

# 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 ..... 13/02/2023 17:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/02/2023 23:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE EXIT 11 SLIP ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM1946S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM TZE HOW KELVIN  
NRIC No ..... SXXXX647I  
Email Address ..... jenniferxueping@outlook.com  
Mobile Phone No ..... (Phone) +65-97711019  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00015952200

### DRIVER

Name of Driver ..... MEILIAN TI  
NRIC No ..... SXXXX212J  
Date Of Birth ..... 16/05/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/02/2023
Driving experience .....	0 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-97711019
Alt. Phone Number .....	-
Email Address .....	jenniferxueping@outlook.com
Address .....	APT BLK 128 BEDOK RESERVOIR ROAD
Address complement .....	# 05-1315
Postcode .....	470128
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	4
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 .....	LIM TZE HOW KELVIN
Gender .....	Male

#### PASSENGER 2

Name .....	TAN HUI SIAN
Gender .....	Male

#### PASSENGER 3

Name .....	CHEN WEI MARCUS
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kaki Bukit Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004429999
Alt. Police Station Phone No .....	(Fax) +65-62444377
Police Station Address .....	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230212/2036

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 ..... SKG276D  
 Vehicle Manufacturer ..... Porsche  
 Vehicle Model ..... Panamera  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Gray  
 Vehicle Category ..... Private car  
 Name of Driver ..... XU ZHIPING  
 Passport No/FIN ..... GXXXX811R  
 Contact Number ..... (Phone) +65-96677771  
 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 ..... MEILIAN TI  
 Gender ..... Female  
 Phone No ..... (Phone) +65-97711019  
 Address ..... APT BLK 128 BEDOK RESERVOIR ROAD  
 Address Complement ..... # 05-1315  
 Post Code ..... 470128  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK, SHOULDER AND LOWER BACK PAIN-GIVEN 3 DAYS MC  
 Injured person in which vehicle? ..... SMM1946S  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... LIM TZE HOW KELVIN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-92176471  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK, SHOULDER AND LOWER BACK PAIN- GIVEN 5 DAYS MC  
 Injured person in which vehicle? ..... SMM1946S  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

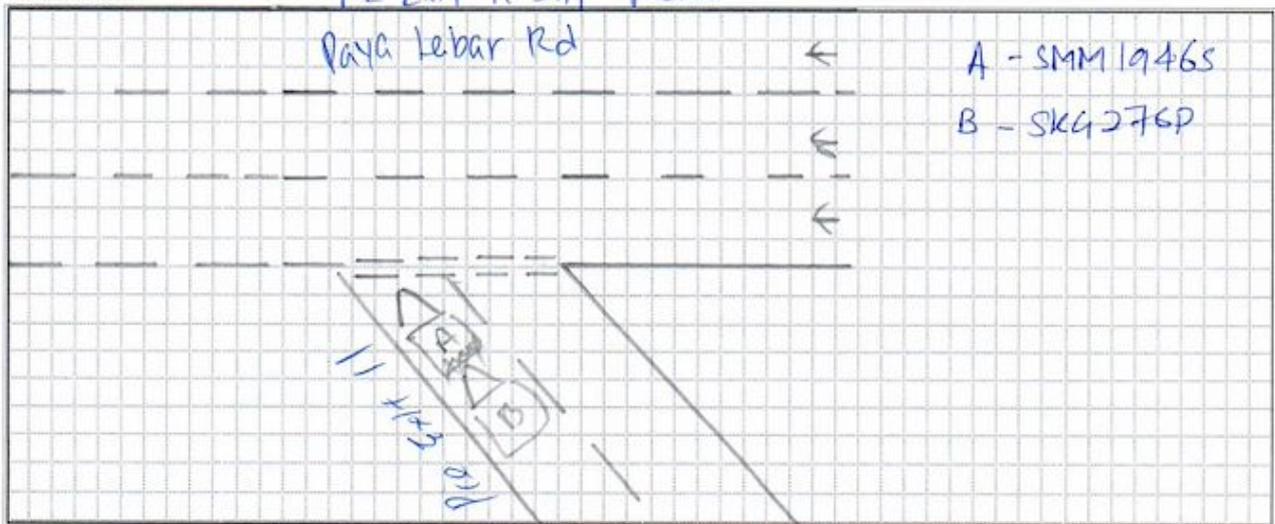
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 13/2/23 10.50 AM  
 Policyholder's Signature / Date & Time

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

*[Signature]* 13/2/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Please refer to police report T/20230212/2036.

Declaration

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

 13/2/23 10.50AM

Policyholder's Signature / Date & Time

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

 13/2/2023

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



**SINGAPORE  
POLICE FORCE**



T/20230212/2036

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20230212/2036

## CONTINUATION OF REPORT

Passenger			
Name	TAN HUI SIAN	ID No.	S9104754C
Related Vehicle	SMM1946S (Car)	Contact No.	93871882
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
Passenger			
Name	CHEN WEI MARCUS	ID No.	S9108328J
Related Vehicle	SMM1946S (Car)	Contact No.	93872188
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

**Brief Details.**

On 11/02/2023 at about 1100hrs, I was driving my vehicle (SMM1946S) along PIE expressway and was exiting the expressway using the left lane of PIE exit 11 to Paya Lebar Road. Hence, I slowed my vehicle and come to a stop before the give way line to check for oncoming vehicle before turning out to Paya Lebar Road, there was a vehicle (SKG276D) later collided onto the rear of my car which caused damage on my rear bumper and rear hood. There were no police or ambulance attended to us. However, I went to seek for medical treatment on 12/02/2023 at Mount Alvernia Hospital and was given a 3-days medical leaves from 12/02/2023 to 14/02/2023.



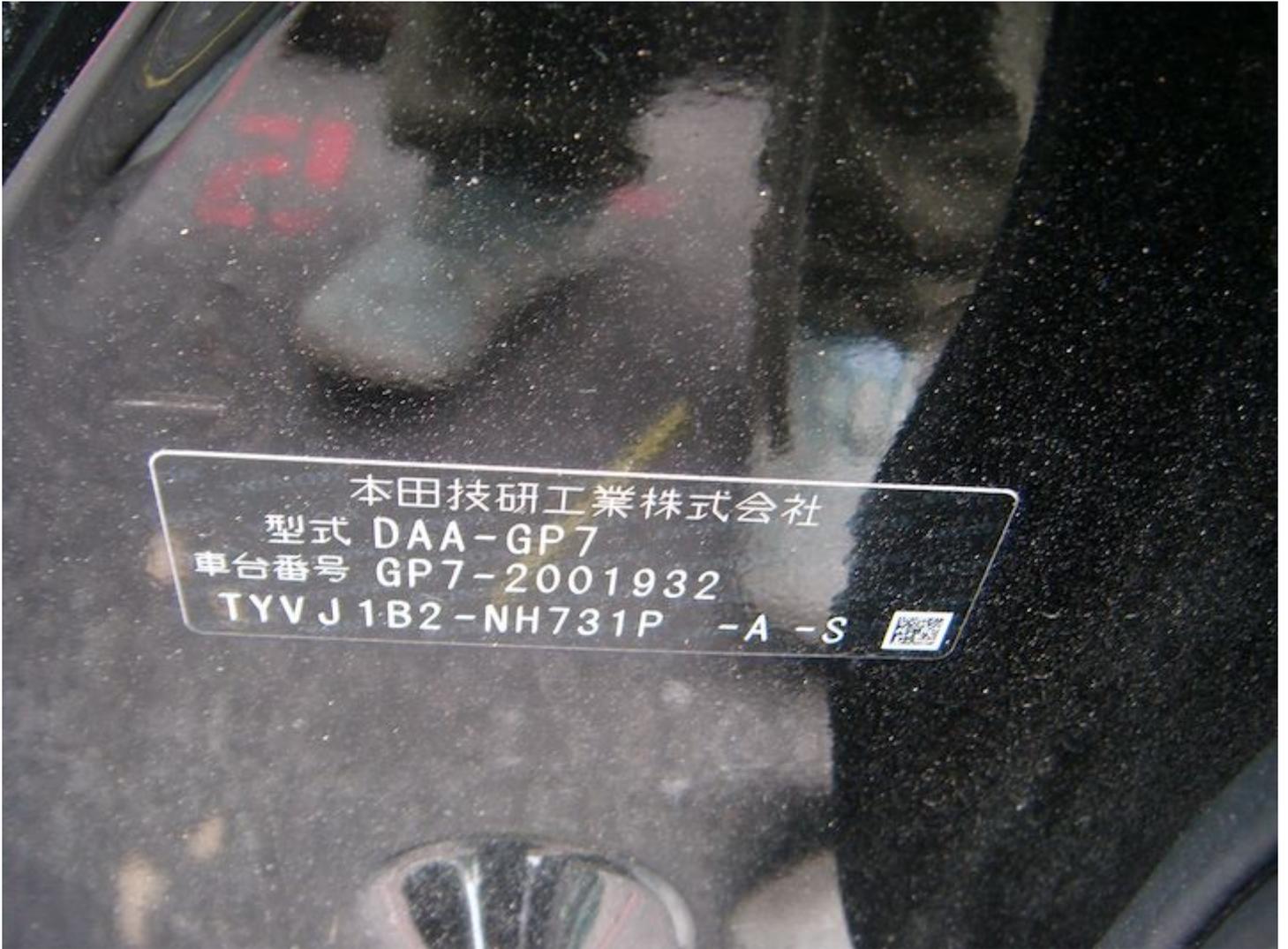
















**SINGAPORE  
POLICE FORCE**



T/20230212/2036

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20230212/2036

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM1946S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000159 52200	31/08/2022	30/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	XU ZHIPING	ID No.	G8349811R	
Related Vehicle	SKG276D (Car)	Contact No.	96677771	
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	MEILIAN TI	ID No.	S9375212J	
Related Vehicle	SMM1946S (Car)	Contact No.	97711019	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	12/02/2023	Date Discharge	12/02/2023	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	LIM TZE HOW KELVIN	ID No.	S9217647I	
Related Vehicle	SMM1946S (Car)	Contact No.	97711825	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	12/02/2023	Date Discharge	12/02/2023	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	



**SINGAPORE  
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T/20230212/2036

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Report No. T/20230212/2036

## CONTINUATION OF REPORT

Passenger			
Name	TAN HUI SIAN	ID No.	S9104754C
Related Vehicle	SMM1946S (Car)	Contact No.	93871882
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
Passenger			
Name	CHEN WEI MARCUS	ID No.	S9108328J
Related Vehicle	SMM1946S (Car)	Contact No.	93872188
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

**Brief Details.**

On 11/02/2023 at about 1100hrs, I was driving my vehicle (SMM1946S) along PIE expressway and was exiting the expressway using the left lane of PIE exit 11 to Paya Lebar Road. Hence, I slowed my vehicle and come to a stop before the give way line to check for oncoming vehicle before turning out to Paya Lebar Road, there was a vehicle (SKG276D) later collided onto the rear of my car which caused damage on my rear bumper and rear hood. There were no police or ambulance attended to us. However, I went to seek for medical treatment on 12/02/2023 at Mount Alvernia Hospital and was given a 3-days medical leaves from 12/02/2023 to 14/02/2023.



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T/20230212/2036

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Report No. T/20230212/2036

**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: G / SGT 2 Ng Jing Xuan 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2023 15:50
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168


**SINGAPORE  
POLICE FORCE**


T/20230212/2036

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20230212/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2023 15:50	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: MEILIAN TI		Address: APT BLK 128 BEDOK RESERVOIR ROAD #05-1315 SINGAPORE 470128	
ID Type / ID No.: NRIC NO / S9375212J		Contact No.:	Mobile: 97711019
Nationality: SINGAPORE CITIZEN		Email: Jenniferxueping@outlook.com	
Sex: Female	Age: 29	Date of Birth: 16/05/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: sales		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2023 11:00	Type of Location: Bend
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SKG276D	Car	PORSCHE	PANAMERA	Grey	Slightly Damaged	0
SMM1946S	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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