

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 13:51 (SGT)
Reported by	Both
Date of Accident	29/12/2022 14:30 (SGT)
Exact Location of Accident	Sims Ave E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9378G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOO SUAN HENG
NRIC No	S1803704A
Email Address	RAYMONDFOOSH@GMAIL.COM
Mobile Phone No	(Phone) +65-92232648
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017492200

DRIVER

Name of Driver	FOO SUAN HENG
NRIC No	S1803704A
Date Of Birth	13/05/1967
Occupation	Outdoor

Date Of Driving Pass	31/07/1987
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92232648
Alt. Phone Number	-
Email Address	RAYMONDFOOSH@GMAIL.COM
Address	BLK 746 PASIR RIS ST 71 #03-30
Address complement	-
Postcode	510746
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	Collision - Head to Rear
Weather Conditions	Raining
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8273L
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH CHENG LAI
NRIC No	S1426694A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOO SUAN HENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CUT ON FOREHEAD, BODYACHE
Injured person in which vehicle?	SMC9378G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

5 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.
- (b) collectively the "Purposes";
- (c) 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
- (d) 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

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

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

Sketch Plan

4-01-2022

Describe Circumstance of the Accident		
Refer to police report		

Declaration

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

30/12/22 PM 12:00

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 NR/CID card)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



7 20221231 0118

Report No: T-20221231-0118

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made
30.12.2022 09:58

Video Report No

Station Diary No.
13

Informant's Particulars

Name of Informant
FOO SUAN HENG

Address
APT BLK 745 PASIR RIS STREET 71 #03 30 SINGAPORE
511745

ID Type ID No.
NRIC NO: S1803704A

Contact No.
Home Office: Mobile: 92332648

Nationality
SINGAPORE CITIZEN

Email

Sex: Age: Date of Birth
Male 55 13-05-1967

Type of Informant
Driver

Race

Language

Institution / School Name

Chinese

English

Occupation

Driving Licence Information

Private Hire

Class: 3, 4

Date of Expiry

General Information of the Accident

Type of Accident Injury Others

Drink
Drive
No

Date Time of
Accident
29.12.2022 14:30

Type of Location
X Junction

Location

S' ME AVENUE EAST

Weather

Road Surface

Road Speed Limit

Raining

Wet

Traffic Flow

Traffic Control

Traffic Volume

One Way

Traffic Light - Working

Light

Type of Collision

Anyone conveyed by

Stationary hit from rear

ambulance

No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC9378G	Car	HONDA	FREED HYBRID 1.5G AUTO	Grey	Seriously Damaged	2
YM8273L	Lorry				Slightly Damaged	1

Details of Vehicle Insurance

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

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999



T 20221230 2018

Report No. T/2/221230 2018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC9378G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000174 92200	22/09/2022	21/09/2023

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Use of Pedestrian Crossing: NA	
Driver	
Name	FOO SUAN HENG
ID No.	S1803704A
Related Vehicle	SMC9378G (Car)
Contact No.	92332648
Hospital/Clinic	OXFORD MEDICAL CENTRE
Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	29/12/2022
Date Discharge	29/12/2022
No. of Days granted Medical Leave	03
Degree of Injury	Slight

Brief Details.

I was stopped at the traffic light crossing as it was a red light. Suddenly I felt a strong impact from the rear. I stepped out of my car and discovered a lorry had hit me. I asked the driver, and he informed me that he did brake but the lorry did not stop. I then exchanged particulars with the said driver.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 520882
Tel No: 1800-5871859



1202212302018

Report No: 70202212302018

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 Re-writing The Report:

S/ MOHAMMAD HAZWAN BIN
ZULKIFLI

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
30/12/2022 09:58

Officer In Charge Of Case
SP-1 A21
SS/ TAN CHUN KEEN
Contact No: 65476431

Classification Of Case

NOTE: