

# 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 ..... 05/05/2023 14:48 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 04/05/2023 15:40 (SGT)  
Exact Location of Accident ..... Seletar West Farmway 5, #2, Singapore 798098  
Additional Location Information ..... HEAVY VEHICLE CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA7796X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SONG TECK PTE. LTD.  
Company Reg No ..... 2XXXXX184K  
Email Address ..... jchua73@yahoo.com  
Mobile Phone No ..... (Phone) +65-81897061  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMB1SNW00003712304

### DRIVER

Name of Driver ..... CHUA MENG SENG  
NRIC No ..... SXXXX182Z  
Date Of Birth ..... 01/12/1973  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/09/1992
Driving experience .....	30 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81897061
Alt. Phone Number .....	-
Email Address .....	jchua73@yahoo.com
Address .....	BLK 98 BEDOK NORTH AVENUE 4 #15-1900
Address complement .....	-
Postcode .....	460098
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20230504/7096

#### 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 .....	PA9291Y
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 .....	CHUA MENG SENG
Gender .....	Male
Phone No .....	(Phone) +65-81897061
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PA7796X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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**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.



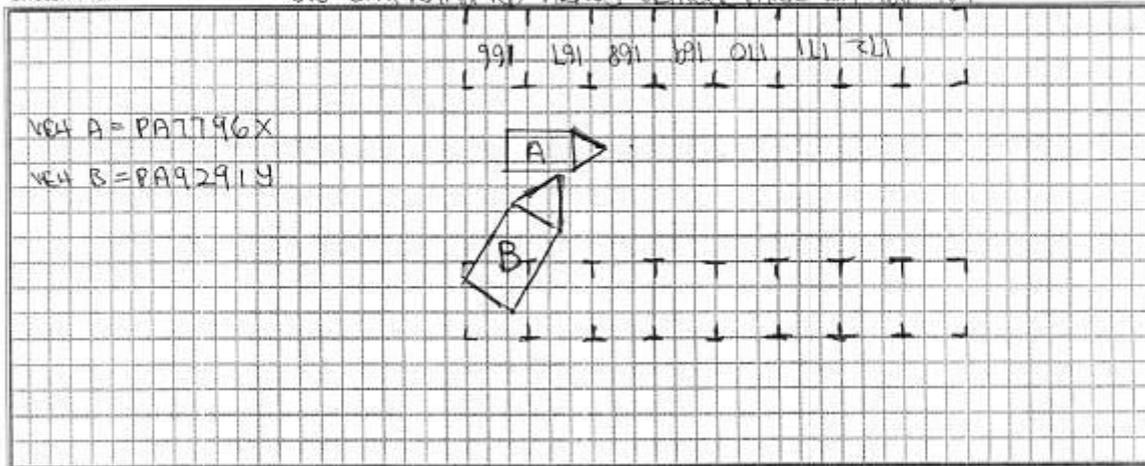
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Y10 CHU KANG RD HEAVY VEHICLE PARK LOT-166-169



Describe Circumstance of the Accident

Please refer to Police Report: F/20230504/7096

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

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












**SINGAPORE  
POLICE FORCE**


F/20230504/7096

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**POLICE REPORT (NP299)**

Report No. F/20230504/7096

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 04/05/2023 22:13	Vide Report No.	Station Diary No.
Name Of Informant CHUA MENG SENG	Address 98 BEDOK NORTH AVENUE 4 #15-1900 SINGAPORE 460098	
ID Type / ID No. NRIC NO / S7344182Z	Contact No. Home/Office:	Mobile: 81897061
Nationality SINGAPORE CITIZEN	Email Address JCHUA73@YAHOO.COM	
Occupation Bus driver	Sex Male	Age 49
Institution/School Name	Date of Birth 01/12/1973	Race Chinese
Date/Time Of Incident 04/05/2023 15:40	Location Of Incident SELETAR WEST FARMWAY 5	

**Brief details.**

On the stated date and time, I was driving PA7796X along Yio Chu Kang Heavy Vehicle Carpark at Seletar Farmway 5.

I was travelling straight heading towards the exit of the carpark when suddenly, a big bus PA9291Y, which was initially stationary in 1 of the parking lots on my right, abruptly dashed out from the lot.

Said bus came out really fast and did not notice me at all.

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: 04/05/2023 22:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230504/7096

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230504/7096

I immediately swerved to my left and jammed on my brakes in a bid to avoid the collision but to no avail.

Said bus still crashed into the right portion of my vehicle as my vehicle rocked sideways violently.

I knocked my right rib cage and right knee against the inside of my vehicle as a result of the impact.

Shortly after the accident, I also felt numbness in my right fingers.

Later the same evening, my neck and lower back also started to feel stiff and sore.

As such, I proceeded to seek treatment at my family doctor Oasis Family Clinic and was given 4 days MC for injuries caused by the accident.

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: 04/05/2023 22:13
Officer In-Charge Of Case:	Classification Of Case: