

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	06/01/2023 21:55 (SGT)
Reported by	Driver
Date of Accident	05/01/2023 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER KENT RIDGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5454Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DALLAN CHEAH PHEE TEONG
NRIC No	S7588736A
Email Address	dallan@ezzoled.com
Mobile Phone No	(Phone) +60-122102012
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C5
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00253512201

DRIVER

Name of Driver	CHEZVEN CHEAH SIN SHEN
NRIC No	T0176044G
Date Of Birth	03/09/2001
Occupation	Indoor

Date Of Driving Pass	06/06/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96337571
Alt. Phone Number	-
Email Address	chezven@gmail.com
Address	65 CAVENAGH RD #05-05
Address complement	-
Postcode	229619
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	KAUSTAV
Gender	Male

PASSENGER 2

Name	EMAAD
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
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	SHB1272U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM SING WOO
NRIC No	S1592776C
Contact Number	(Phone) +65-97845714
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

VEH NO: SKL5454Y
 INSURER: China
 DATE OF ACC: 05/01/23 @ 1910

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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

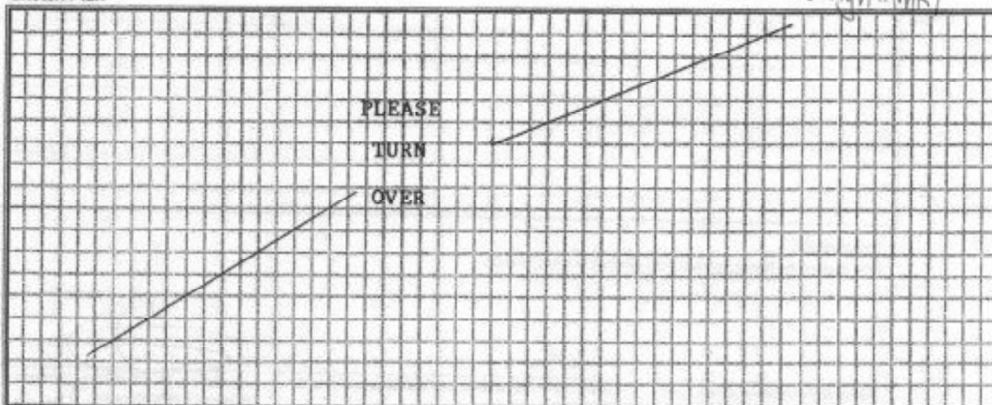
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

**** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. PIs check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A: SKL 5454Y
 (w 2 passengers:
 1) Kaustav - m
 2) Ennaad - m)
 B: SHB 12724
 (w 1 passenger - m)

Vehicle No: SKL 5454Y (China)
 Date & Time: 05/01/23 @ 1910 (clean dry)

Refer to police report.

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

 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) *(AMK)*



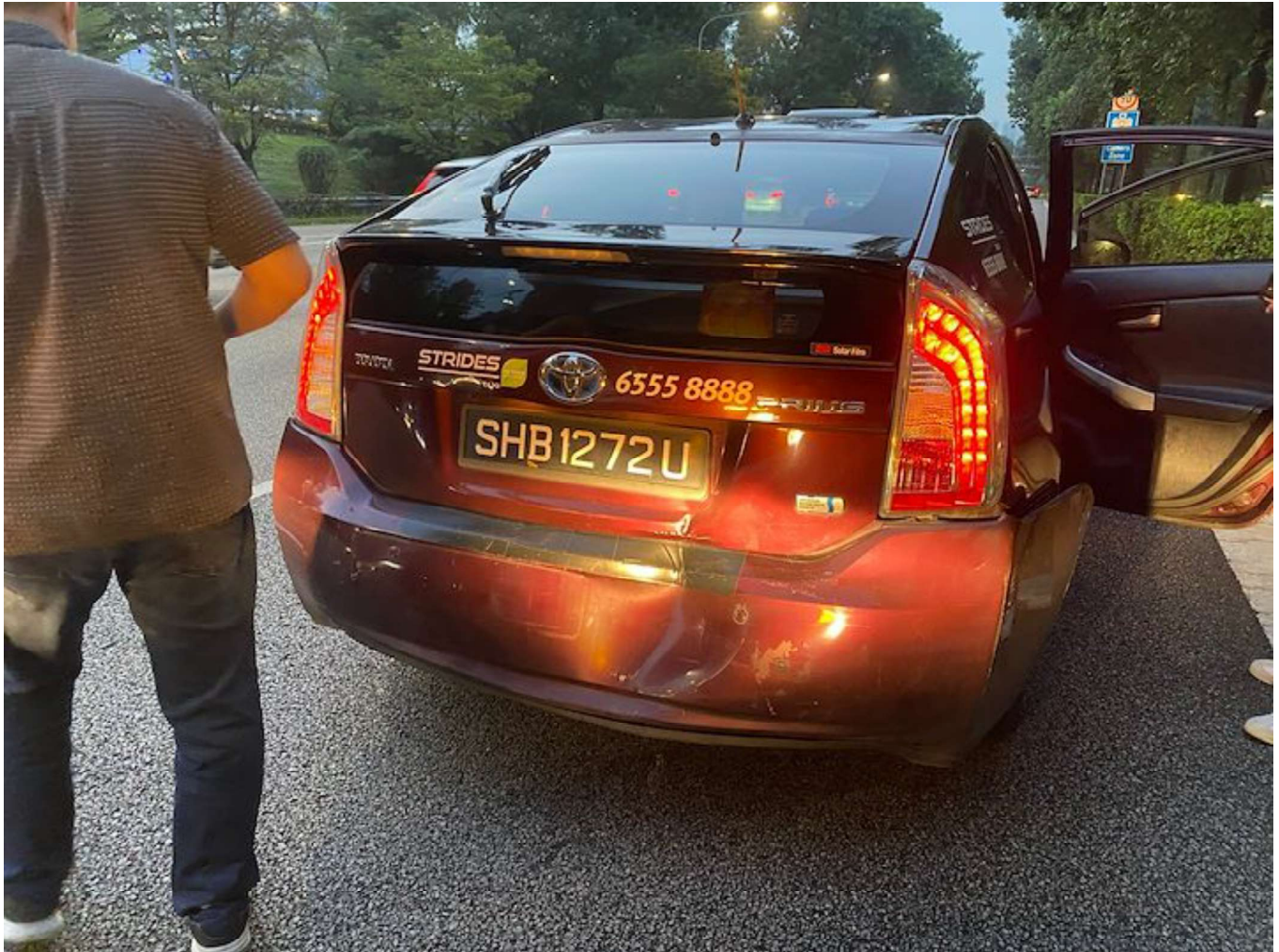














**SINGAPORE
POLICE FORCE**



T/20230106/2029

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Report No. T/20230106/2029

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2023 11:49	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: CHEZVEN CHEAH SIN SHEN			Address: BLK 65 CAVENAGH ROAD #05-05 SINGAPORE 229619		
ID Type / ID No.: NRIC NO / T0176044G			Contact No.: Home/Office: Mobile: 96337571		
Nationality: MALAYSIAN			Email: chezven@gmail.com		
Sex: Male	Age: 21	Date of Birth: 03/09/2001	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: Deakin University	
Occupation: Student			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2023 19:10	Type of Location: Flyover
Location: LOWER KENT RIDGE ROAD Lamp Post Number: 000				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHB1272U	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	1
SKL5454Y	Car	CITROEN	CITROEN C5 1.6 (A)	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL5454Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0025351 2201	01/11/2022	31/10/2023



**SINGAPORE
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T/20230106/2029

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Report No. T/20230106/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEZVEN CHEAH SIN SHEN	ID No.	T0176044G
Related Vehicle	NIL	Contact No.	96337571
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SING WOO	ID No.	S1592776C
Related Vehicle	NIL	Contact No.	97845714
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	NIL

Brief Details.

On 05/01/2023 at 1910hrs, I was driving vehicle (SKL5454Y) on AYE towards Jurong East direction. At that time, there were 2 passengers in my vehicle who are my friends. While driving on the highway, a taxi (SHB1272U) in front of my vehicle came to a stop. I didn't manage to brake my vehicle in time and as a result, my vehicle collided with the rear of the taxi. NUS (National University of Singapore) is the nearest building beside the flyover where the accident happened. I did not observe any lamp-post near the accident location and I managed to exchange my particulars with the driver of the taxi. There was 1 passenger in the taxi and the passenger on the taxi mentioned that his left shoulder felt pain but did not request for my particulars. I do not have the particulars of the passenger. Subsequently, the passenger left in the taxi. The front bumper of my vehicle sustained some scratches and a crack, and the side of my vehicle left headlight came off a bit. The rear bumper of the taxi has a big and deep dent, and the right side rear of the taxi near the backlight came off slightly. Other than the passenger as mentioned whose shoulder felt pain, no one is injured. My vehicle has an in-car camera and it has the footage of my vehicle colliding the rear of the taxi. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20230106/2029

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51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20230106/2029

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:

E/
SGT 2 CHOONG HONG GIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2023 11:49

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168