

# 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 .....	13/03/2023 11:44 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/03/2023 16:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG TAMPINES CENTRAL 1 TOWARDS TAMPINES AVENUE 4
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SME8071L

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH SHU YIN, ANGELINA
NRIC No .....	SXXXX462B
Email Address .....	vincent@v2d.com.sg
Mobile Phone No .....	(Phone) +65-86563839
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00013512200

### DRIVER

Name of Driver .....	KOH SHU YIN, ANGELINA
NRIC No .....	SXXXX462B
Date Of Birth .....	20/10/1983

Occupation .....	Outdoor
Date Of Driving Pass .....	27/11/2004
Driving experience .....	18 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-86563839
Alt. Phone Number .....	-
Email Address .....	vincent@v2d.com.sg
Address .....	APT BLK 523B TAMPINES CENTRAL 7
Address complement .....	# 10-95
Postcode .....	522523
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 .....	Side Swipe
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 .....	POON YI FANG BELLA
Gender .....	Female

#### PASSENGER 2

Name .....	BELVIN POON YI TENG
Gender .....	Male

#### PASSENGER 3

Name .....	NUNUK SULISTYONINGRUM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-G/20230311/7034

## 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 ..... SHD4194G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... -  
 Contact Number ..... (Phone) +65-97761155  
 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 ..... KOH SHU YIN, ANGELINA  
 Gender ..... Female  
 Phone No ..... (Phone) +65-86563839  
 Address ..... APT BLK 523B TAMPINES CENTRAL 7  
 Address Complement ..... # 10-95  
 Post Code ..... 522523  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOULDER, KNEE AND BACK INJURY-GIVEN 5 DAYS MC  
 Injured person in which vehicle? ..... SME8071L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... BELVIN POON YI TENG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BACK INJURY- GIVEN 1 DAY MC  
 Injured person in which vehicle? ..... SME8071L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... POON YI FANG BELLA  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... NECK AND BACK PAIN- GIVEN 5 DAYS MC  
 Injured person in which vehicle? ..... SME8071L  
 Were seat belts worn? ..... -

Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... NUNUK SULISTYONINGRUM  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... INJURED LEFT MIDDLE FINGER DUE TO THE IMPACT  
Injured person in which vehicle? ..... SME8071L  
Were seat belts worn? ..... -  
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.
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 use 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 submission 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.

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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

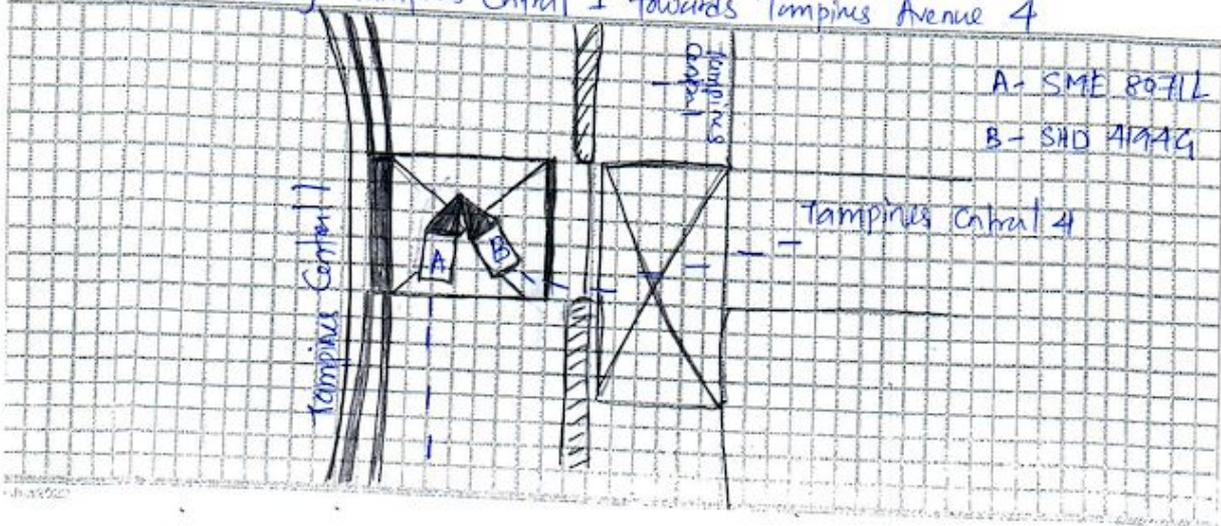
Signature 13/3/23  
Policyholder's Signature / Date & Time

Signature 13/3/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Signature 13/3/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Along Tampines Central 1 towards Tampines Avenue 4



Describe Circumstance of the Accident

Please Refer to the attached Police  
Report - G1/20230311/7034

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 13/3/23

Policyholder's Signature / Date & Time

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

*[Signature]* 13/3/2023

Witnessed by Reporting Centre Personnel (Name and CRIC/ID card)



**SINGAPORE  
POLICE FORCE**



G/20230311/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230311/7034

I was travelling straight along Tampines Central 1 towards Ave 4.

As I was approaching the yellow box, suddenly taxi SHD4194G dashed out from the minor road on my right and hit onto my vehicle's right front portion.

The impact pushed my vehicle to the left and hit onto the kerb.

The impact was great and my right hand and right knee hit onto my door.

I quickly check on my children and realised that they also suffered injuries on their neck and back areas.

My helper injured her left middle finger due to the impact.

We later proceeded to intemedical tampines to seek treatment and I was given 3 days MC and my children were given 1 day mc each.

Today me and my daughter went back to the same clinic to follow up.

I was given another 2 days MC and my daughter was given another 4 days of MC.

We both got a total of 5 days MC for both visits.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2023 11:23
Officer In-Charge Of Case:	Classification Of Case:
































**SINGAPORE  
POLICE FORCE**


G/20230311/7034

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230311/7034

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 11/03/2023 11:23	Vide Report No.	Station Diary No.
Name Of Informant KOH SHU YIN,ANGELINA	Address 523B TAMPINES CENTRAL 7 #10-95 SINGAPORE 522523	
ID Type / ID No. NRIC NO / S8333462B	Contact No. Home/Office:	Mobile: 86563839
Nationality SINGAPORE CITIZEN	Email Address trp10531@gmail.com	
Occupation Phv driver	Sex Female	Age 39
Institution/School Name	Date of Birth 20/10/1983	Race Chinese
Date/Time Of Incident 10/03/2023 16:00	Location Of Incident 12 TAMPINES CENTRAL 1 TAMPINES ONE SINGAPORE 529537	

**Brief details.**

On the stated date and time I was ferrying my children and helper on board vehicle SME8071L.

1. Poon Yi Fang Bella - daughter
2. Belvin Poon Yi Teng - son
3. Nunuk Sulistyoningrum - helper

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2023 11:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230311/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230311/7034

I was travelling straight along Tampines Central 1 towards Ave 4.

As I was approaching the yellow box, suddenly taxi SHD4194G dashed out from the minor road on my right and hit onto my vehicle's right front portion.

The impact pushed my vehicle to the left and hit onto the kerb.

The impact was great and my right hand and right knee hit onto my door.

I quickly check on my children and realised that they also suffered injuries on their neck and back areas.

My helper injured her left middle finger due to the impact.

We later proceeded to intemedical tampines to seek treatment and I was given 3 days MC and my children were given 1 day mc each.

Today me and my daughter went back to the same clinic to follow up.

I was given another 2 days MC and my daughter was given another 4 days of MC.

We both got a total of 5 days MC for both visits.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2023 11:23
Officer In-Charge Of Case:	Classification Of Case:

