

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	19/12/2022 11:17 (SGT)
Reported by	Both
Date of Accident	16/12/2022 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7229K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PECK KIAN BENG JOHNNY
NRIC No	SXXXX379I
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-89534484
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	SPORTSVAN 1.4 AT AM13HZ CL
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00018122200

DRIVER

Name of Driver	PECK KIAN BENG JOHNNY
NRIC No	SXXXX379I
Date Of Birth	15/09/1977
Occupation	Outdoor

Date Of Driving Pass	13/11/1997
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89534484
Alt. Phone Number	-
Email Address	autohub325@gmail.com
Address	APT BLK 552 SERANGOON NORTH AVE 3
Address complement	#11-57
Postcode	550552
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	DRIZZLING
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20221217/2071

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1772H
Vehicle Manufacturer	Hyundai
Vehicle Model	I30

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	PECK KIAN BENG JOHNNY
Gender	Male
Phone No	(Phone) +65-89534484
Address	APT BLK 552 SERANGOON NORTH AVE 3
Address Complement	# 11-57
Post Code	550552
Approximate Age Years Old	-
Injuries Sustained	SLIGHTLY INJURED
Injured person in which vehicle?	SKW7229K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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 yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

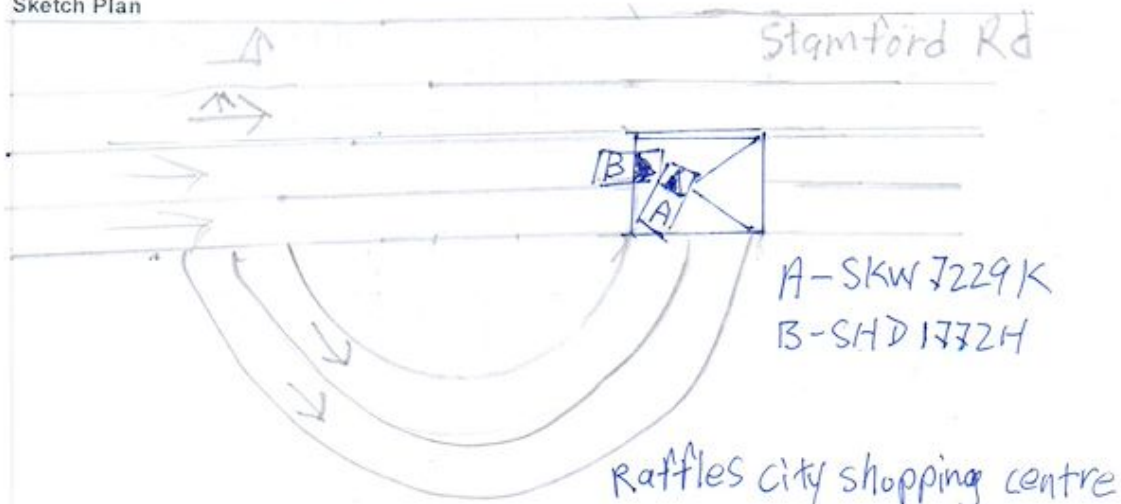
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

- please Refer to the police sketchplan - 1/2022/217/2071

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

2



**SINGAPORE
POLICE FORCE**



T/20221217/2071

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20221217/2071

CONTINUATION OF REPORT

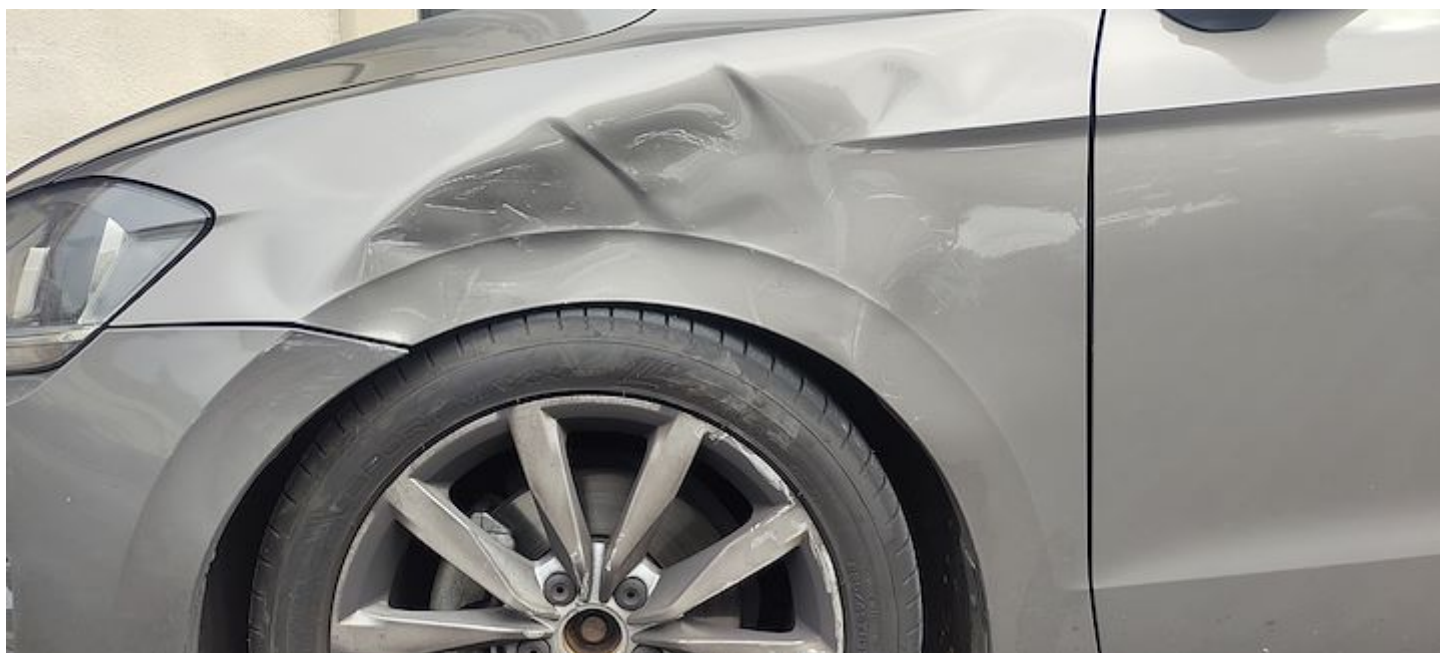
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW7229K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000181 22200	28/09/2022	27/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PECK KIAN BENG JOHNNY		ID No. S7726379I
Related Vehicle	SKW7229K (Car)		Contact No. 89534484
Hospital/Clinic	ANTEH DISPENSARY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

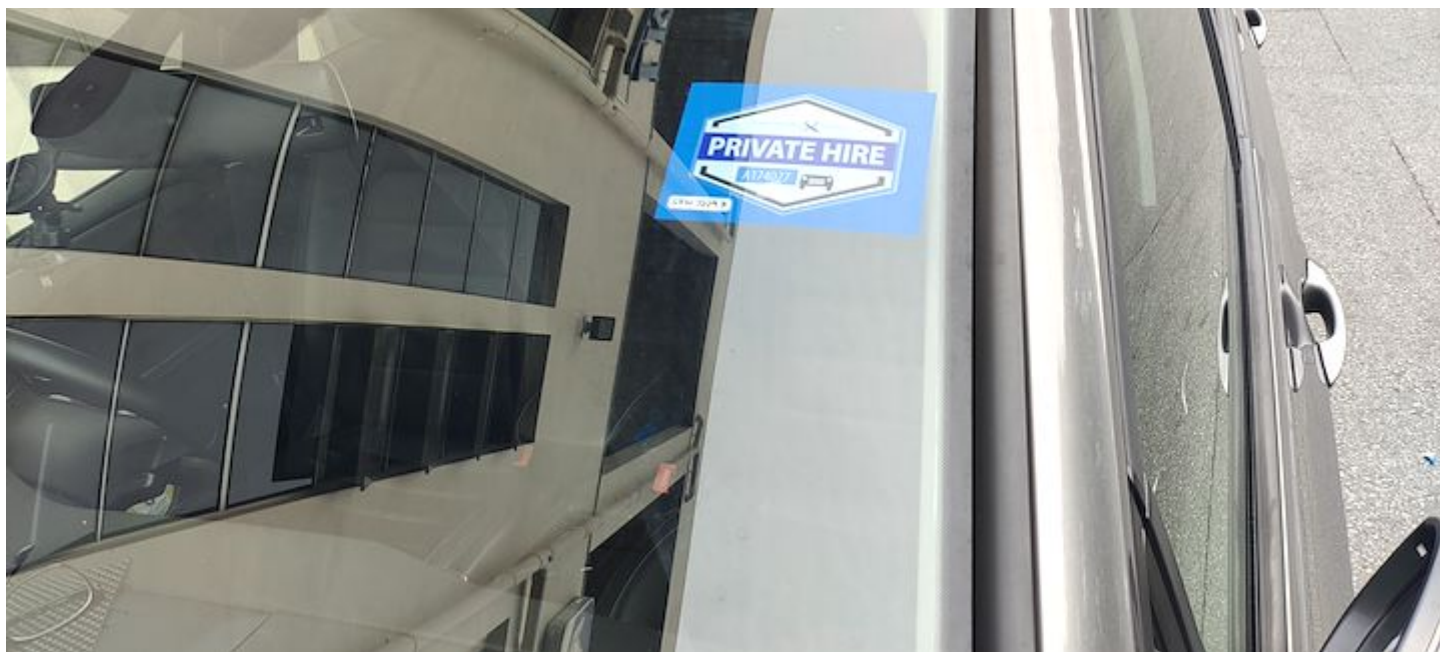
On the above mentioned date, time and location. I was on second lane in the yellow box making a right turn and all other car was waiting at the traffic junction, I was halfway through making the right turn. As the traffic light Infront turned green the other vehicles Infront of my car started moving off, I tried to complete the turn, however there is a silver taxi beside had knocked into the side of my car. I then alighted my car to make a check, I then took some pictures of the incident. However taxi driver did not provide his details as he is in a rush to send passenger he had onboard. I am making this report for my insurance claim.

















**SINGAPORE
POLICE FORCE**



T/20221217/2071

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20221217/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2022 14:54	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: PECK KIAN BENG JOHNNY	Address: APT BLK 552 SERANGOON NORTH AVE 3 #11-57 SINGAPORE 550552		
ID Type / ID No.: NRIC NO / S7726379I	Contact No.:	Mobile: 89534484	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 45	Date of Birth: 15/09/1977	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2022 19:10	Type of Location: Straight Road
Location: NORTH BRIDGE ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1772H	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT	Silver	Slightly Damaged	1
SKW7229K	Car	VOLKSWAGO N	SPORTSVA N 1.4 AT AM13HZ CL	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221217/2071

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20221217/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW7229K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000181 22200	28/09/2022	27/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PECK KIAN BENG JOHNNY		ID No. S7726379I
Related Vehicle	SKW7229K (Car)		Contact No. 89534484
Hospital/Clinic	ANTEH DISPENSARY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was on second lane in the yellow box making a right turn and all other car was waiting at the traffic junction, I was halfway through making the right turn. As the traffic light Infront turned green the other vehicles Infront of my car started moving off, I tried to complete the turn, however there is a silver taxi beside had knocked into the side of my car. I then alighted my car to make a check, I then took some pictures of the incident. However taxi driver did not provide his details as he is in a rush to send passenger he had onboard. I am making this report for my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20221217/2071

3 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No, T/20221217/2071

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 1 BRYAN LOW YAN HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2022 14:54

Officer In Charge Of Case:

TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168

