

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	09/05/2023 16:31 (SGT)
Reported by	Actual Driver
Date of Accident	08/05/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI NORTH OPPOSITE ESSO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8870Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH SAI CHEOW
NRIC No	SXXXX371E
Email Address	sohjiayi@gmail.com
Mobile Phone No	(Phone) +65-96358870
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
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	1495

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00020912303

DRIVER

Name of Driver	SOH JIAYI
NRIC No	SXXXX523I
Date Of Birth	04/02/1993
Occupation	Indoor

Date Of Driving Pass	29/06/2016
Driving experience	6 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92316655
Alt. Phone Number	-
Email Address	sohjiayi@gmail.com
Address	19 HARVEY AVENUE
Address complement	-
Postcode	489491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
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)	2
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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - G/20230508/7121

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDD45C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FATIN
Contact Number	(Phone) +65-91692660
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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4. The use 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 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

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

Upper Changi North opposite ESSO

A = SMS 88702
B = SDD 45C

Please Refer to the attached

5/9/23, 3:38 PM

Upper Changi Rd N - Google Maps

Google Maps Upper Changi Rd N (opp ESSO)

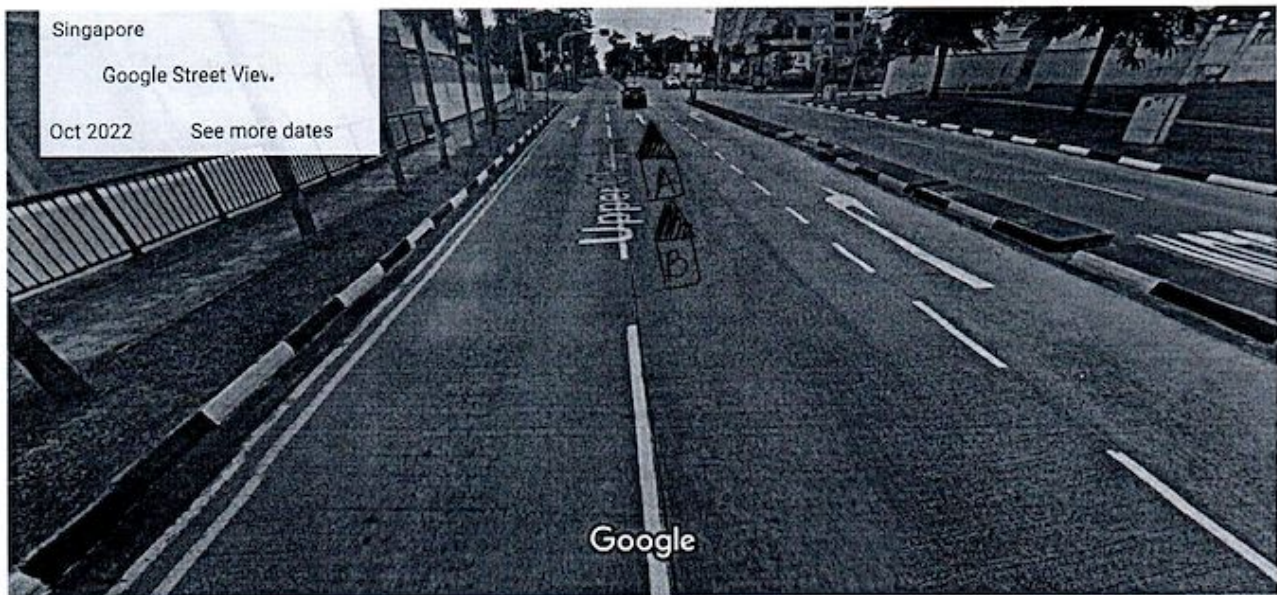
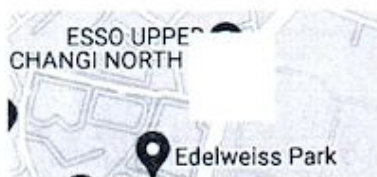
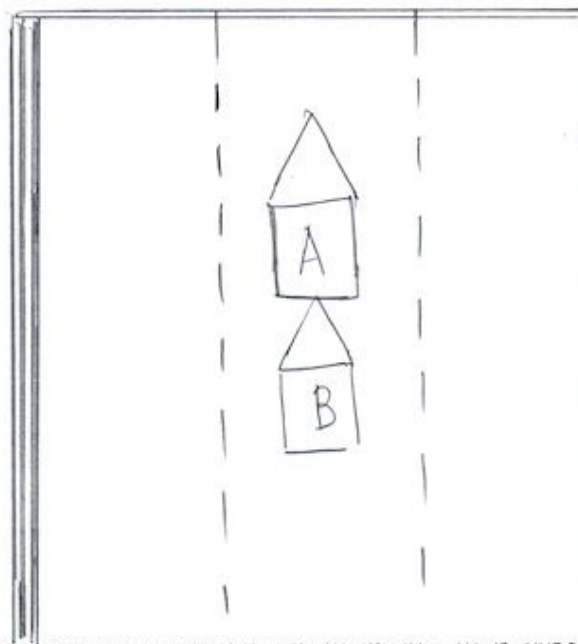


Image capture: Oct 2022 © 2023 Google



A - SMS 8870Z
B - SDD 45C

9/5/2023



https://www.google.com/maps/@1.3593317,103.9699606,3a,75y,200.31h,60.46t/data=!3m6!1e1!3m4!1sv_AU-zl5-uNURCKBmZGu2gl2e0!7i16384!8i8... 1/1



Describe Circumstance of the Accident

please Refer to the attached
Police Report - G/20230508/7121

Declaration

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

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)

vJun2022

2



**SINGAPORE
POLICE FORCE**



G/20230508/7121

1 of 2

POLICE REPORT (NP299)

Report No. G/20230508/7121

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 08/05/2023 22:37	Vide Report No.	Station Diary No.
Name Of Informant SOH JIAYI	Address 19 HARVEY AVENUE SINGAPORE 489491	
ID Type / ID No. NRIC NO / S9306523I	Contact No. Home/Office:	Mobile: 92316655
Nationality SINGAPORE CITIZEN	Email Address SOHJIAYI@GMAIL.COM	
Occupation Air traffic controller	Sex Female	Age 30
Institution/School Name	Date of Birth 04/02/1993	Race Chinese
Date/Time Of Incident 08/05/2023 15:50 - 08/05/2023 16:00	Location Of Incident 990 UPPER CHANGI ROAD NORTH PRISON LINK CENTRE (CHANGI) SINGAPORE 506968	

Brief details.

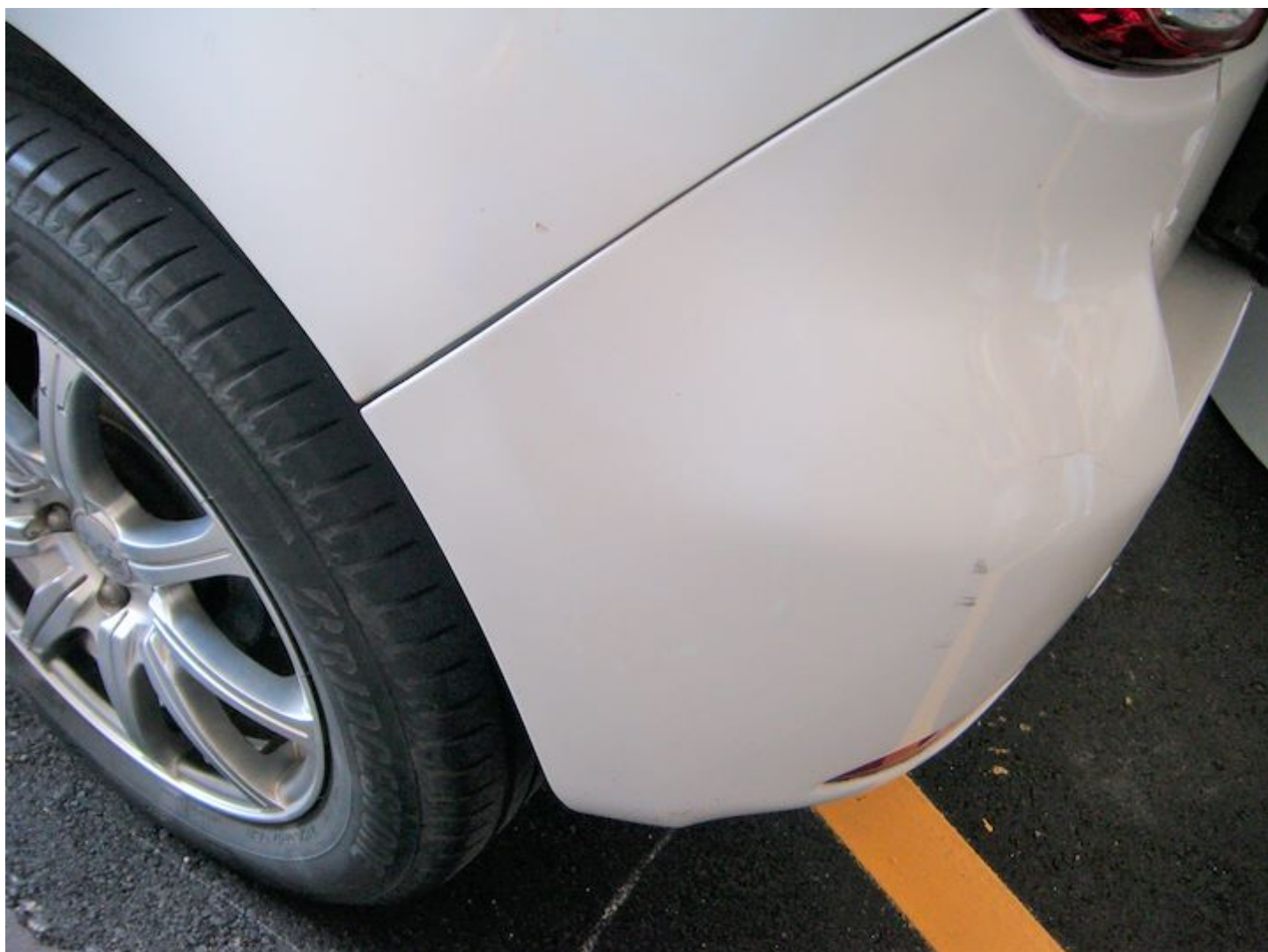
I was stationary, waiting at the red light at the T junction located just opposite ESSO upper changi north. Out of a sudden, I was hit from the rear as i was getting ready to move off when the light turn green. After the collision, both myself and the driver of SDD45C, a dark blue jaguar, came out of our respective vehicles. The driver agreed that it was his mistake as he thought my vehicle had already moved off. We then exchanged contacts and he told me to claim his insurance. We then both went on our ways. As I was driving off, I started to experience headache, possibly from the impact of the collision.

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: 08/05/2023 22:37
Officer In-Charge Of Case:	Classification Of Case:















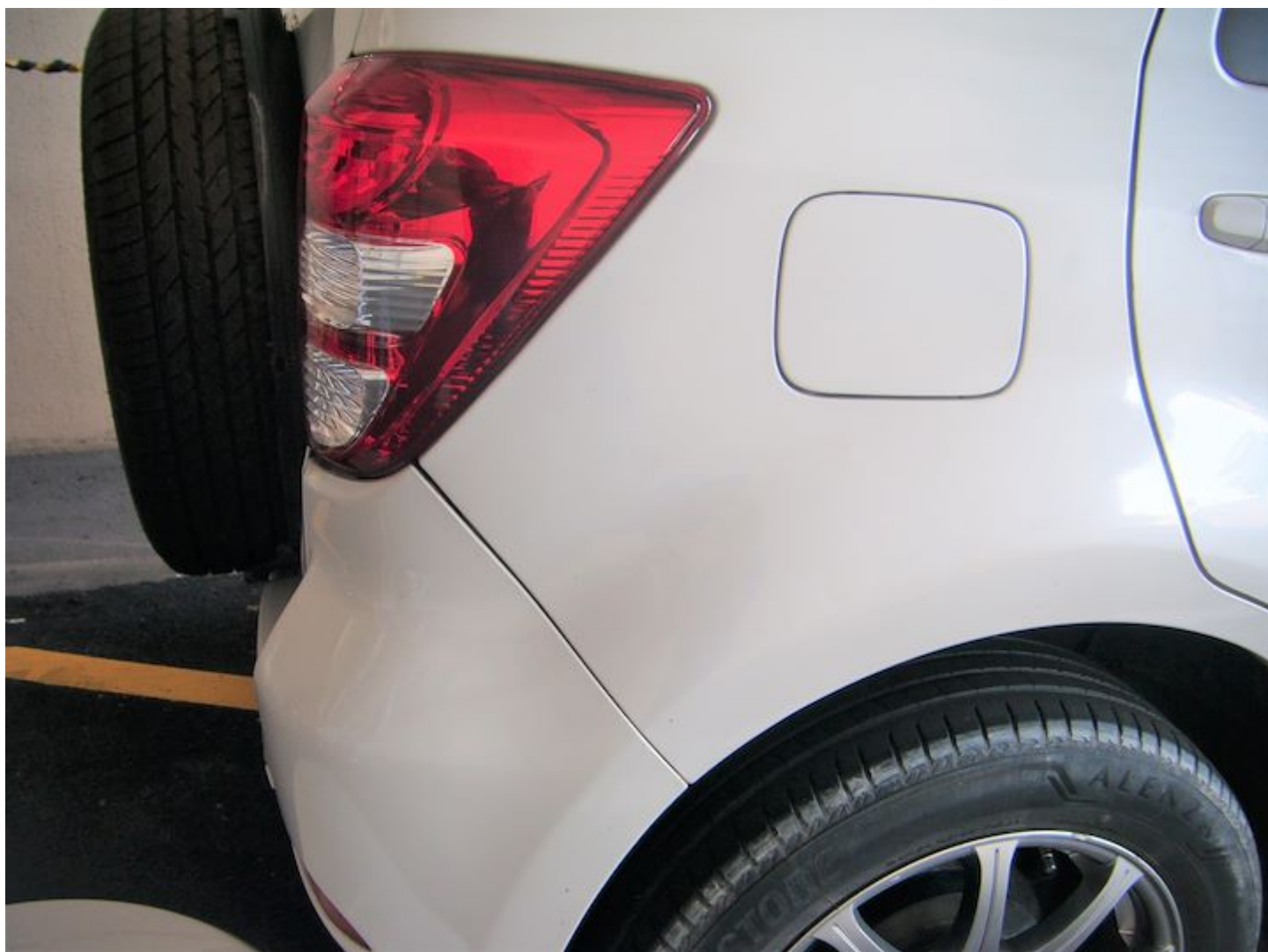


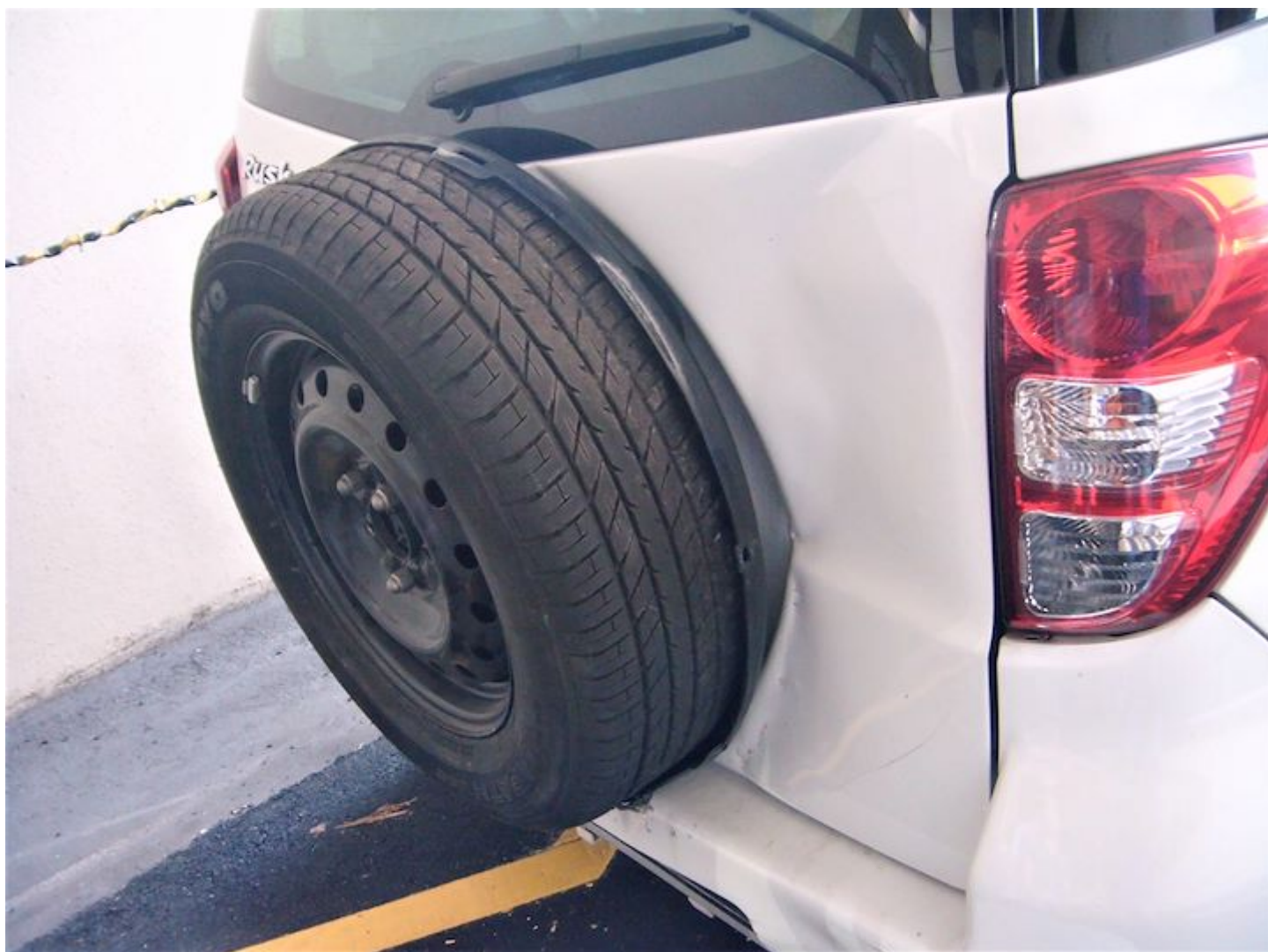




















**SINGAPORE
POLICE FORCE**



G/20230508/7121

1 of 2

POLICE REPORT (NP299)

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Police Station Of Origin
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Tel No:1800-2440000

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Name Of Informant SOH JIAYI	Address 19 HARVEY AVENUE SINGAPORE 489491	
ID Type / ID No. NRIC NO / S9306523I	Contact No. Home/Office:	Mobile: 92316655
Nationality SINGAPORE CITIZEN	Email Address SOHJIAYI@GMAIL.COM	
Occupation Air traffic controller	Sex Female	Age 30
Institution/School Name	Date of Birth 04/02/1993	Race Chinese
Date/Time Of Incident 08/05/2023 15:50 - 08/05/2023 16:00	Location Of Incident 990 UPPER CHANGI ROAD NORTH PRISON LINK CENTRE (CHANGI) SINGAPORE 506968	

Brief details.

I was stationary, waiting at the red light at the T junction located just opposite ESSO upper changi north. Out of a sudden, I was hit from the rear as i was getting ready to move off when the light turn green. After the collision, both myself and the driver of SDD45C, a dark blue jaguar, came out of our respective vehicles. The driver agreed that it was his mistake as he thought my vehicle had already moved off. We then exchanged contacts and he told me to claim his insurance. We then both went on our ways. As I was driving off, I started to experience headache, possibly from the impact of the collision.

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**SINGAPORE
POLICE FORCE**



G/20230508/7121

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230508/7121

Subjects Involved			
Victim			
Person Name	SOH JIAYI		
ID Type	NRIC NO	ID No	S9306523I
Gender	Female	Age	30
Race	Chinese	Language	English
Occupation	Air traffic controller	Address	19 HARVEY AVENUE SINGAPORE 489491
Mobile No	92316655	Is Informant A Victim?	Yes
Person Name	SOH JIAYI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
08/05/2023 22:37

Classification Of Case: