

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	30/12/2022 17:31 (SGT)
Reported by	Driver
Date of Accident	29/12/2022 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 1 X WOODLANDS ST 32JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8365B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KEE JUN JIE
Company Reg No	2XXXXX962N
Email Address	charlottevehicles@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	KEE JUN JIE
NRIC No	SXXXX347G
Date Of Birth	06/12/1994
Occupation	Outdoor

Date Of Driving Pass	09/12/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-91039369
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	BLK 578 ANG MO KIO AVENUE 10
Address complement	# 05-1929
Postcode	560578
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	YM8989E
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	YM8989E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	KEE JUN JIE
Gender	Male
Phone No	(Phone) +65-91039369
Address	BLK 578 ANG MO KIO AVENUE 10
Address Complement	# 05-1929
Post Code	560578
Approximate Age Years Old	-
Injuries Sustained	SEVERAL ABRASIONS & BRUISES ON BODY. HEADACHE AND AT TIMES WOULD BLACK OUT.
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 sforesaid.
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.



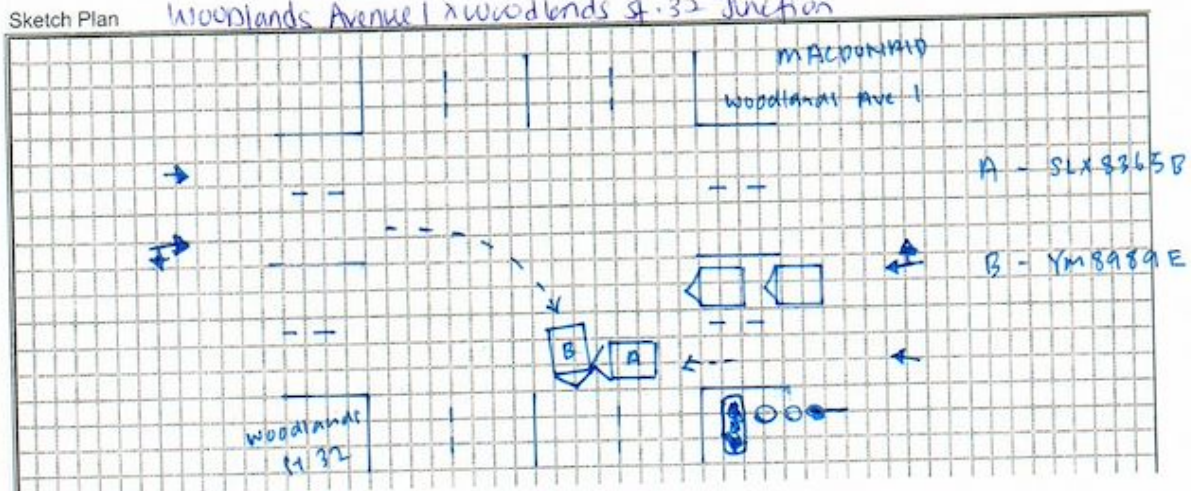
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Woodlands Avenue 1 x Woodlands St. 32 Junction



Describe Circumstance of the Accident

On the 29/12/2022 at around 23:00, I was traveling along Woodlands Avenue 1 towards Woodlands Ct 32 on the 2nd Lane. As I approached the junction, it was green light in my favor. Hence, I continued to go straight. Suddenly, vehicle B YMS93AE dash out from my right as he was making a right-turn. This caused our cars to collide. - T/20221230/2006

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 30/12/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221230/2006

1 of 3

Report No. T/20221230/2006

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-383 9999

CONTINUATION OF REPORT

Driver			
Name	KEE JUN JIE	ID No.	S9472347G
Related Vehicle	SLX8365B (Car)	Contact No.	91039369
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	DAKSHINAMOORTHY ARAVINTH KUMAR	ID No.	G3848432Q
Related Vehicle	YM8989E (Lorry)	Contact No.	83381917
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/12/2022 @ 2240hrs, I was driving my rental car along Woodlands Avenue 1 to head to my friend's house. As I was approaching the junction of Woodlands Avenue 1 and Woodlands Street 32, the traffic light was green and in my favor. I had already passed the white line. Suddenly, a lorry from the opposite direction made a right turn and there was not enough time for me to brake. I was in shock. The next moment, I realized that there were several passersby who came to help me out of the car, and I sat by the roadside. They assisted me to call for the police as well. When the police and paramedics came, they asked me what had happened, and I informed them. The traffic police handed me a case card and advised me to lodge a police report regarding the accident. Someone from the lorry was conveyed to hospital. There was a witness according to TP however I do not have the particulars.

The car does not have any in-veh camera.

The front portion of the car was totally damaged. The car was towed to Evergum.

There are several abrasions and bruises on my body. I have headache and at times, I would black out. I have yet to see the doctor regarding this.







