

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	05/01/2023 14:08 (SGT)
Reported by	Both
Date of Accident	04/01/2023 19:39 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FORT ROAD AND MEYER ROAD CROSS JUNCTION TRAFFIC LIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8442K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHOON KEITH
NRIC No	SXXXX731F
Email Address	isaowl66@gmail.com
Mobile Phone No	(Phone) +65-90283289
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00018192202

DRIVER

Name of Driver	LEE CHOON KEITH
NRIC No	SXXXX731F
Date Of Birth	07/05/1966

Occupation	Outdoor
Date Of Driving Pass	29/03/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90283289
Alt. Phone Number	-
Email Address	isaowl66@gmail.com
Address	APT BLK 467 ADMIRALTY DRIVE
Address complement	# 06-199
Postcode	750467
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	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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA1005B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THAM KOK WENG
NRIC No	SXXXX484E
Contact Number	(Phone) +65-98331330
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	LEE CHOON KEITH
Gender	Male
Phone No	(Phone) +65-90283289
Address	APT BLK 467 ADMIRALTY DRIVE
Address Complement	# 06-199
Post Code	750467
Approximate Age Years Old	-
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	SMV8442K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 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.

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.

Kan
05/01
11:41

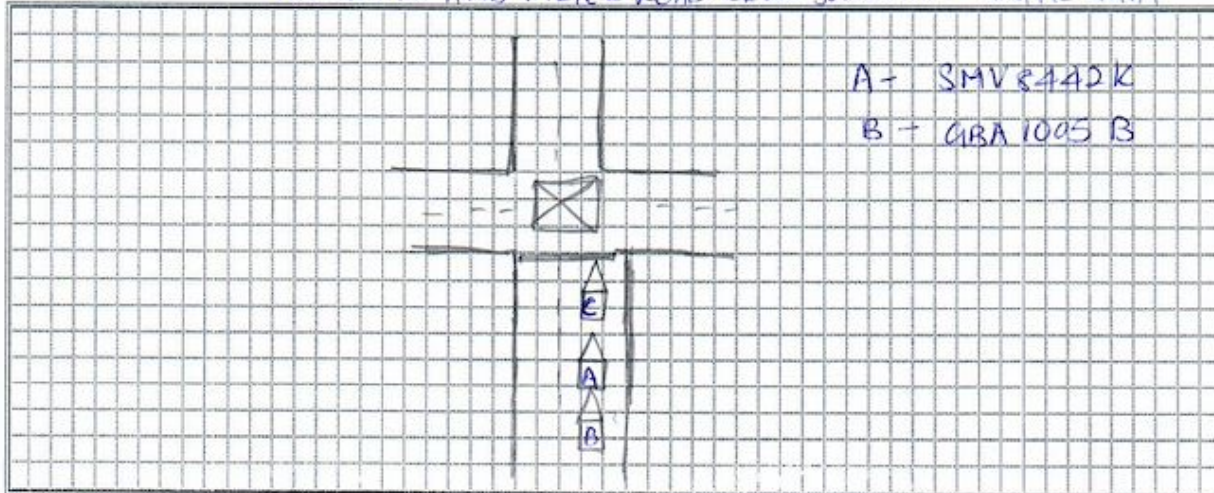
Policyholder's Signature / Date & Time

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

gnd 5/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

FORT ROAD AND MEYER ROAD CROSS JUNCTION TRAFFIC LIGHT



vJan2022

1

Describe Circumstance of the Accident

I stop at the traffic light, waiting for Green arrow.
Then the ~~car~~ pickup truck kissing on my back ~~of~~ of the car.

Declaration

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

 05/01
11:41

Policyholder's Signature / Date & Time

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

 5/1/2023

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



**SINGAPORE
POLICE FORCE**



T/20230105/2072

2 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20230105/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8442K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0001819 2202	23/10/2022	22/10/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	THAM KOK WENG	ID No.	S7881484E
Related Vehicle	GBA1005B (Lorry)	Contact No.	98331330
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

Driver

Name	LEO CHOON KEITH	ID No.	S1782731F
Related Vehicle	SMV8442K (Car)	Contact No.	90283289
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/01/2023	Date Discharge	05/01/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/01/2022 at about 1939hrs while I was driving my vehicle, SMV8442K, along Meyer Road junction of Fort Road. I had stopped for the red right arrow on Meyer Road on the right lane as I was waiting to turn right into Fort Road. My vehicle was completely at rest.

While I was waiting for the arrow to turn green, the vehicle behind mine, a pick-up, GBA1005B, had collided hard into the back of my vehicle. I then exited my vehicle and notice that there were damages to my vehicle. The damages are my rear sensor is damaged, rear bumper and boot dented with scratches. I estimate that the damages would cost about SGD \$4000/- to \$5000/-. We then exchanged particulars.

On 05/01/2022 at about 0700hrs, I woke up and felt that my chest was feeling stuffy and decided to proceed to the clinic for a check, I was provided with 5 days MC. The doctor mentioned that I may have sustained strains due to the accident.

I am currently lodging this report as my insurance agent informed me to lodge a traffic accident report.







































CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Leo Choon Keith, NRIC S1782731F, has reported to the Police a non-injury traffic accident which occurred along Meyer Rd and Fort Rd junction bay on 04/01/2023 at 1939hrs involving the following:

- a) **SMV8442K**,
Driver – Leo Choon Keith, S1782731F, hp: 90283289
- b) **GBA1005B**
Driver – Tham Kok Weng, S7881484E, hp: 98331330

- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Geraldine Quek Jie YiDate: 05/01/2023 Time: 1001hrs

ESD Ref:

Police Post/Unit: Sembawang NPC

SEMBAWANG NPC
8 Sembawang Crescent
Singapore 757633
Tel: 1800-5549559
Fax: 63522499

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



**SINGAPORE
POLICE FORCE**



T/20230105/2072

1 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20230105/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2023 16:34	Vide Report No.:	Station Diary No.: 74
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEO CHOON KEITH			Address: APT BLK 467 ADMIRALTY DRIVE #06-199 SINGAPORE 750467	
ID Type / ID No.: NRIC NO / S1782731F			Contact No.: Home/Office:	Mobile: 90283289
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 07/05/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 2B,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: 04/01/2023 19:40	Type of Location: X-Junction
Location: MEYER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BA1005B	Lorry					0
MV8442K	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT WR EU6	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230105/2072

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

4 of 4

Report No. T/20230105/2072

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:

T 2 GERALDINE QUEK JIE YI

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
05/01/2023 16:34Officer In Charge Of Case:
SAEIT /
STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230105/2072

2 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20230105/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8442K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0001819 2202	23/10/2022	22/10/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	THAM KOK WENG	ID No.	S7881484E
Related Vehicle	GBA1005B (Lorry)	Contact No.	98331330
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

Driver

Name	LEO CHOON KEITH	ID No.	S1782731F
Related Vehicle	SMV8442K (Car)	Contact No.	90283289
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/01/2023	Date Discharge	05/01/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/01/2022 at about 1939hrs while I was driving my vehicle, SMV8442K, along Meyer Road junction of Fort Road. I had stopped for the red right arrow on Meyer Road on the right lane as I was waiting to turn right into Fort Road. My vehicle was completely at rest.

While I was waiting for the arrow to turn green, the vehicle behind mine, a pick-up, GBA1005B, had collided hard into the back of my vehicle. I then exited my vehicle and notice that there were damages to my vehicle. The damages are my rear sensor is damaged, rear bumper and boot dented with scratches. I estimate that the damages would cost about SGD \$4000/- to \$5000/-. We then exchanged particulars.

On 05/01/2022 at about 0700hrs, I woke up and felt that my chest was feeling stuffy and decided to proceed to the clinic for a check, I was provided with 5 days MC. The doctor mentioned that I may have sustained strains due to the accident.

I am currently lodging this report as my insurance agent informed me to lodge a traffic accident report.





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923150004 Vehicle Registration No: SMV8442K
 Name (as shown in NRIC): Lee choon Keith NRIC/FIN/Passport No: S1782731F
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 467 ADMIRALTY DRIVE # 06-199 Singapore (750467)
 Contact (Tel): 9028 3289 Mobile No.: _____
 Email Address: isaow166@gmail.com
 Date of Accident: 04/01/2023 Time of Accident: 19:39
 Place of Accident: FORT ROAD and MEYER ROAD CROSS JUNCTION TRAFFIC LIGHT
 Insurance Company: China Teuping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend police Report & Sketch plan - police Report uploaded

Policyholder / Actual Driver's Signature
Date:

gund 6/1/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: