

# 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 15:53 (SGT)  
Reported by ..... Both  
Date of Accident ..... 04/01/2023 12:25 (SGT)  
Exact Location of Accident ..... Cavenagh Rd, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS BUKIT TIMAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG655G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ER SOO LIN(YU SULIN)  
NRIC No ..... SXXXX092I  
Email Address ..... eloyser20@gmail.com  
Mobile Phone No ..... (Phone) +65-81213013  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00011862200

### DRIVER

Name of Driver ..... ER SOO LIN(YU SULIN)  
NRIC No ..... SXXXX092I  
Date Of Birth ..... 24/02/1983  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/07/2008
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81213013
Alt. Phone Number .....	-
Email Address .....	eloyser20@gmail.com
Address .....	BLK 101A BIDADARI PARK DRIVE #15-11
Address complement .....	-
Postcode .....	341101
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 SKETCH PLAN

#### 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 .....	SHC3808G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	ER SOO LIN(YU SULIN)
Gender .....	Female
Phone No .....	(Phone) +65-81213013
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLG655G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

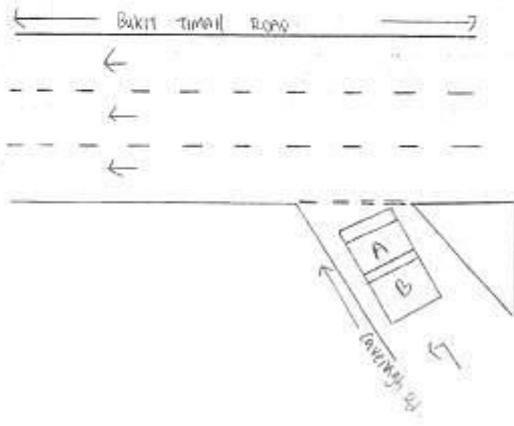
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.

[Signature]  
Policyholder's Signature / Date & Time

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

[Signature] 05/01/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SL6 6556  
VEH B: 5HC 3808G
























**SINGAPORE  
POLICE FORCE**

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



T/20230105/7033

1 of 3

Report No: T/20230105/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2023 13:27	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ER SOO LIN		Address: 101A BIDADARI PARK DRIVE #15-111 SINGAPORE 341101	
ID Type / ID No.: NRIC NO / S8377092I		Contact No.: Home/Office: Mobile: 81213013	
Nationality: SINGAPORE CITIZEN		Email: eloyser20@gmail.com	
Sex: Female	Age: 39	Date of Birth: 24/02/1983	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2023 12:25	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG655G	Car	HONDA	FREED HYBRID 1.5G AUTO	Silver		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG655G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000118 62200	07/07/2022	27/11/2023


**SINGAPORE  
POLICE FORCE**

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



T/20230105/7033

2 of 3

Report No. T/20230105/7033

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ER SOO LIN	ID No.	S8377092I
Related Vehicle	SLG655G (Car)	Contact No.	81213013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time I vehicle SLG655G was travelling along Cavenagh Road towards Bukit Timah Road.

As I enter the slip road to Bukit Timah Road I came to a stop at the giveway line and look to my right to check for traffic.

Suddenly vehicle SHC3808G came from behind and hit onto my vehicle's rear portion.

I was caught unaware and the impact causes my right hand to slip and hit onto my steering.

After a while I start to feel pain on my neck, shoulder and back areas.

I then proceeded to Neo Medical Centre to seek treatment and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230105/7033

3 of 3

Report No. T/20230105/7033

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

**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

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 05/01/2023 13:27
Classification Of Case:

NP168

