

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

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

ATKINSON RD TOWARDS MACPHERSON CAMP POST 81

VEH A = SDU9898J

VEH B = SBS8303A

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230420/7020

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 NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230420/7020

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

1 of 3

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.:	
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**



T/20230420/7020

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.

Date of Accident : 19/04/2023 Accident Time: 1345 (24-HR-Format)
Accident Place : ALJUNIED ROAD TOWARDS MACPHERSON LAMP POST 81
Vehicle. No. (Car Plate No.) : SDH 9898J Make/Model: TOYOTA PRUIS
Insurance Company : CHINA TAIPIING Policy No: DMHCSNW00013152200
Owner or Company Name / IC No. : KOH BAK CHWEI S1719736C
Owner or Company Contact No. : 90623345 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ENG CHIN KUAN S1695874C
DRIVER'S Date Of Birth : 23/3/1965 DRIVER'S License Pass Date 15/06/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Relief Driver
DRIVER'S Address : BLK 609 BEDOK RESERVOIR ROAD #03-644 S470609
DRIVER'S Contact No./ Alt No. : 1) 96217443 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): _____
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) SBS 8303A</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ① GOJEK CUSTOMER Female
- ② GOJEK CUSTOMER Female

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: SUA8734K0002 Vehicle Registration No: SDU 9898J

Name (as shown in NRIC): Lee Chee Kuan NRIC/FIN/Passport No: SXXXX874C

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 96717443

Email Address: _____

Date of Accident: 19/04/2023 Time of Accident: 13:45

Place of Accident: ALFAMAR ROAD TOWER MAEPALAN

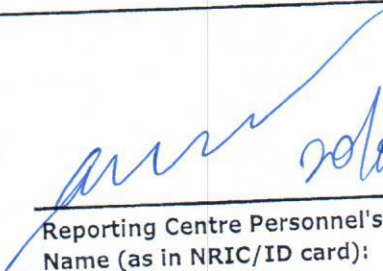
Insurance Company: Chua Insurance

(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:

Insured name to Lee Chee Kuan

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 20/04/2023

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: SV0824K0002 Vehicle Registration No: SDU 988J

Name (as shown in NRIC): ENG CHAN KUON NRIC/FIN/Passport No: 8888

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): 1 Mobile No.: 96717443

Email Address: _____

Date of Accident: 19/04/2023 Time of Accident: 13:45

Place of Accident: ALJUNIA RD MARCOS MAEPHOS

Insurance Company: BOON

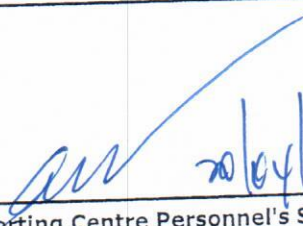
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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 KOT BAK CITIWARE

DRIVER NAME ENG CHAN KUON

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 20/04/2023