SN0922CC000A / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 12/12/2022 17:35 (SGT)
SUBMITTED BY: AZRIL
VERSION: 1 (12/12/2022 17:35 (SGT))

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 witholding 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	12/12/2022 17:35 (SGT)
Reported by	Both
Date of Accident	11/12/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 233 TOA PAYOH LOR 8 LOT 51A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4388K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH WEI HUAT ALVIN
NRIC No	SXXXX578J
Email Address	alvinsoh.era@gmail.com
Mobile Phone No	(Phone) +65-91188320
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00137732201

DRIVER

Name of Driver	SOH WEI HUAT ALVIN
NRIC No	SXXXX578J
Date Of Birth	19/02/1988
Occupation	Outdoor

Date Of Driving Pass	13/12/2011
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-91188320
Alt. Phone Number	-
Email Address	alvinsoh.era@gmail.com
Address	234 LORONG 8 TOA PAYOH
Address complement	# 03-284
Postcode	310234
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	Side Swipe
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	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 THE POLICE REPORT- T/20221211/7003

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	YP1787B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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

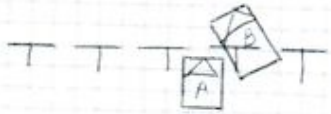
12/12/2022

Witnessed by Reporting Centre Personnel

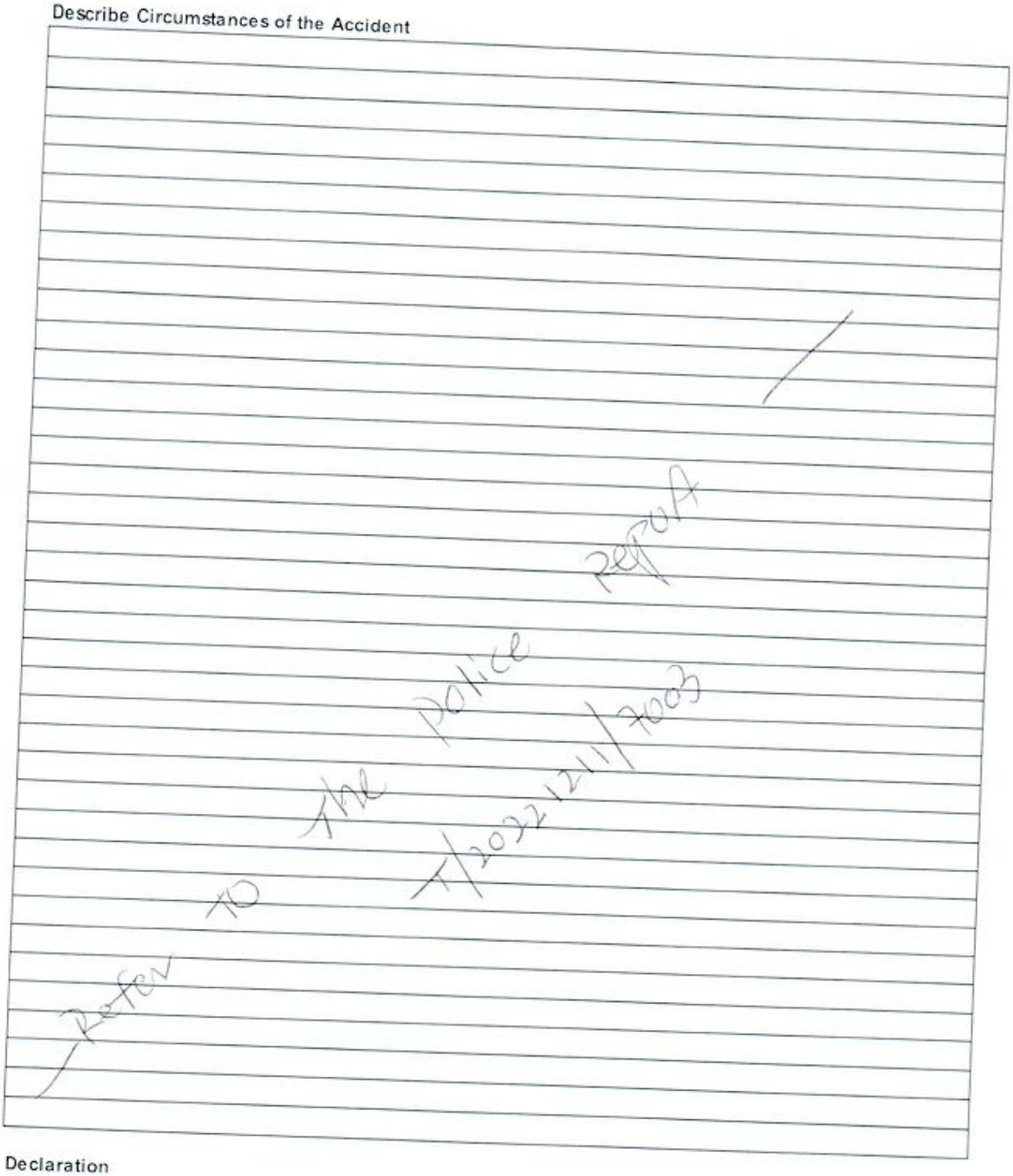
Sketch Plan

Veh A: SMC4388K

Veh B: YP1767B



Describe Circumstances of the Accident



Declaration

I/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

12/12/2022

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20221211/7003

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

Report No. T/20221211/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC4388K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001377 32201	01/07/2022	31/12/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	SOH WEI HUAT, ALVIN		ID No.	S8805578J	
Related Vehicle	SMC4388K (Car)		Contact No.	91188320	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Driver					
Name	PANDIYAN BASKAR		ID No.	G2819430M	
Related Vehicle	YP1787B (Lorry)		Contact No.	94659956	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 20/01/2025	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	

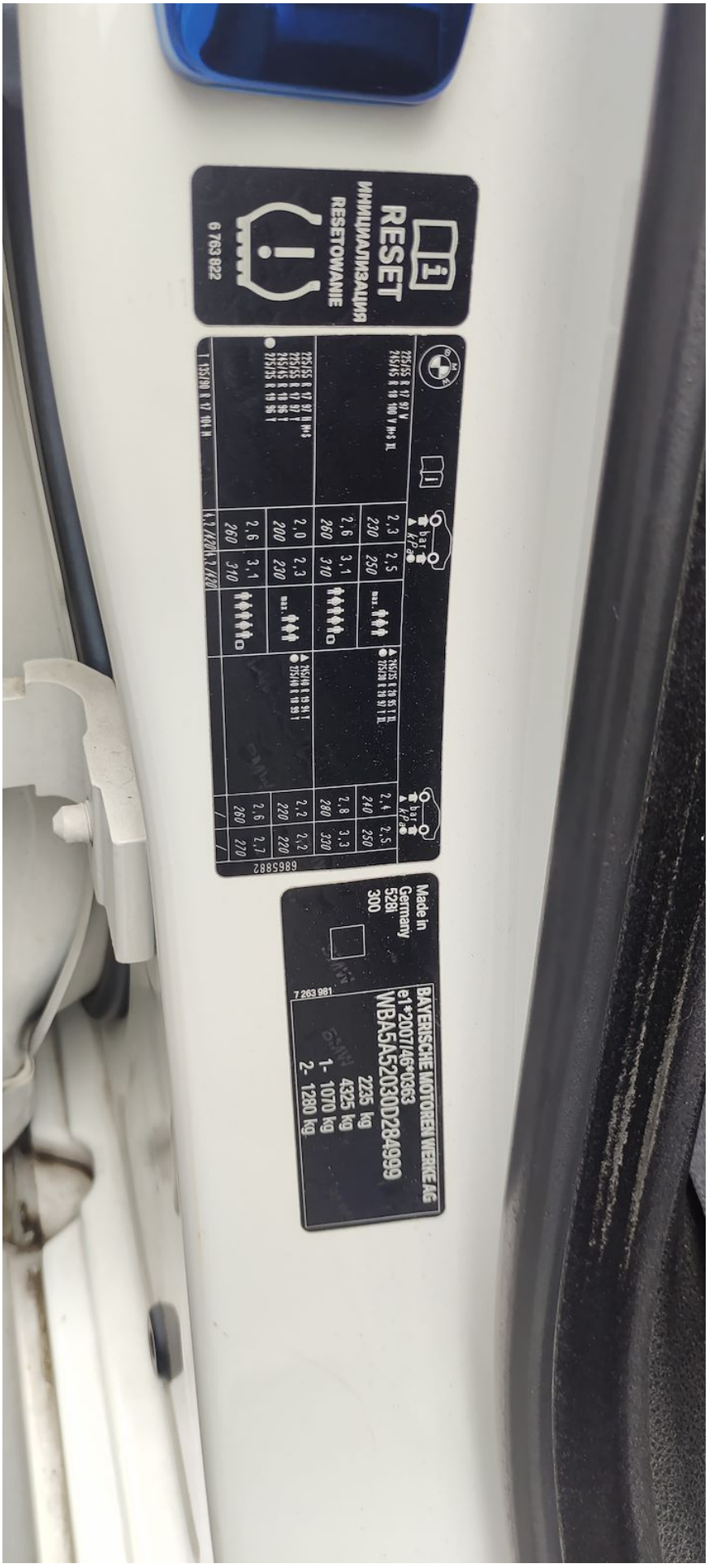
Brief Details.
My vehicle (SMC4388K) was parked in the parking lot in front of Blk 234 Lorong 8 Toa Payoh, Singapore 310234.
Accident happened in the car park where my vehicle was (stationed) parked.
The Lorry (YP1787B) Driver called me to inform me about the collision at 8.35am.
My Vehicle was parked and the collision happened when the lorry driver is moving out from the parking lot while making a left turn and it hits onto my car's front right resulted in badly damaged, the force is too great that it forces my steering to turn towards left side, photos are available.
No injury.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


RESET
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1- 1070 kg
2- 1280 kg
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Germany
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686588Z

SINGAPORE POLICE FORCE

T/20221211/7003

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

Report No. T/20221211/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/12/2022 10:58		

Informant's Particulars

Name of Informant: SOH WEI HUAT, ALVIN			Address: 234 LORONG 8 TOA PAYOH #03-284 SINGAPORE 310234	
ID Type / ID No.: NRIC NO / S8805578J			Contact No.: Home/Office: Mobile: 91188320	
Nationality: SINGAPORE CITIZEN			Email: alvinsoh.era@gmail.com	
Sex: Male	Age: 34	Date of Birth: 19/02/1988	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 08:30	Type of Location: Car Park
Location: LORONG 8 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC4388K	Car	BMW	528I AT D/AB SR LED NAV	White	Seriously Damaged	0
YP1787B	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20221211/7003

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

Report No. T/20221211/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC4388K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001377 32201	01/07/2022	31/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SOH WEI HUAT, ALVIN	ID No.	S8805578J
Related Vehicle	SMC4388K (Car)	Contact No.	91188320
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		
No. of Days granted Medical Leave	NIL	Date	NIL
		Degree of	NIL
Driver			
Name	PANDIYAN BASKAR	ID No.	G2819430M
Related Vehicle	YP1787B (Lorry)	Contact No.	94659956
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 20/01/2025
Date	NIL		
No. of Days granted Medical Leave	NIL	Date	NIL
		Degree of	NIL

Brief Details.
My vehicle (SMC4388K) was parked in the parking lot in front of Blk 234 Lorong 8 Toa Payoh, Singapore 310234.
Accident happened in the car park where my vehicle was (stationed) parked.
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No injury.

SINGAPORE POLICE FORCE

T/20221211/7003

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2022 10:58
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168