

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	20/12/2022 14:44 (SGT)
Reported by	Both
Date of Accident	20/12/2022 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	4A HOUGANG STREET 11 (THE MINTON CONDO ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9578M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO CHOON LEONG (HE CHOON LEONG)
NRIC No	SXXXX196G
Email Address	hclouis@gmail.com
Mobile Phone No	(Phone) +65-82337266
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00099292200

DRIVER

Name of Driver	HO CHOON LEONG (HE CHOON LEONG)
NRIC No	SXXXX196G
Date Of Birth	25/09/1988
Occupation	Indoor

Date Of Driving Pass	12/01/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82337266
Alt. Phone Number	-
Email Address	hcllouis@gmail.com
Address	APT BLK 114 EDGEFIELD PLAINS
Address complement	# 09-362
Postcode	820114
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 ATTACH POLICE REPORT- T/20221220/7017

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	SHD3296C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL JANIL BIN A.HAMID
Contact Number	(Phone) +65-96377441
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	THE MINTON
Phone	(Phone) +65-68449885
Email	-

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:

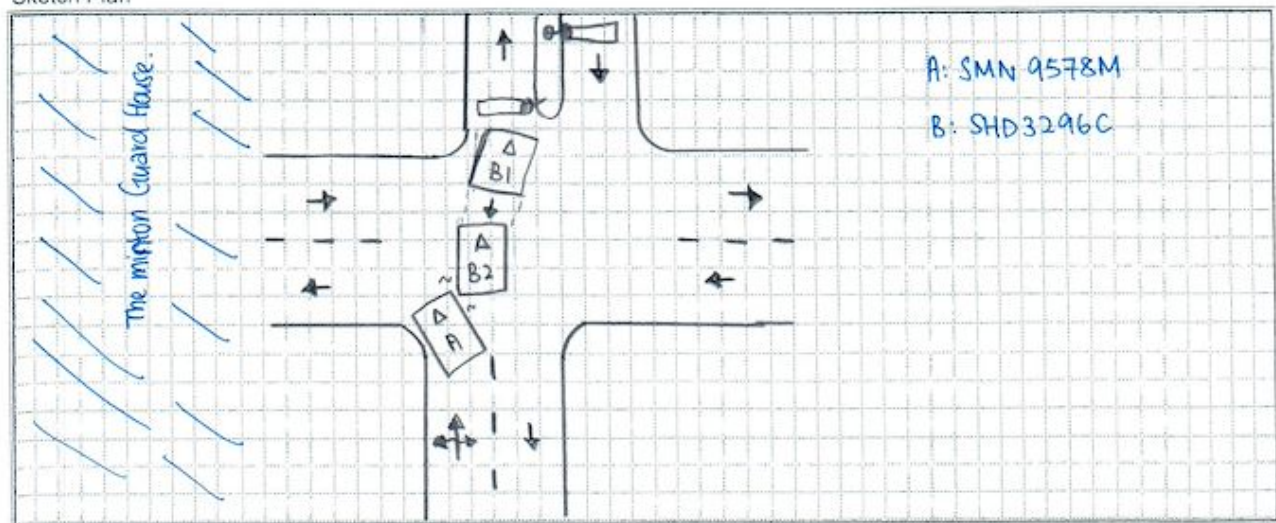
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

 20/12/22
Policyholder's Signature / Date & Time

 20/12/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 20/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

AS
PER
POLICE REPORT

Declaration

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

 2/1/22
Policyholder's Signature / Date & Time

 2/1/22
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 20/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221220/7017

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

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Report No. T/20221220/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9578M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000992 92200	08/05/2022	07/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO CHOON LEONG		ID No. S8835196G
Related Vehicle	SMN9578M (Car)		Contact No. 82337266
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 entering The Minton Condo on 20/12/2022 on 9.10am with my vehicle bearing car plate number SMN9578M. As I was turning to the guard house, Vehicle bearing car plate number SHD3296C (Comfort Delgro Taxi) in front of me going to the gantry direction stopped. I follow thur and stopped, Suddenly Vehicle SHD3296C reverse and collided onto the Front RH portion of my vehicle. We shifted our car and parked at the side as we were blocking the entrance to the condo. After that we exchanged the particulars and left the scene.

The management have footage of the whole accident. But they could not release to me as only Police can retrieve the footage.

The Minton management (68449885)





















**SINGAPORE
POLICE FORCE**



T/20221220/7017

1 of 3

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

Report No. T/20221220/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2022 13:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO CHOON LEONG			Address: 114 EDGEFIELD PLAINS #09-362 SINGAPORE 820114		
ID Type / ID No.: NRIC NO / S8835196G			Contact No.: Home/Office: Mobile: 82337266		
Nationality: SINGAPORE CITIZEN			Email: HE_JUNLONG@HOTMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 25/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2022 09:10	Type of Location: X-Junction
Location: HOUGANG STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3296C	Car					0
SMN9578M	Car	KIA	CERATO K3 1.6A SUNROOF	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221220/7017

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

2 of 3

Report No. T/20221220/7017

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9578M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000992 92200	08/05/2022	07/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO CHOON LEONG		ID No. S8835196G
Related Vehicle	SMN9578M (Car)		Contact No. 82337266
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.

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**SINGAPORE
POLICE FORCE**



T/20221220/7017

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

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Report No. T/20221220/7017

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
20/12/2022 13:31

Classification Of Case: