

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 20/04/2023 12:30 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 19/04/2023 13:45 (SGT)
Exact Location of Accident Aljunied Rd, Singapore
Additional Location Information TOWARDS MACPERSON LAM POST 18
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDU9898J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH BAK CHWEE
NRIC No SXXXX736C
Email Address engdavid.1965@gmail.com
Mobile Phone No (Phone) +65-96217443
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00013152200

DRIVER

Name of Driver ENG CHIN KUAN
NRIC No SXXXX874C
Date Of Birth 23/03/1965
Occupation Outdoor

Date Of Driving Pass	15/06/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96217443
Alt. Phone Number	-
Email Address	engdavid.1965@gmail.com
Address	BLK 609 BEDOK RECERVOIR ROAD #03-644
Address complement	-
Postcode	470690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	3
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	GOJEK PAX
Gender	Female

PASSENGER 2

Name	GOJEK PAX
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20230420/7020

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	SBS8303A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

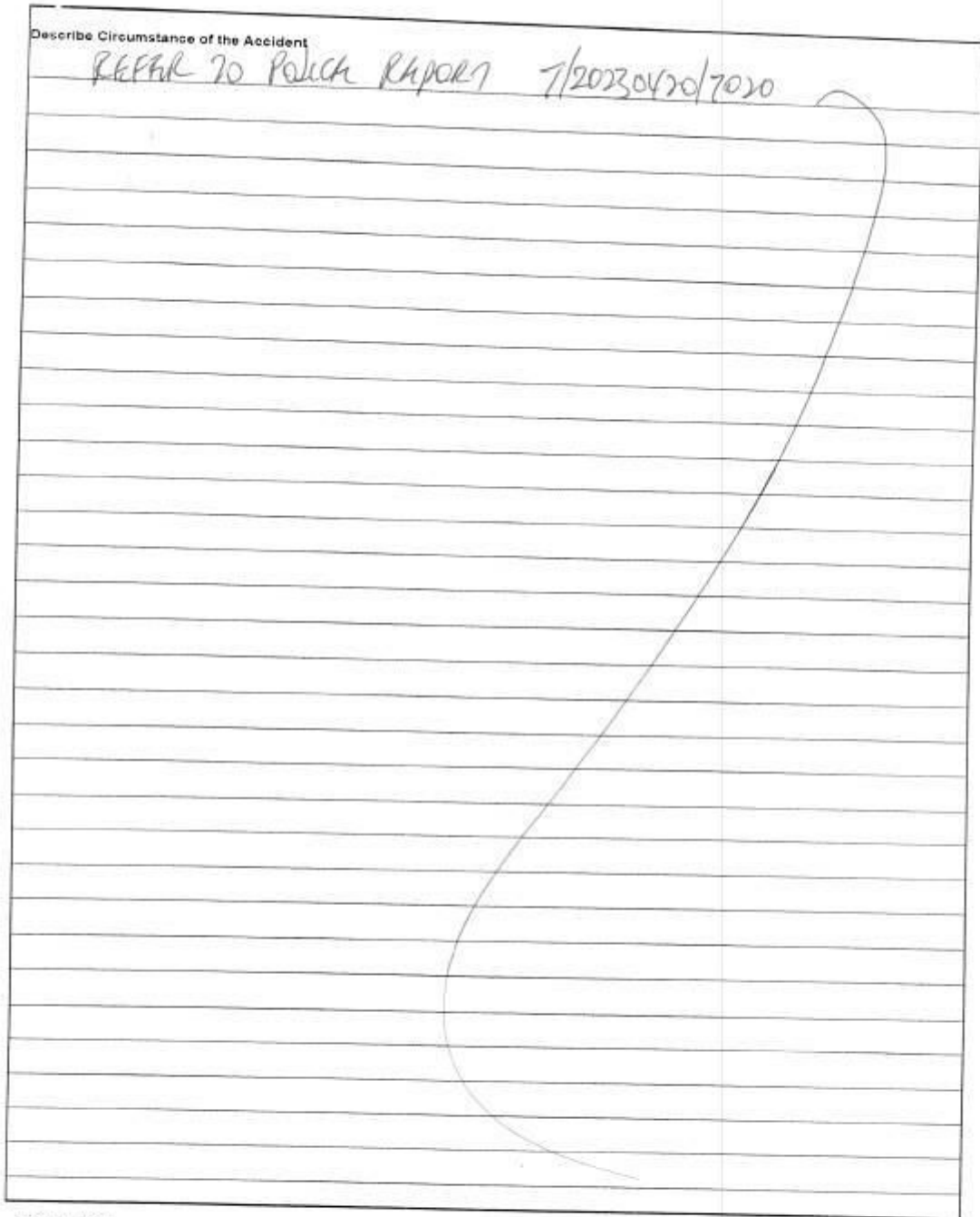
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ENG CHIN KUAN
Gender	Male
Phone No	(Phone) +65-96217443
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDU9898J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230470/7020



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


20/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRICID card)
























**SINGAPORE
POLICE FORCE**

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



T/20230420/7020

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Report No: T/20230420/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 12:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ENG CHIN KUAN			Address: 609 BEDOK RESERVOIR ROAD #03-644 SINGAPORE 470609		
ID Type / ID No.: NRIC NO / S1695874C			Contact No.: Home/Office: Mobile: 96217443		
Nationality: SINGAPORE CITIZEN			Email: ENGDAVID.1965@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 23/03/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Phv driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2023 13:45	Type of Location:
Location: ALJUNIED ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU9898J	Car					2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230420/7020

CONTINUATION OF REPORT

Driver			
Name	ENG CHIN KUAN		ID No. S1695874C
Related Vehicle	SDU9898J (Car)		Contact No. 96217443
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SDU9898J was travelling straight along Aljunied Road towards Macpherson Road.

I was travelling straight in 3 of the 3 lane road.

As I passed the bus stop on my left, I felt an impact on the left portion of my vehicle.

I was caught unaware by the impact.

The impact causes my left elbow to hit onto my centre console.

I later alighted and realised that a bus SBS8303A that was stationary in the bus stop on my left suddenly moved out and encroached into my lane and hit onto my vehicle left portion.

The impact was great.

After a while I start to feel pain on my neck and back areas.

The next day I proceeded to LifePlus medical group bedok to seek treatment and I was given 3 days MC for my injuries due to the accident.



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



T/20230420/7020

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Report No. T/20230420/7020

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/04/2023 12:02
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: SN0823K0002 Vehicle Registration No: SDU 9880J
 Name (as shown in NRIC): Engle Chan Kuon NRIC/FIN/Passport No: SXXXX
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96777443
 Email Address: _____
 Date of Accident: 19/10/2023 Time of Accident: 13:45
 Place of Accident: Aljunied Rd near Cross Street MRT
 Insurance Company: ICM

(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:

Insurance name to KOTA BAK CITYWIDE
DRIVER NAME ENGLE CHAN KUON

Policyholder / Actual Driver's Signature
Date:

[Signature] 20/10/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: