

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	25/01/2023 17:12 (SGT)
Reported by	Both
Date of Accident	22/01/2023 14:45 (SGT)
Exact Location of Accident	301 Commonwealth Ave, Singapore 149729
Additional Location Information	ALONG QUEENSWAY AVE TWDS COMMONWEALTH AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1488U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASHBEL CHOO YING ZHONG
NRIC No	S9121962Z
Email Address	GATEASHBEL@GMAIL.COM
Mobile Phone No	(Phone) +65-98208405
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017642200

DRIVER

Name of Driver	ASHBEL CHOO YING ZHONG
NRIC No	S9121962Z
Date Of Birth	24/06/1991
Occupation	Outdoor

Date Of Driving Pass	02/09/2017
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98208405
Alt. Phone Number	-
Email Address	GATEASHBEL@GMAIL.COM
Address	898A TAMPINES ST 81
Address complement	#13-770
Postcode	521898
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER TO TP REPORT T/20230123/7016

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	SLU6557T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-




SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

Date & Time: 25/1/2022
12:58

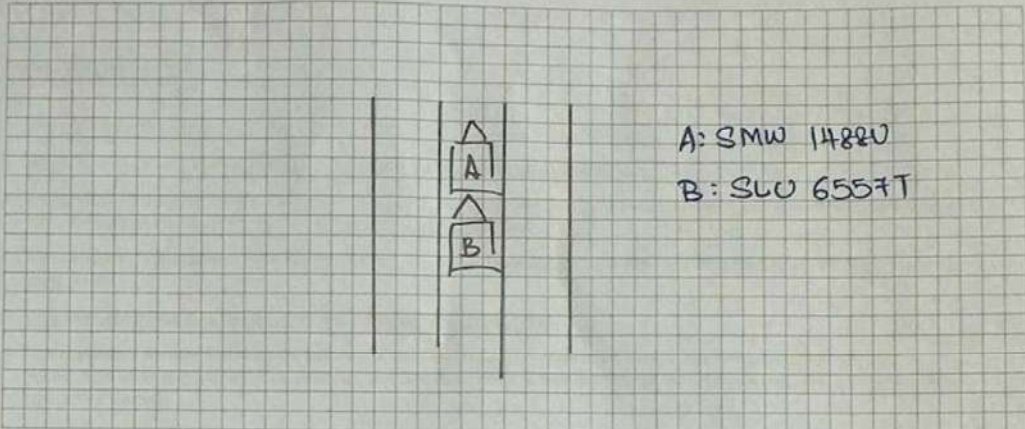

Driver's Signature
(If driver is not the policyholder)

Date & Time: 25/01/2022
12:58

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SIAPMC SketchPlanForm_V3

SKETCH PLAN



A: SMW 1482U
B: SLU 6557T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report T/20230123/7016

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

Policyholder's Signature
Date & Time: 25/01/2022
12:58pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/01/2022
12:58pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20230123/7016

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

1 of 3

Report No. T/20230123/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2023 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ASHBEL CHOO YING ZHENG			Address: 898A TAMPINES STREET 81 #13-770 SINGAPORE 521898		
ID Type / ID No.: NRIC NO / S9121962Z			Contact No.: Home/Office: Mobile: 98208405		
Nationality: SINGAPORE CITIZEN			Email: ASHBELCHOO@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 14:00	Type of Location: Straight Road
Location: QUEEN'S CLOSE				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 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	Conditio	No of
SMW1488U	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230123/7016

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

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Report No. T/20230123/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW1488U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000176 42200	22/09/2022	03/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ASHBEL CHOO YING ZHENG		ID No. S9121962Z
Related Vehicle	SMW1488U (Car)		Contact No. 98208405
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

As I approach the traffic there is a car stop in front of me due to a accident in front I slow down and stop however the behind car SLU6557T fail to keep a safe distance and did not manage to stop in time and ended up rear ending me.

There is a passenger in my car I have spoke to me he mention he is not injured. I'm doing private hire at that time.



**SINGAPORE
POLICE FORCE**



T/20230123/7016

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

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Report No. T/20230123/7016

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 / TP1B /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/01/2023 13:26

Classification Of Case: