

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 14:30 (SGT)
Reported by	Both
Date of Accident	18/12/2022 11:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 232 AMK AVE 3 (CARPARK NO.AMA13)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4522B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH CHEE WEI
NRIC No	SXXXX941H
Email Address	jimyoh42@gmail.com
Mobile Phone No	(Phone) +65-87277516
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Premio
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007242201

DRIVER

Name of Driver	OH CHEE WEI
NRIC No	SXXXX941H
Date Of Birth	13/08/1971
Occupation	Outdoor

Date Of Driving Pass	27/04/1989
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87277516
Alt. Phone Number	-
Email Address	jimyoh42@gmail.com
Address	BLK 231 AMK AVE 3
Address complement	# 05-1242
Postcode	560231
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?	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 THE ATTACH POLICE REPORT-T/20221219/7006

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	SMX7374U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH CHEE WEI
Gender	Male
Phone No	(Phone) +65-87277516
Address	BLK 231 AMK AVE 3
Address Complement	# 05-1242
Post Code	560231
Approximate Age Years Old	-
Injuries Sustained	ON NECK AND SHOULDER.
Injured person in which vehicle?	SJQ4522B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

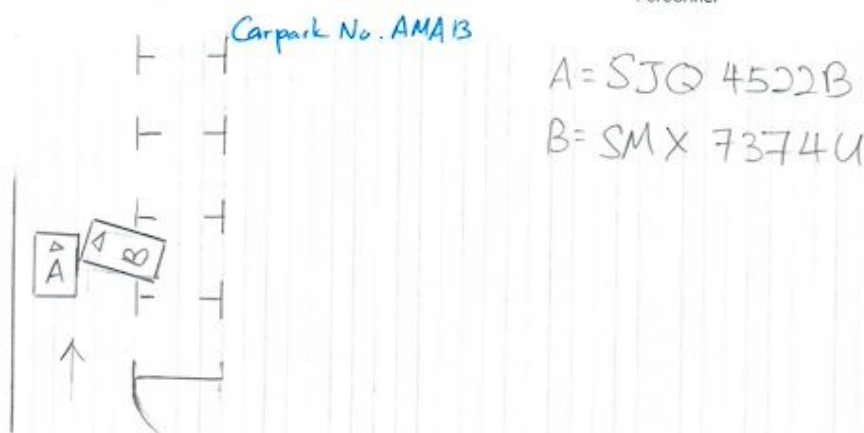
I understand, acknowledge, agree and consent that:

- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Please Refer Police Report No. T/20221219/7006.

Declaration

We declare the foregoing particulars are true in every respect.

dh.
Policyholder's Signature / Date &
Time

dh. 19-12-2022. 29.50
Driver's Signature (if driver is not the policyholder) / Date
& Time

gaurav 14/12/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221219/7006

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

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Report No. T/20221219/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ4522B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000072 42201	19/05/2022	18/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OH CHEE WEI	ID No.	S7126941H
Related Vehicle	SJQ4522B (Car)	Contact No.	87277516
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/12/2022	Date	18/12/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 18.12.2022 AT ABOUT 1107HRS. I WAS TRAVELLING IN CARPARK BLK 232 ANG MO KIO AVENUE 3 (CAR PARK NO. AMA 13). I WAS TRAVELLING STRAIGHT IN THE CAR PARK. SUDDENLY, THE VEHICLE (SMX 7374U) GO OUT HIS CAR PARK LOT AND COLLISION ONTO RIGHT PORTION OF MY VEHICLE (SJQ 4522B).

I FELT PAIN ON MY NECK AND MY SHOULDER AFTER THE ACCIDENT. I SAW DOCTOR AND WAS GIVEN 3 DAYS MC FROM "MOUNT ALVERNIA HOSPITAL".













**SINGAPORE
POLICE FORCE**



T/20221219/7006

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

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Report No. T/20221219/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2022 09:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: OH CHEE WEI	Address: 231 ANG MO KIO AVENUE 3 #05-1242 SINGAPORE 560231		
ID Type / ID No.: NRIC NO / S7126941H	Contact No.:	Mobile: 87277516	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: jimmyoh42@gmail.com	
Sex: Male	Age: 51	Date of Birth: 13/08/1971	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE VEHICLE DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2022 11:05	Type of Location: Car Park
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
SJQ4522B	Car	TOYOTA	PREMIO 1.5F A	Red	Seriously Damaged	1
SMX7374U	Car					0

Details of Vehicle Insurance

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



T/20221219/7006

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

2 of 3
Report No. T/20221219/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ4522B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000072 42201	19/05/2022	18/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OH CHEE WEI	ID No.	S7126941H
Related Vehicle	SJQ4522B (Car)	Contact No.	87277516
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/12/2022	Date	18/12/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

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**SINGAPORE
POLICE FORCE**

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



T/20221219/7006

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Report No. T/20221219/7006

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
19/12/2022 09:48

Classification Of Case:

