

# 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 .....	05/12/2022 09:54 (SGT)
Reported by .....	Driver
Date of Accident .....	02/12/2022 12:45 (SGT)
Exact Location of Accident .....	Cantonment Rd, Singapore
Additional Location Information .....	TOWARDS KEPPEL ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA9607G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	REI RENTAL PTE. LTD.
Company Reg No .....	2XXXXX315H
Email Address .....	danielvaldezchoo@gmail.com
Mobile Phone No .....	(Phone) +65-87699988
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	V250D
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 hire
Transmission .....	Auto
CC .....	2143

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0005784

### DRIVER

Name of Driver .....	CHOO BENG CHUAN, DANIEL
NRIC No .....	SXXXX643D
Date Of Birth .....	03/05/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	20/04/2011
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88090078
Alt. Phone Number .....	-
Email Address .....	danielvaldezchoo@gmail.com
Address .....	BLK 217B BOON LAY AVENUE #07-255
Address complement .....	-
Postcode .....	642217
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221202/7054

#### 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 .....	SHD546B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	CHOO BENG CHUAN, DANIEL
Gender .....	Male
Phone No .....	(Phone) +65-88090078
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA9607G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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' law firms/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/postal 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

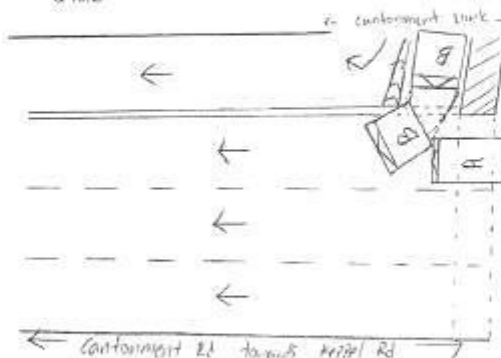


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SMM 96096  
VEH B: SHD5K6B

Describe Circumstances of the Accident

Refer to Police Report - T1202212027054

Car will be repair at TWO INTERNATIONAL P&C LTD

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 05/12/2022

Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20221202/7054

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20221202/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2022 19:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO BENG CHUAN, DANIEL			Address: 217B BOON LAY AVENUE #07-255 SINGAPORE 642217		
ID Type / ID No.: NRIC NO / S8713643D			Contact No.: Home/Office: Mobile: 88090078		
Nationality: SINGAPORE CITIZEN			Email: DANIELVALDEZCHOO@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 03/05/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2022 00:45	Type of Location: Straight Road
Location:  CANTONMENT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA9607G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221202/7054

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20221202/7054

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHOO BENG CHUAN, DANIEL		ID No. S8713643D
Related Vehicle	SMA9607G (Car)		Contact No. 88090078
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time , I was driving my vehicle number SMA9607G along Cantonment Road towards Keppel Road .

I was travelling straight along the most right lane and as I was passing the junction of Cantonment link, a taxi, SHD546B, abruptly dashed out abruptly from the slip road on my right.

I jammed on my brakes but couldn't avoid colliding into SHD546B's rear left portion and knocked my left knee as a result of my body lurching forward.

The following morning, I also woke up with soreness in my neck, back and chest areas as well.

I went to seek treatment at Unihealth Jurong East and was given 5 days MC for injuries caused by the accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20221202/7054

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Report No. T/20221202/7054

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
02/12/2022 19:16

Classification Of Case:




**REI RENTAL PTE LTD**

15 KAKI BUKIT ROAD 4 #01-35  
BARTLEY BIZ CENTRE SINGAPORE 417808  
Company Registration No: 202041315H

**VEHICLE RENTAL AGREEMENT**

No. \_\_\_\_\_

Hirer Name: Choo Beng Chuan Daniel		
NRIC No: S8713643D	Contact number : +65 8809 0078	
Bank A/C No:	Email:	
Address: Blk 217B Boon Lay Ave #07-255 S642217		
Vehicle Reg No: SMA9607G	Make & Model: Mercedes V250d	
Commencing Date: 9 Sep 2022	End Date: 8 Sep 2023	
Rental (S\$): 135/day	15 EK jobs/week	Deposit (S\$): \$ NA
Fuel:		Vehicle Mileage:
		Time Out:
In Car Camera Recorder: YES		Next of Kin:
Car Keys / Remote: YES		Contact No:
SPL FRAME: FRONT <input type="checkbox"/> REAR <input type="checkbox"/>		DECAL: FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/>

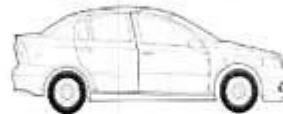
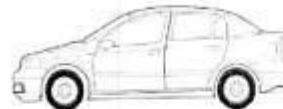
FRONT



TOP



LEFT



REAR

RIGHT

D = Dent    S = Scratches    C = Chips    R = Rust    M = Missing

