

## 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 .....	12/12/2022 14:46 (SGT)
Reported by .....	Both
Date of Accident .....	10/12/2022 23:15 (SGT)
Exact Location of Accident .....	Bukit Panjang Rd, Singapore
Additional Location Information .....	JUNCTION OF BUKIT PANJANG RD & PENDING RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH3750P
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOANITA BINTE JASMEN
NRIC No .....	S8615343B
Email Address .....	galaxy.jjme@gmail.com
Mobile Phone No .....	(Phone) +65-81235664
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Chevrolet
Model .....	Sonic
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1398

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00110332200

#### DRIVER

Name of Driver .....	JOANITA BINTE JASMEN
NRIC No .....	S8615343B
Date Of Birth .....	30/05/1986
Occupation .....	Indoor

Date Of Driving Pass .....	17/01/2008
Driving experience .....	14 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81235664
Alt. Phone Number .....	-
Email Address .....	galaxy.jjme@gmail.com
Address .....	BLK 441 FAJAR RD #04-458
Address complement .....	-
Postcode .....	670441
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 - Cross Junction
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? .....	Yes
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMR8575G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver ..... -  
 Contact Number ..... (Phone) +65-89112515  
 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 ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

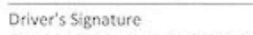
SKETCH PLANIMPORTANT NOTICE

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 Authorised 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. 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 lodgment 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:

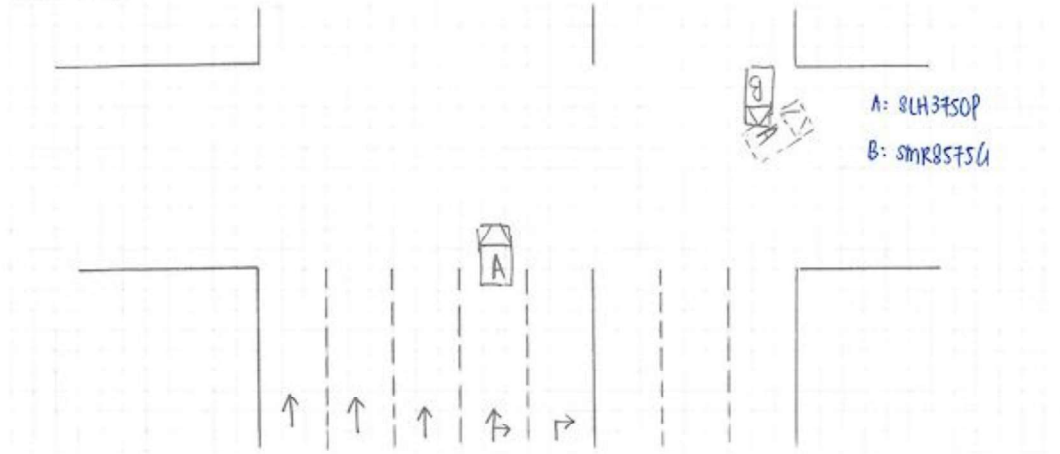
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:

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

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Re: to Police Report

7/2003 1211/2005

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0132A

Gov. Type: C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00110332200	Engine No.: A14XER152580370 Chs. No.: KL1TA69FJGB511165
1. Index Mark and Registration Number of Vehicle	SLH3750P	AUTOSAFE *****
2. Name of Policy Holder	JOANITA BINTE JASMIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/04/2022 (12:23:43)	Named Drivers Ex Sect. I \$5500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$53,000.00 Ex Sect. I - Age >= 26 \$5500.00 * Age as at date of accident EX ON WINDSCREEN. \$5100.00
4. Date of Expiry of Insurance	30/04/2023	
5. Persons or Classes of Persons entitled to drive <sup>*</sup> (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use: <sup>*</sup>  Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: LAKE VIEW AGENCY PTE LTD  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com























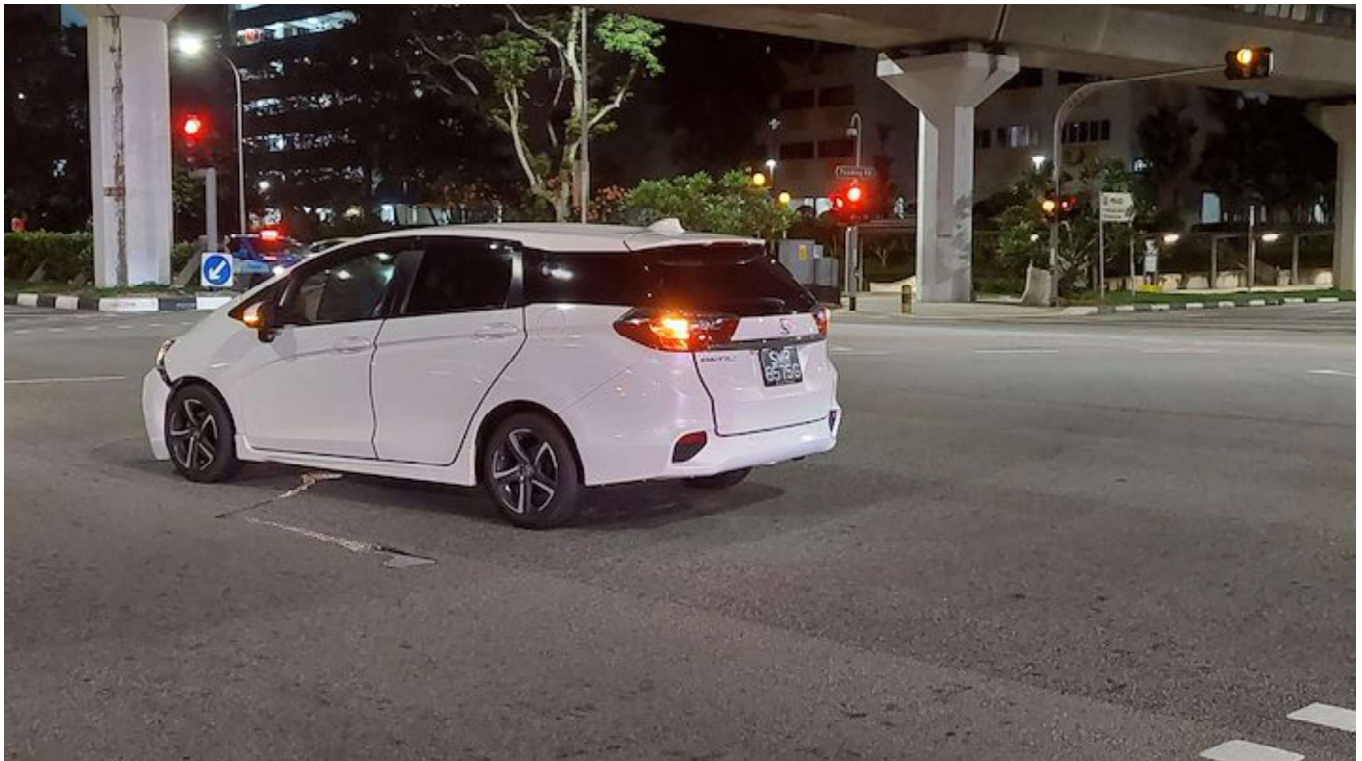




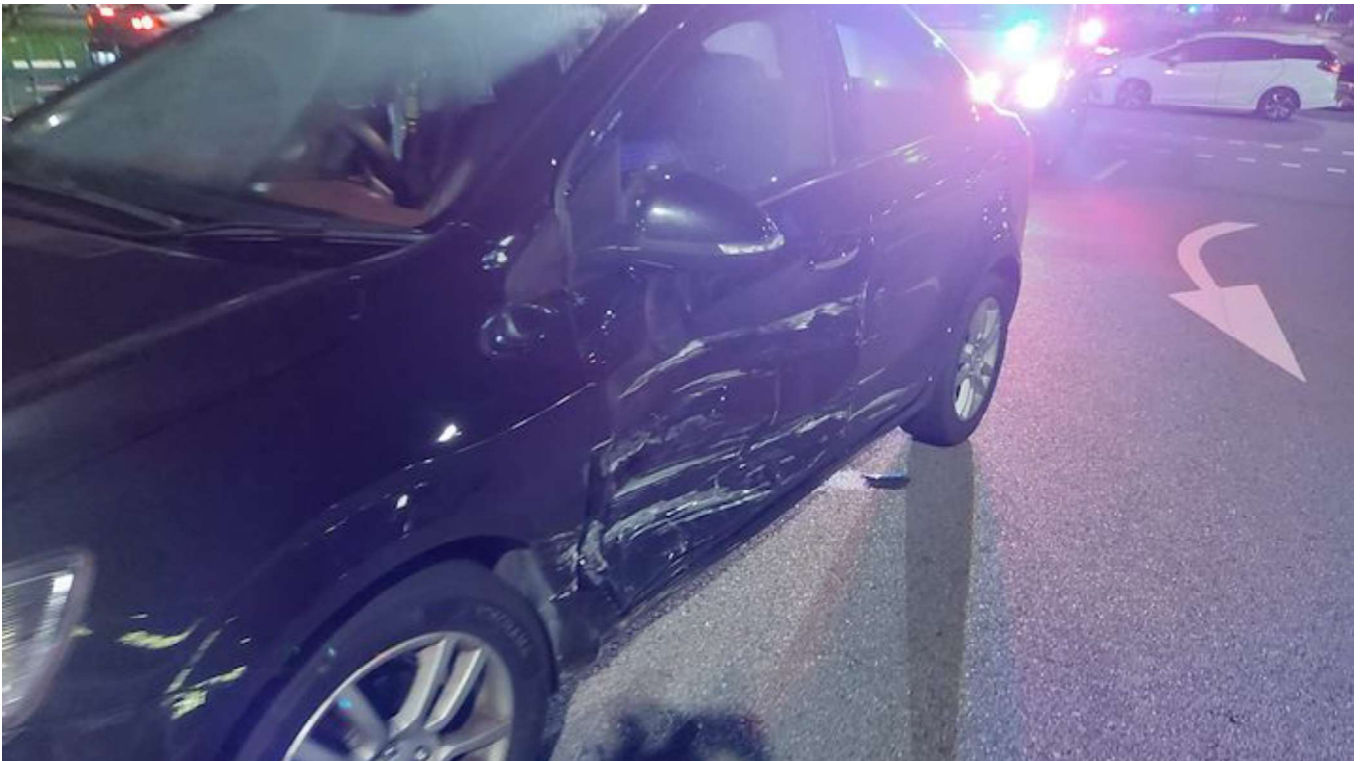


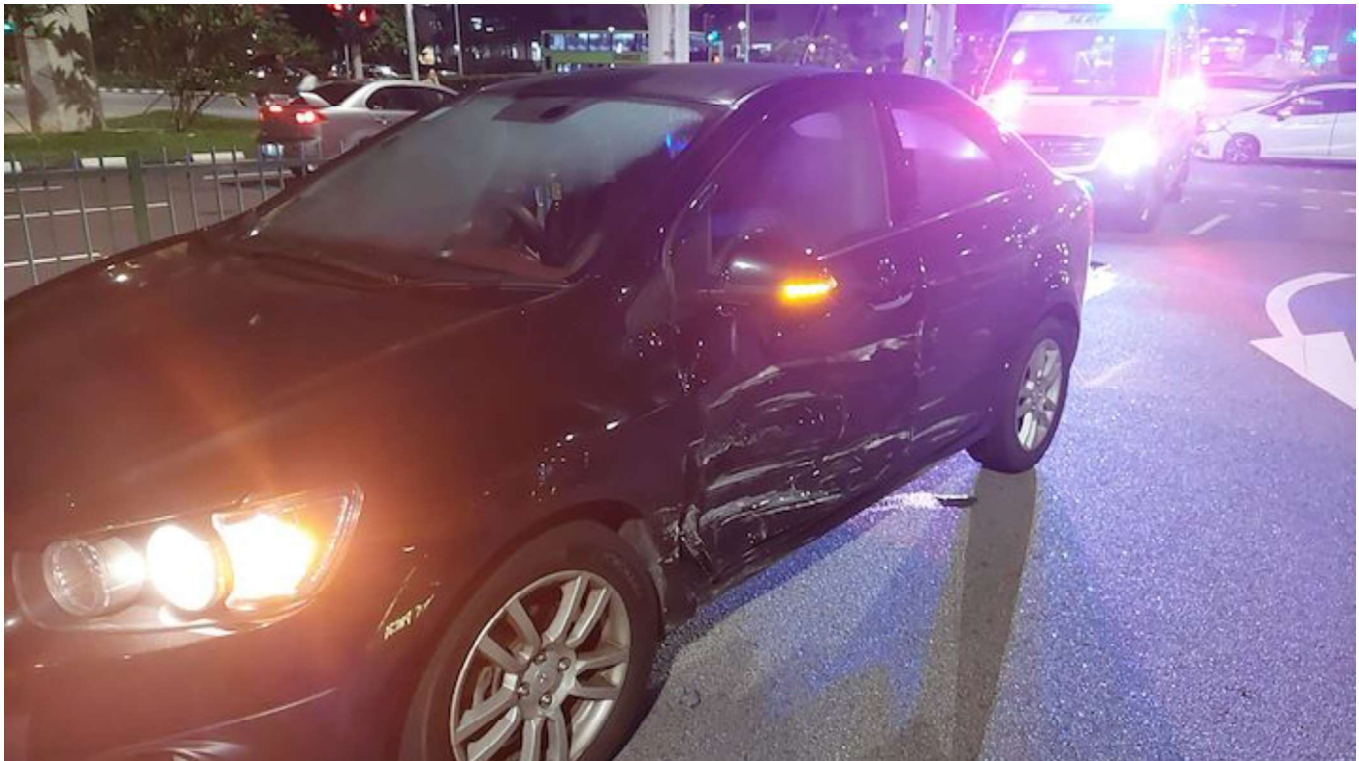


















**SINGAPORE  
POLICE FORCE**



T/20221211/2005

1 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20221211/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2022 01:50	Vide Report No.: J/20221210/0180	Station Diary No.: 11
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: JOANITA BINTE JASMEN			Address: APT BLK 441 FAJAR ROAD #04-458 SINGAPORE 670441		
ID Type / ID No.: NRIC NO / S8615343B			Contact No.: Home/Office: Mobile: 81235664		
Nationality: SINGAPORE CITIZEN			Email: galaxy.jjme@gmail.com		
Sex: Female	Age: 36	Date of Birth: 30/05/1986	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: ADMIN			Driving Licence Information: Class: 3	Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2022 23:15	Type of Location: X-Junction
Location:  BUKIT PANJANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH3750P	Car	CHEVROLET	SONIC NB 1.4 A/T 2WD	Black	Slightly Damaged	0
SMR8575G	Car	HONDA		White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH3750P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001103 32200	29/04/2022	30/04/2023



**SINGAPORE  
POLICE FORCE**



T/20221211/2005

2 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20221211/2005

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOANITA BINTE JASMIN	ID No.	S8615343B
Related Vehicle	SLH3750P (Car)	Contact No.	81235664
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

**Brief Details.**

On the 10th December 2022 at about 2315hrs, I was travelling in my car (SLH3750P, Black Chevrolet) along the right most lane of Bukit Panjang Road, towards Chua Chu Kang. I came across the junction of Bukit Panjang Road, Bukit Panjang Ring Road and had planned to make a right turn at the said junction. As the traffic light was green when I arrived at the junction, I proceeded to make the right turn into Bukit Panjang Ring Road. I had made a check and affirmed that the road ahead of me was clear before I made the said turn.

As I was making the turn, an oncoming car (White Honda Shuttle, SMR8575H), which came from the opposite direction came toward my direction and collided with the left side of my car's front passenger door. I did not see the car coming towards me while I was making the turn. All of a sudden, I heard a loud "bang", and realized that the car had collided onto my vehicle.

Subsequently, both the driver and I exited our vehicle to make a check on our well beings. The other driver (Muhammad HP: 89772515) and I then made an exchange of particulars and also took photos of the damage of our vehicles due to the accident. The other driver then mentioned to me that he had an injury on his left arm and that it might be fractured. I then called for ambulance assistance. When the ambulance arrived, the paramedic assessed Mohammed and eventually conveyed him to the hospital. I informed the paramedics that I did not suffer any injuries and does not require any medical attention. The driver also had one passenger with him, however he was not injured and left the scene shortly after the accident.

Soon after, the police arrived and handed to me a case card and advised me to head to a police post to lodge a police report.

My car had sustained dents and scratches across the left front passenger door and the other vehicle had sustained dents and scratches on the left front bumper and hood area. My car does not have any in-built camera installed. I am unsure if the other car has an in-built camera. I affirm that there are no injuries to any other parties except for the other driver and there are no damages to any government properties.





**SINGAPORE  
POLICE FORCE**



T/20221211/2005

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 4

Report No. T/20221211/2005

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221211/2005

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

4 of 4

Report No. T/20221211/2005

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:

J/  
SGT 3 DINIE SYAKIR BIN  
RAZALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2022 01:50

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

NP168