

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	27/03/2023 17:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Simei Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4965Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Bee Yim (Chen Meiyin)
NRIC No	SXXXX635C
Email Address	davesohkh@gmail.com
Mobile Phone No	(Phone) +65-97654015
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017312200

DRIVER

Name of Driver	Dave Soh Keng Hau (Su Qinghao)
NRIC No	SXXXX915G
Date Of Birth	14/07/1977
Occupation	Outdoor

Date Of Driving Pass	08/03/2002
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-98417433
Alt. Phone Number	-
Email Address	davesohkh@gmail.com
Address	Blk 2 St George's Road
Address complement	#11-49
Postcode	322002
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	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)	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	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 Police Report No. T/20230327/7016.

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	SCZ8996B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Dave Soh Keng Hau (Su Qinghao)
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Head, shoulder, neck, chest and hip.
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 :

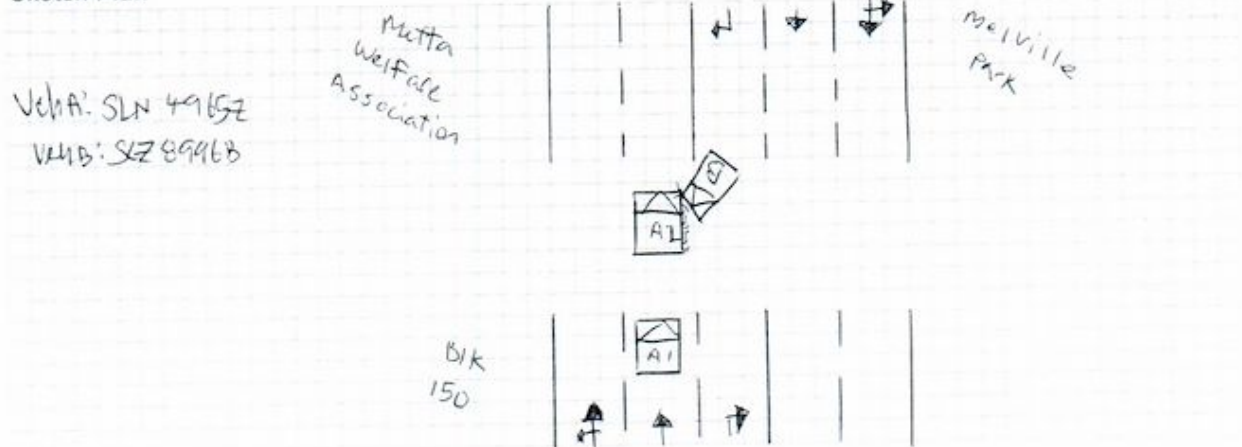
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Policyholder's Signature / Date & Time


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

 27/03/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Handwritten notes on lined paper:

- Top right: A diagonal line.
- Middle right: "police" written twice, once above the other.
- Center: "AD" written above "10".
- Bottom left: "Peter" written above a diagonal line.

Declaration

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

 27/03/2023
Witnessed by Reporting Centre Personnel

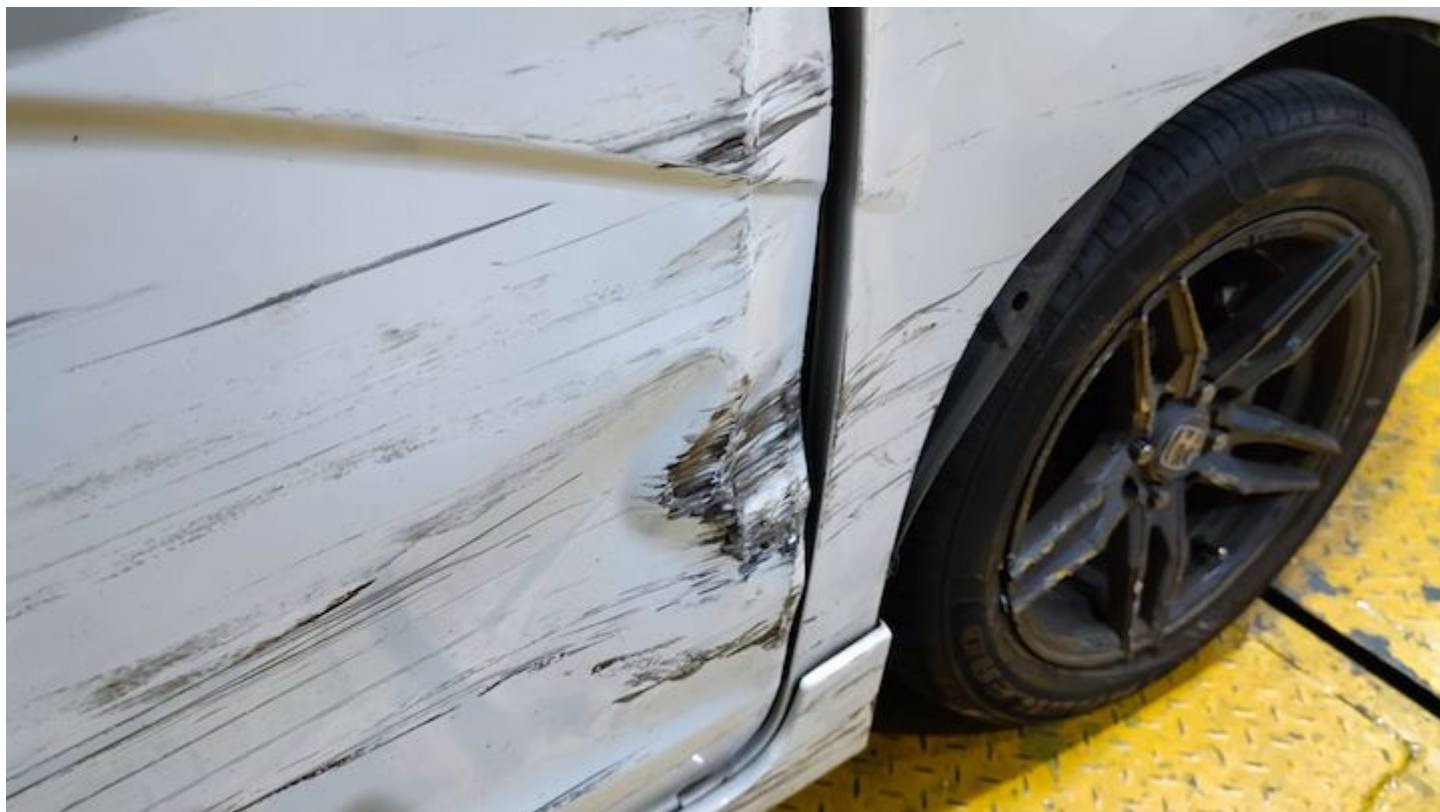


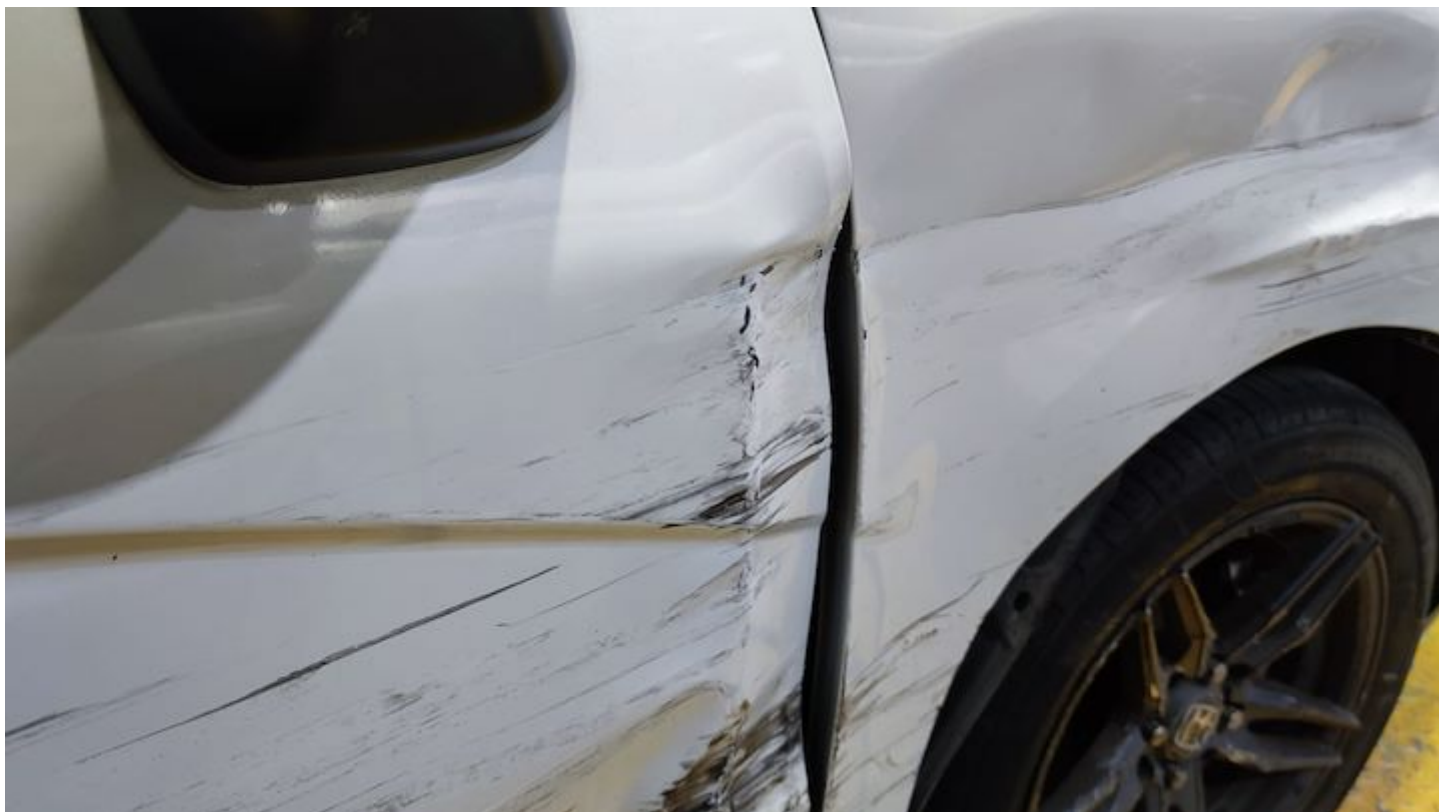
























**SINGAPORE
POLICE FORCE**



T/20230327/7016

1 of 3

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

Report No. T/20230327/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 10:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DAVE SOH KENG HAU			Address: 2 ST. GEORGE'S ROAD #11-49 SINGAPORE 322002		
ID Type / ID No.: NRIC NO / S7718915G			Contact No.: Home/Office: Mobile: 98417433		
Nationality: SINGAPORE CITIZEN			Email: DAVESOHKH@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 14/07/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 25/03/2023 10:00	Type of Location: X-Junction
Location: SIMEI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCZ8996B	Car					0
SLN4965Z	Car	HONDA	SHUTTLE	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230327/7016

2 of 3

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

Report No. T/20230327/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAVE SOH KENG HAU	ID No.	S7718915G
Related Vehicle	SLN4965Z (Car)	Contact No.	98417433
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/03/2023	Date	26/03/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time. I, Vehicle A (SLN4965Z) was traveling straight on Lane 2 of Simei Road towards the junction. Suddenly, Vehicle B (SCZ8996B) from opposite direction make a right turn and collided onto my vehicle right portion.
After the accident i felt pain on head,shoulder,neck,chest and hip. I went to tan tock seng hospital and was given 5days mc.



**SINGAPORE
POLICE FORCE**

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



T/20230327/7016

3 of 3

Report No. T/20230327/7016

CONTINUATION OF REPORTSketch 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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
27/03/2023 10:54

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233R000A Vehicle Registration No: SLN 4965Z
 Name (as shown in NRIC): Dave Soh Keng Hui (Su Qinghao) NRIC/FIN/Passport No: S7718915G
 (Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 2 St. George's Road # 11-49, Singapore (322002)
 Contact (Tel): _____ Mobile No.: 9841 7433
 Email Address: davesohkh@gmail.com
 Date of Accident: 25/03/2023 Time of Accident: 10:00
 Place of Accident: Simei Road
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Actual Driver address 1 - Blk 2 St. George's Road # 11-49
S, 322002

Policyholder / Actual Driver's Signature
Date:

Jinwei 29/3/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: