

## 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 .....	03/05/2023 09:37 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/05/2023 15:15 (SGT)
Exact Location of Accident .....	River Valley Rd, Singapore
Additional Location Information .....	TURNING LEFT TOWARDS HOOT KIAM ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH3384B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FOO GUOYI, VINCENT
NRIC No .....	SXXXX618A
Email Address .....	ccandicee@gmail.com
Mobile Phone No .....	(Phone) +65-91091533
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00148552201

#### DRIVER

Name of Driver .....	LOH YUEN AUN, CANDICE (LU YUAN'AN)
NRIC No .....	SXXXX710Z
Date Of Birth .....	27/08/1987
Occupation .....	Indoor

Date Of Driving Pass .....	10/07/2006
Driving experience .....	16 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90683263
Alt. Phone Number .....	-
Email Address .....	ccandicee@gmail.com
Address .....	BLK 95A HENDERSON ROAD #13-06
Address complement .....	-
Postcode .....	151095
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200502/2026

#### 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 .....	SMT9544D
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) .....	-

**SKETCH PLAN**

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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:

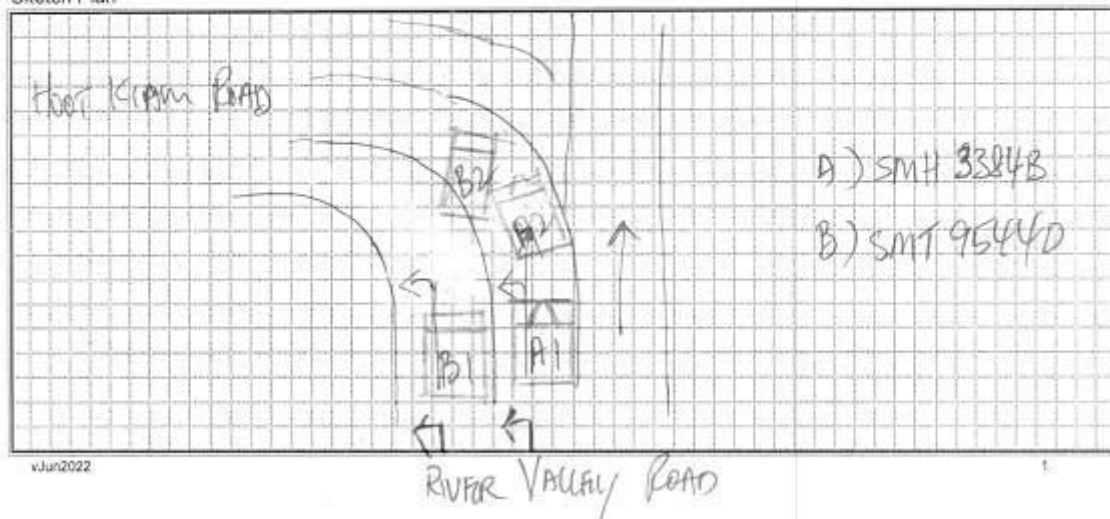
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan


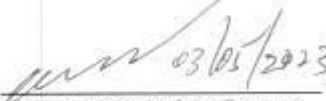


Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230502/2028

Declaration

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

<p>_____ Policyholder's Signature / Date &amp; Time</p>	<p> 114pm _____ Actual Driver's Signature (if driver is not the policyholder) / Date &amp; Time 02/05/2023</p>	<p> 03/05/2023 _____ Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
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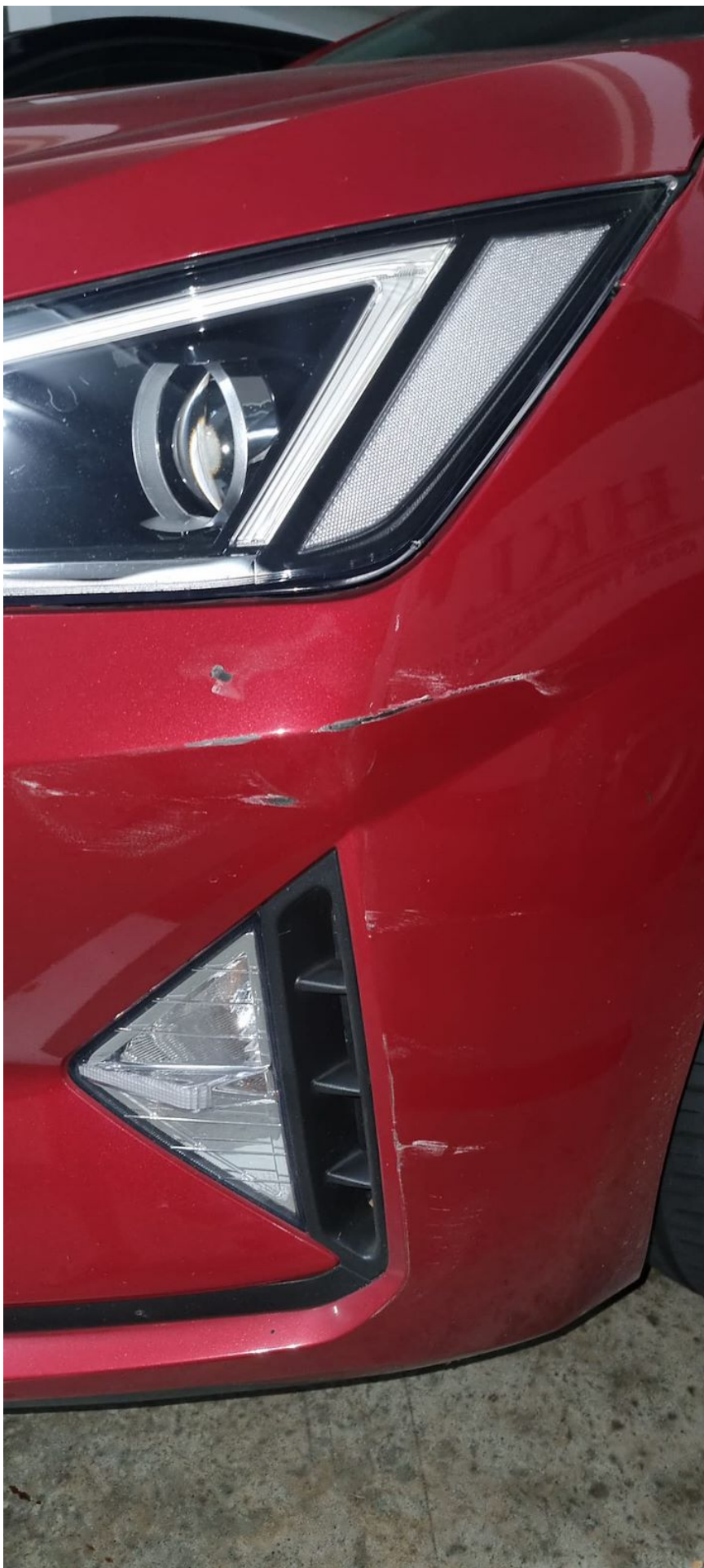


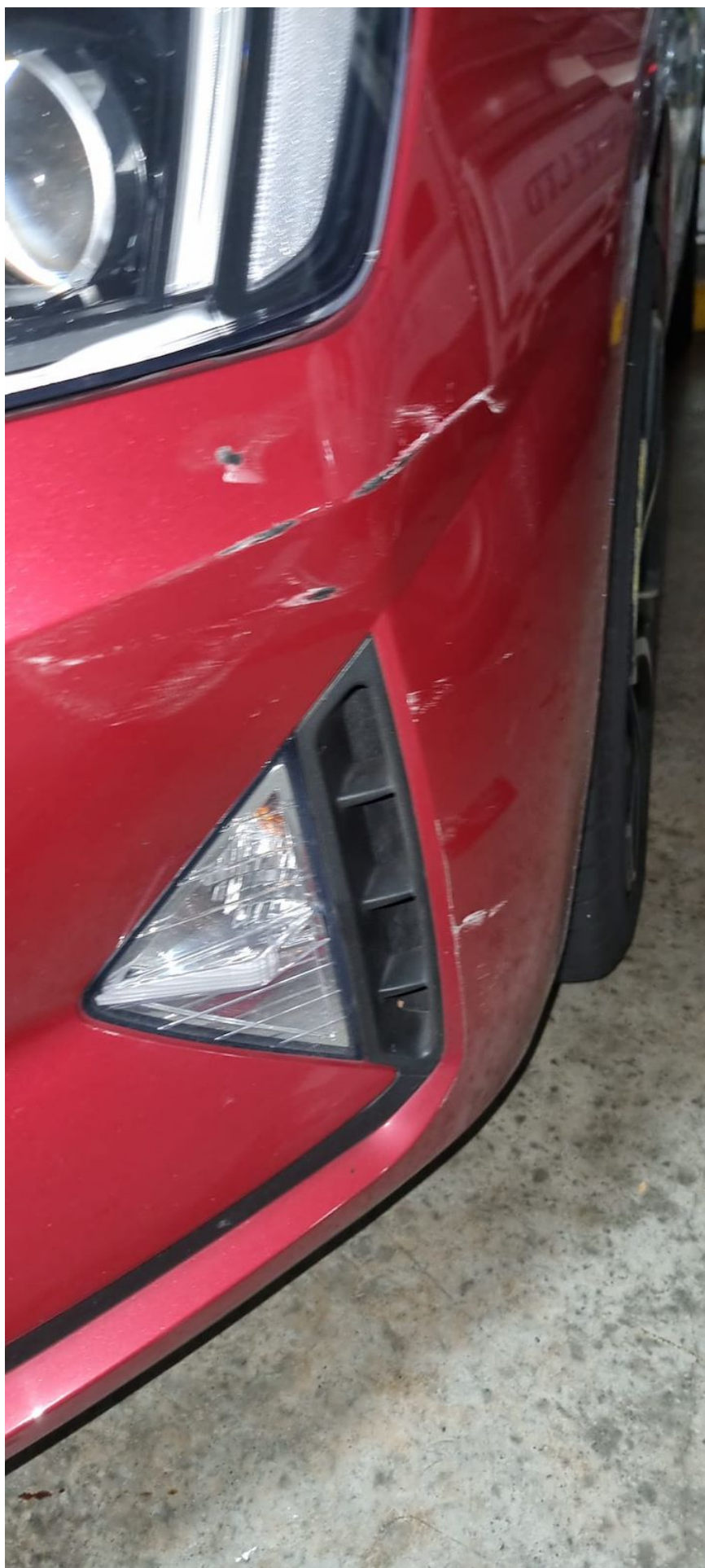


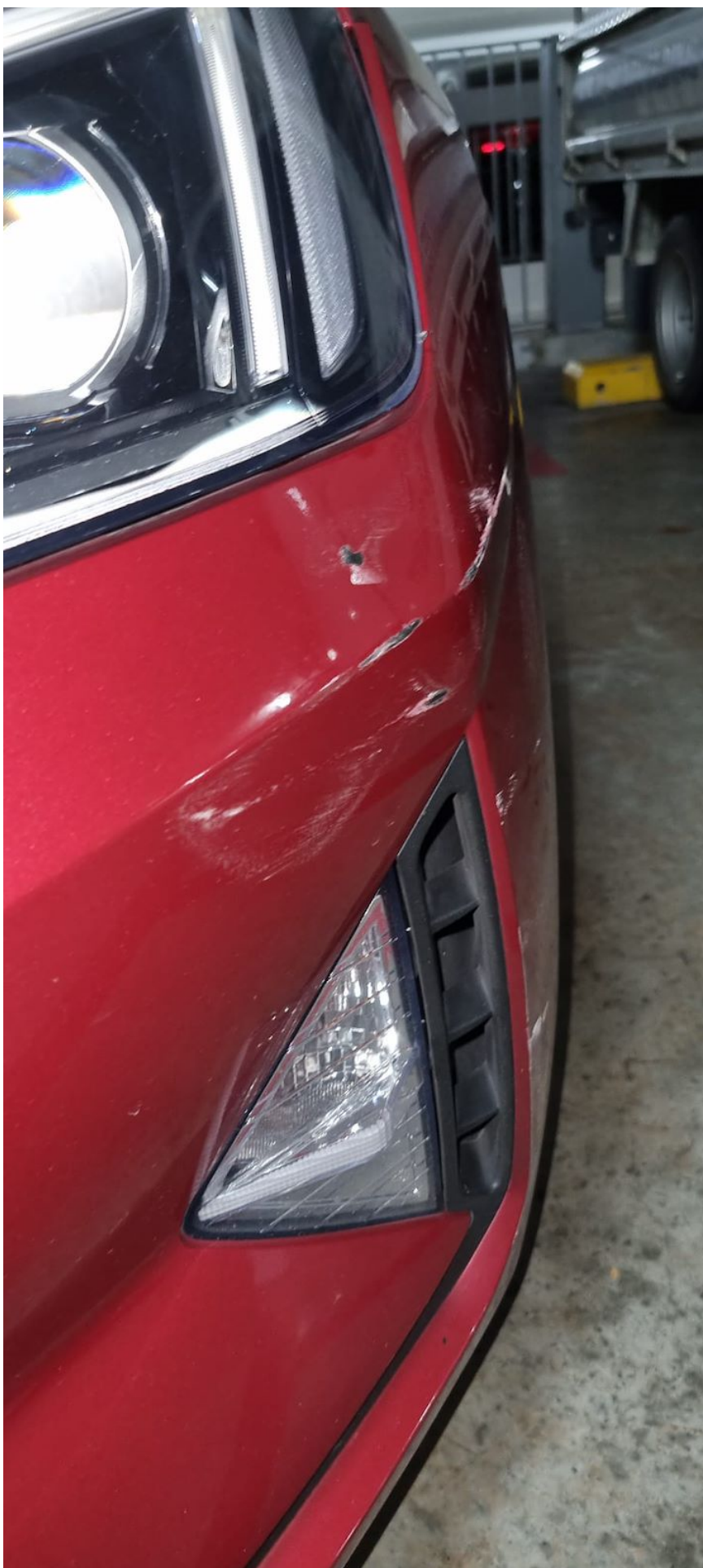


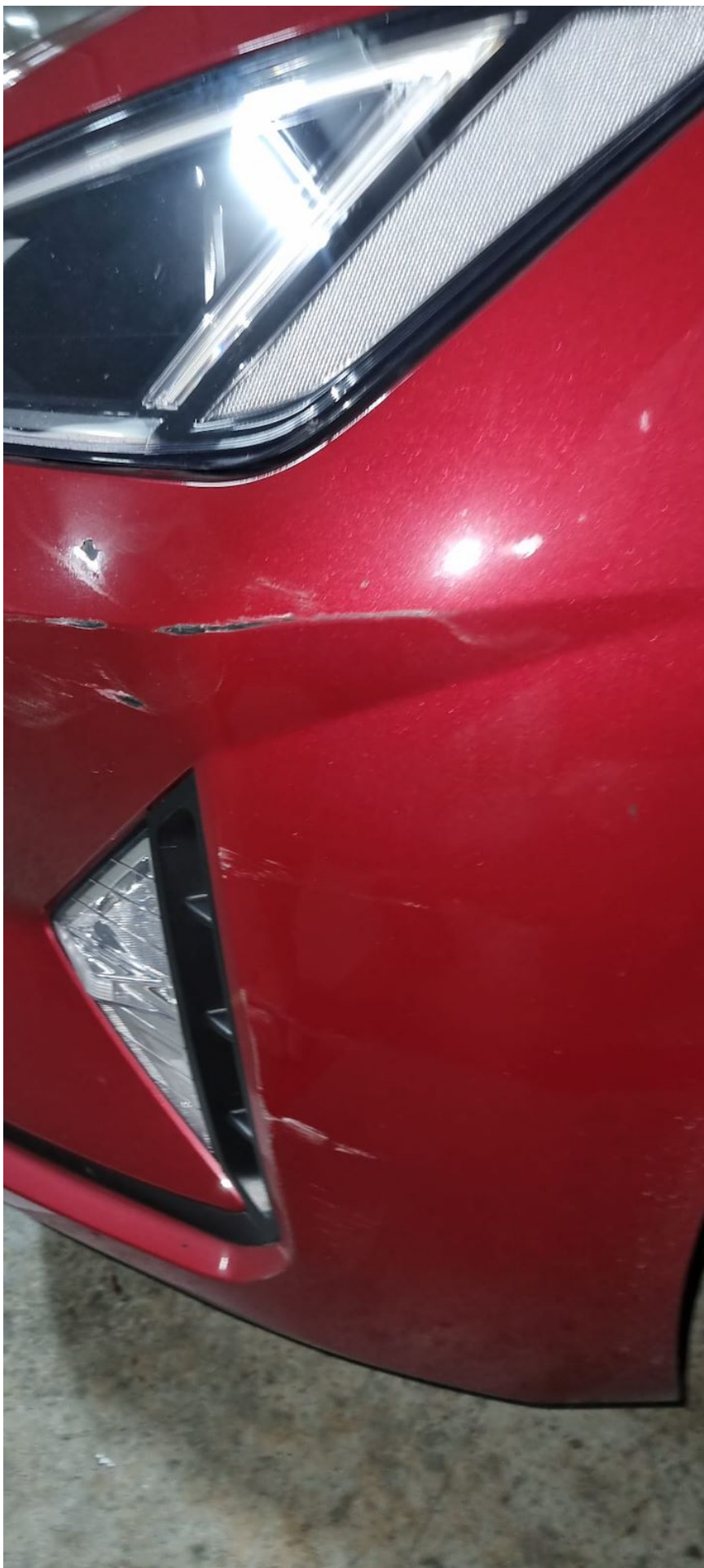















**SINGAPORE  
POLICE FORCE**


T/20230502/2026

1 of 3

Report No. T/20230502/2026

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/05/2023 11:58	Vide Report No.: E/20230501/0107	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: LOH YUEN AUN, CANDICE			Address: APT BLK 95A HENDERSON ROAD #13-06 SINGAPORE 151095		
ID Type / ID No.: NRIC NO / S8725710Z			Contact No.: Home/Office: Mobile: 90683263		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 27/08/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: TUTOR			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/05/2023 15:15	Type of Location: Bend
Location:  RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH3384B	Car	HYUNDAI		Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH3384B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0014855 2201	19/07/2022	18/07/2023


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20230502/2026

2 of 3

Report No. T/20230502/2026

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOH YUEN AUN, CANDICE	ID No.	S8725710Z
Related Vehicle	SMH3384B (Car)	Contact No.	90683263
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 01/05/2023 at about 1515hrs, I was driving vehicle reg. number: SMH3384B along River Valley road going towards Hoot Kiam Road. Is a 3-lane road. I was travelling at the 2nd lane, the said lane can either go straight and turn left, and my left lane is only turn left into Hoot Kiam Road.

When the traffic turned green, I follow traffic flow and proceeding to turn left. Suddenly, one black car from my left lane cut into my lane without signaling and overtakes my car. After overtaking, it stopped in front of my car for awhile and it was blocking my way into Hoot Kiam Road. The car drove ahead after I horned. As I did not feel any impact and did not aware of any collision, I continued drove off. When reached my destination, I then discovered there is some scratch marks on the front left side of my car. Before I reporting to the vehicle insurance agent, my husband received a call from the TP as the car is under his name. The TP IO provided me with report number E/20230501/0107. I do not sustain any injury during the accident. I had in-car camera but unsure if it has capture the accident.

**SINGAPORE  
POLICE FORCE**

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159682  
Tel No: 1800-3779999

CONTINUATION OF REPORT



T/20230502/2026

3 of 3

Report No. T/20230502/2026

Signature of Officer Recording The Report:  
D /  
SGT 3 CAI JINBIAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

Date/Time:  
02/05/2023 11:58

Classification Of Case:

NP168