

# 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 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. 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 .....	03/03/2022 17:57 (SGT)
Date of Accident .....	02/03/2022 12:50 (SGT)
Exact Location of Accident .....	Near 114 Balestier Rd, Singapore 329679
Additional Location Information .....	CTE Slip Road Exit Balestier Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS565H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Lien Chong Ngee, Walter
NRIC No .....	S7027717D
Email Address .....	walter.lien@hotmail.com
Mobile Phone No .....	(Phone) +65-97499866
Alternative Phone No .....	+65-97499866

### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Swift
Variant .....	Sport 1.4 MT
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 .....	Manual
CC .....	1371

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D22MPC0001399
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Danny Lien Chong Tuan
NRIC No .....	S1597458C

Date Of Birth .....	23/04/1963
Occupation .....	Indoor
Date Of Driving Pass .....	03/09/1982
Driving experience .....	39 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96339000
Alt. Phone Number .....	-
Email Address .....	danlien23@gmail.com
Address .....	Apt Blk 148 Bishan Street 11 #08-117
Address complement .....	Singapore
Postcode .....	570148
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Hit by fallen tree / Other objects
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Wong Kee Heng
Gender .....	Female

#### 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

Refer to sketch plan and police report no. T/20220303/7028.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number .....	SMF2318K
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****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 Centre Personnel

**Sketch Plan**

*Ref to attachment*

**Describe Circumstances of the Accident**

Refer to attachment and police report no. T/20220303/7028.

**Declaration**

We declare the foregoing particulars are true in every respect.

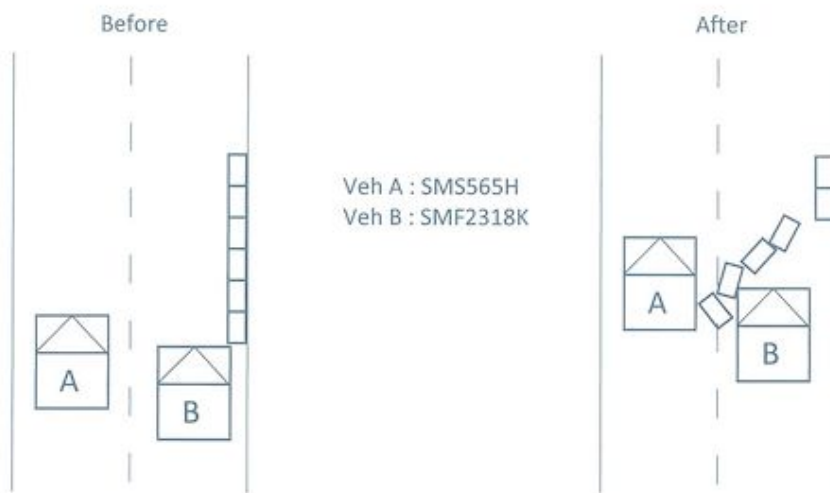
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time



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



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



I was travelling along CTE slip road exiting to Balestier Road on the leftmost lane. Suddenly, I felt an impact on the right portion of my vehicle. As I was in a hurry to a medical appointment, I did not stop my car on the spot. When I retrieved back my footage then only I realized it was Veh B (SMF2318K) that moving on my right lane has collided onto the road barrier cones on it's right side causing the cones to scattered and hit onto my vehicle. As a result, my vehicle sustained damages on the side skirt RH and I would therefore like to seek compensation from Veh B for the damages.

*Samuel*









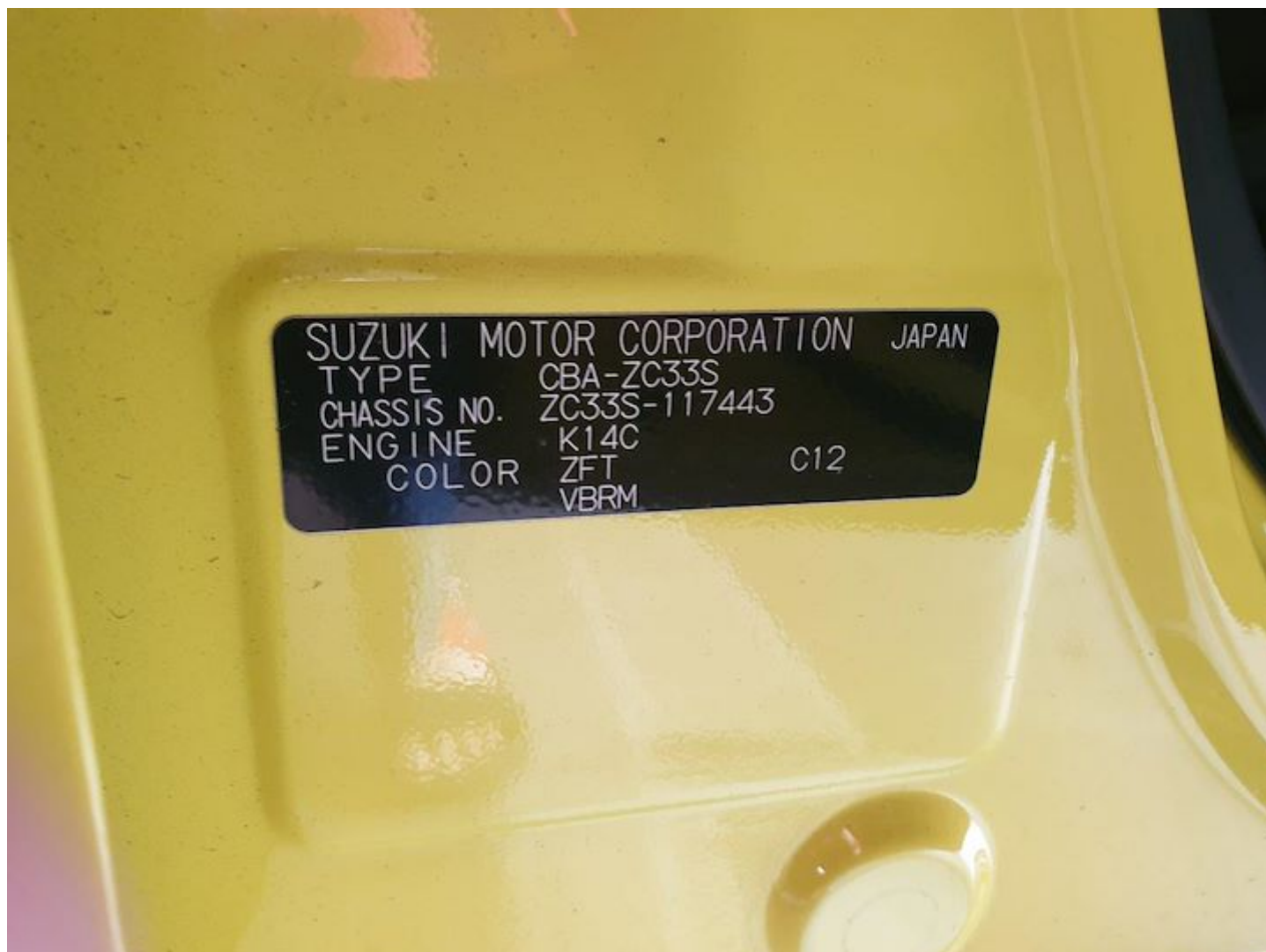
















**SINGAPORE  
POLICE FORCE**



T/20220303/7028

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

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Report No. T/20220303/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/03/2022 16:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DANNY LIEN CHONG TUAN			Address: 148 BISHAN STREET 11 #08-117 SINGAPORE 570148		
ID Type / ID No.: NRIC NO / S1597458C			Contact No.: Home/Office: Mobile: 96339000		
Nationality: SINGAPORE CITIZEN			Email: danlien23@gmail.com		
Sex: Male	Age: 58	Date of Birth: 23/04/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 02/03/2022 12:50	Type of Location: Straight Road
Location:  JALAN KEBUN LIMAU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMF2318K	Car					0
SMS565H	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220303/7028

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

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Report No. T/20220303/7028

**CONTINUATION OF REPORT**

Driver			
Name	DANNY LIEN CHONG TUAN	ID No.	S1597458C
Related Vehicle	SMS565H (Car)	Contact No.	96339000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling along CTE slip road exiting to Balestier Road on the leftmost lane. Suddenly, I felt an impact on the right portion of my vehicle. As I was in a hurry to a medical appointment, I did not stop my car on the spot. When I retrieved back my footage then only I realized it was Veh B (SMF2318K) that moving on my right lane has collided onto the road barrier cones on it's right side causing the cones to scattered and hit onto my vehicle. As a result, my vehicle sustained damages on the side skirt RH and I would therefore like to seek compensation from Veh B for the damages.



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POLICE FORCE**

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



T/20220303/7028

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Report No. T/20220303/7028

**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 /  
TAN JEOK LENG  
Contact No.: 65476151

NP168

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

Date/Time:  
03/03/2022 16:05

Classification Of Case: