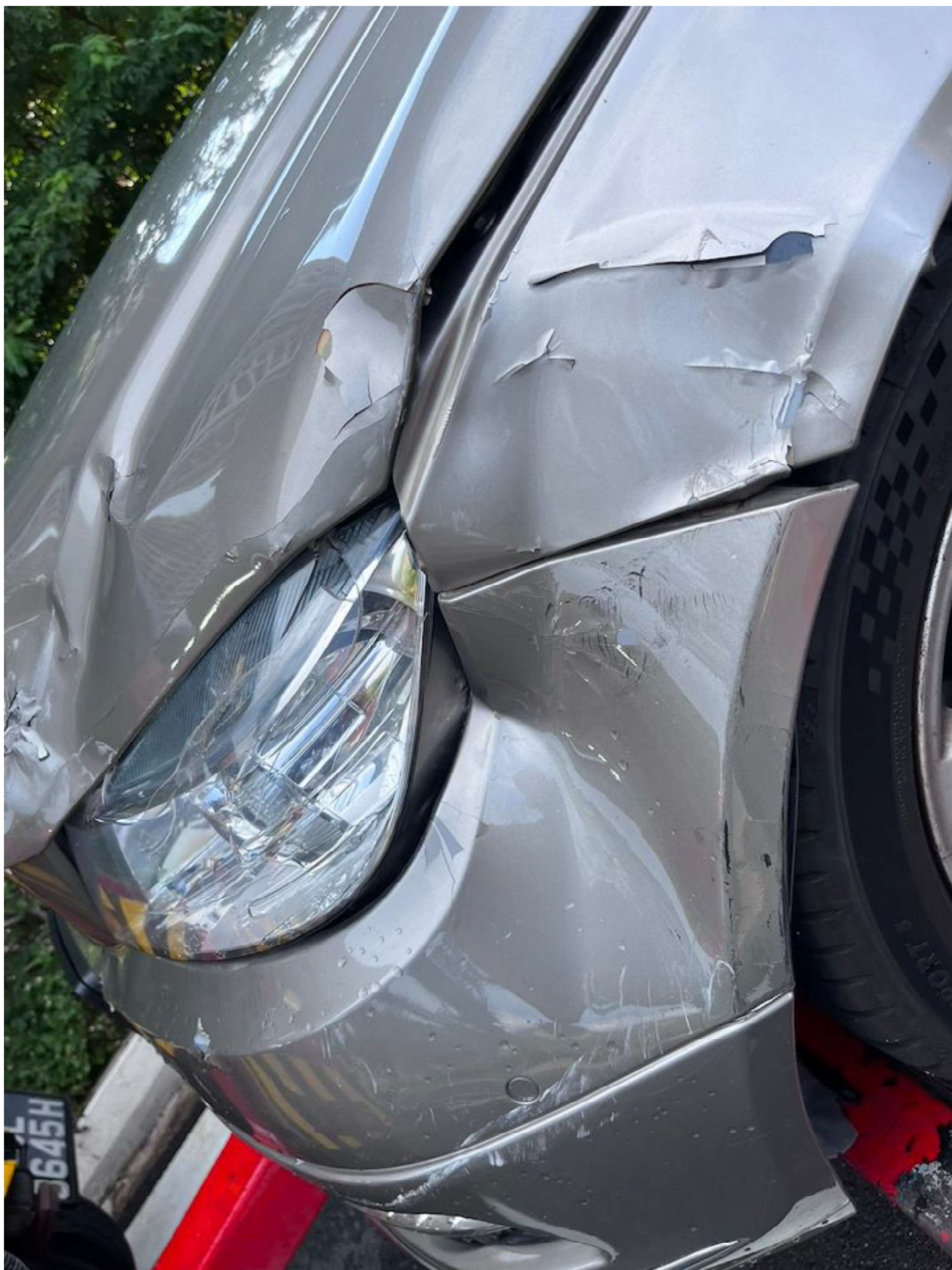
[Signature]

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

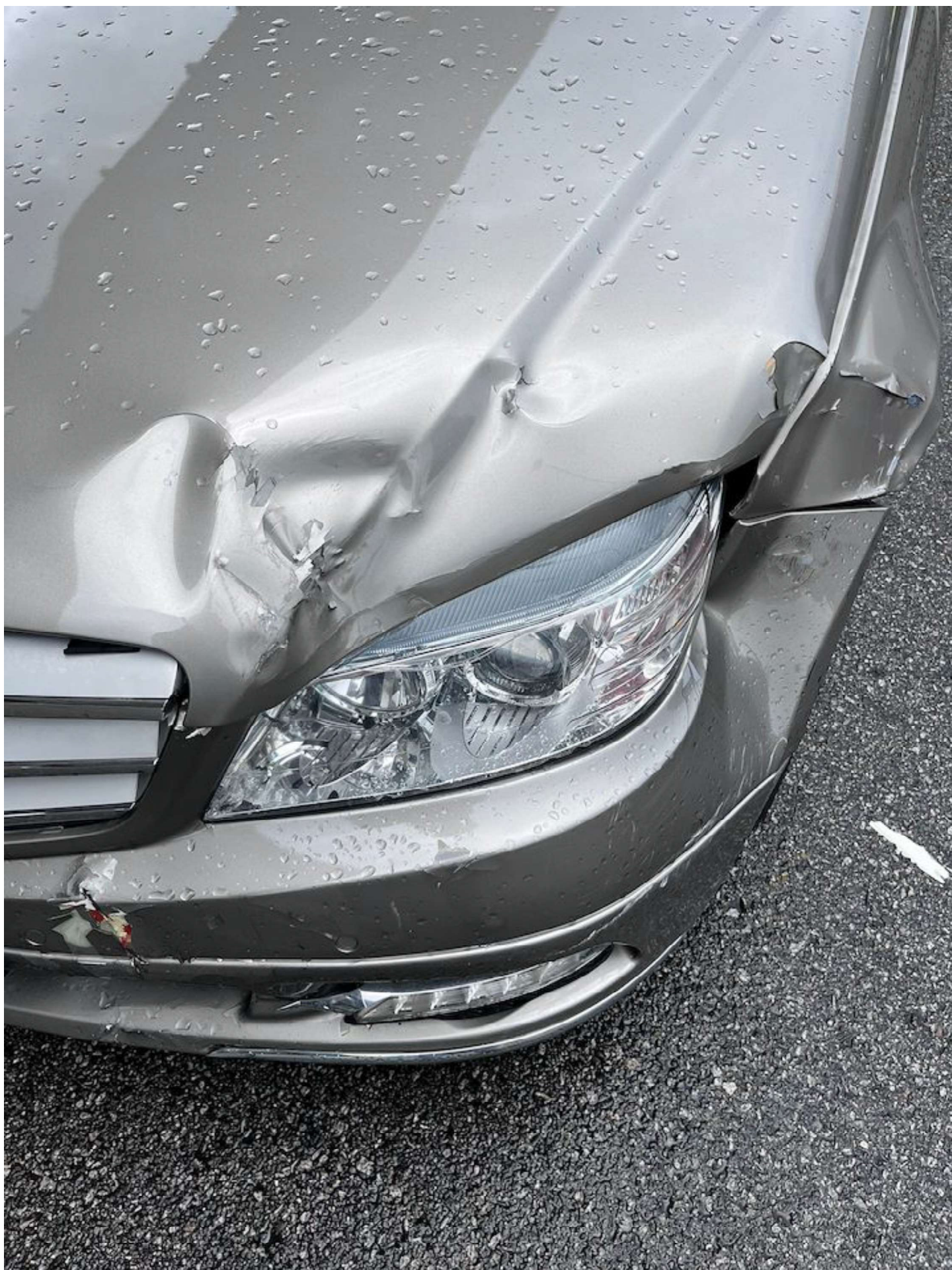
Witnessed By Reporting Officer
Alzam Bin Alan

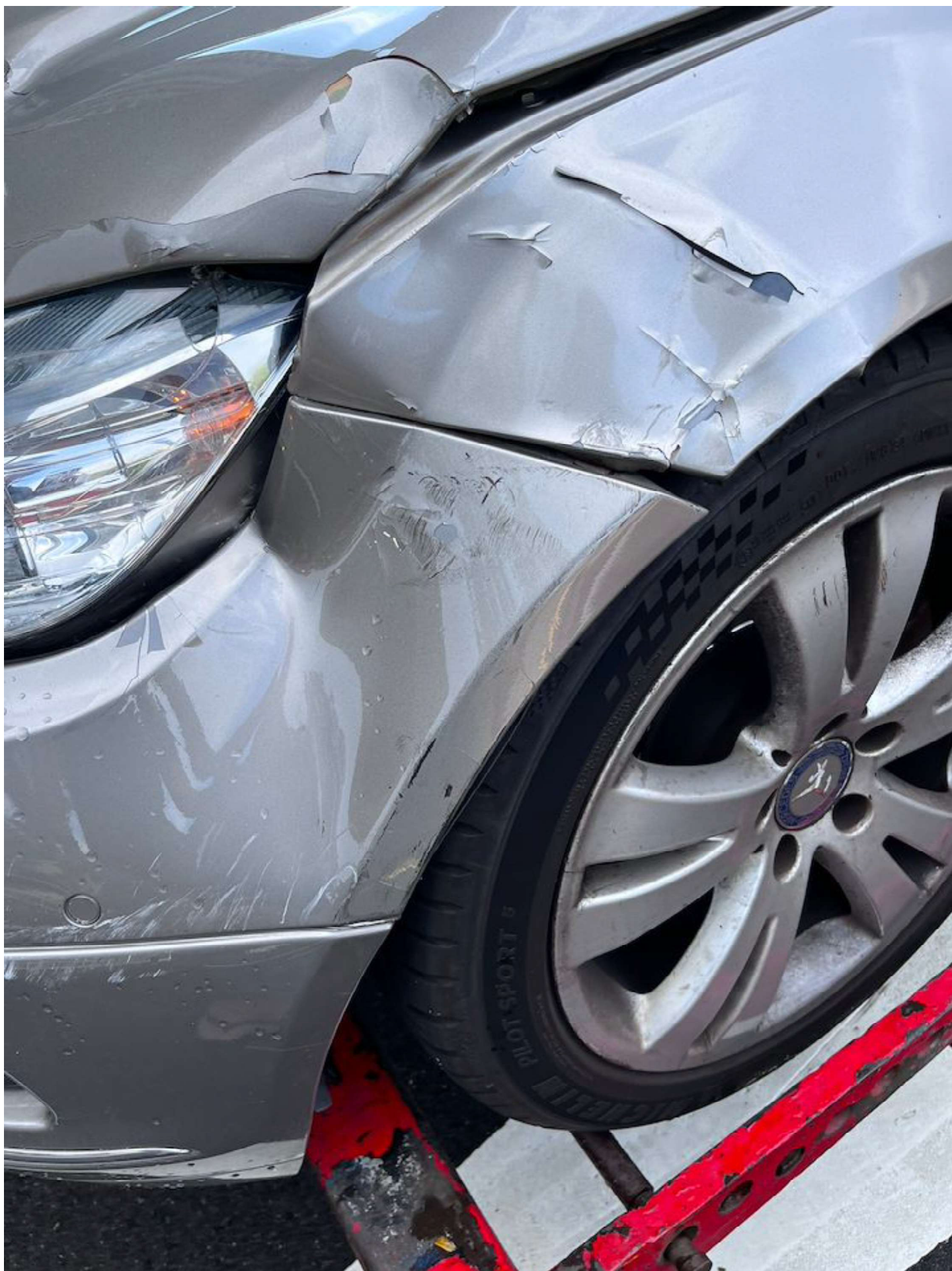
Witnessed by Reporting Centre
Personnel

A IAX MARS PTE LTD


















**SINGAPORE
POLICE FORCE**


T/20221128/2099

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Report No. T/20221128/2099

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2022 18:55	Vide Report No.: G/20221128/0064	Station Diary No.: 55
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Informant's Particulars

Name of Informant: CHOO XIAN GENG			Address: APT BLK 6 MARINE TERRACE #09-230 SINGAPORE 440006		
ID Type / ID No.: NRIC NO / S8109891C			Contact No.: Home/Office: Mobile: 93390759		
Nationality: SINGAPORE CITIZEN			Email: gavin.choo@gmail.com		
Sex: Male	Age: 41	Date of Birth: 29/03/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales manager			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2022 14:05	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE				
Lamp Post Number: 69				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Faulty		Traffic Volume: Moderate	
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
GBH931Y	Van				Slightly Damaged	1
SLK1043U	Car	MERCEDES BENZ	C 200 KOMPRESSOR	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK1043U	AVIVA LTD	11096543	08/10/2021	20/01/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20221128/2099

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Report No. T/20221128/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name		ID No.	G3108280W
SUBRAMANI KABASKAR		Contact No.	82766744
Related Vehicle		GBH931Y (Van)	
Hospital/Clinic		NIL	
Date Treatment		NIL	
No. of Days granted Medical Leave		NIL	
Date Discharge		NIL	
Degree of Injury		NIL	
Driver Name		ID No.	S8109891C
CHOO XIAN GENG		Contact No.	93390759
Related Vehicle		SLK1043U (Car)	
Hospital/Clinic		NIL	
Date Treatment		NIL	
No. of Days granted Medical Leave		NIL	
Date Discharge		NIL	
Degree of Injury		NIL	

Brief Details.

On 28/11/2022 at about 1406hrs, I was driving on the first lane. There was a van who was just moving off from a stationary position on the third lane and as he signaled right, he went all the way from the third lane to a U-turn Lane on the right of the first lane. Causing, the front of my vehicle to collide with the rear right wheel of his van. This resulted in his van spinning until the right of his vehicle hit the side of the road in a lane on the right of the first lane meant for vehicles to U-turn while the left of his rear vehicle hit a road divider sign.

I got out of my vehicle have discovered the front left of my vehicle was severely damaged with scratches, cracks and the bumper jutting out. I feel I have a sprain on my neck, and I have a dashboard camera recording at the time. I have sent the footage to the Traffic Police Investigation Officer.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20221128/2099

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Report No. T/20221128/2099

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 /

SGT 2 Nabeilah Eshmah

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/11/2022 18:55

Officer In Charge Of Case:

TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Classification Of Case:

NP168