

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	16/05/2023 12:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/05/2023 12:15 (SGT)
Exact Location of Accident	International Business Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4411A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE KEGAN PTE. LTD.
Company Reg No	201225982D
Email Address	VINCENT@ACEKG.COM
Mobile Phone No	(Phone) +65-93283024
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	CN7 AVANTE 1.6 DOHC CVT S/R
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00013292301

DRIVER

Name of Driver	GAN KAI CHEN
NRIC No	S9082145H
Date Of Birth	09/11/1990
Occupation	Outdoor

Date Of Driving Pass	17/05/2018
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-93283024
Alt. Phone Number	-
Email Address	VINCENT@ACEKG.COM
Address	APT BLK 158C RIVERVALE CRESCENT #17-675
Address complement	-
Postcode	543158
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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	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

REFER TO POLICE REPORT

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	SMV5590K
Vehicle Manufacturer	Mercedes
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)	2

Describe Circumstance of the Accident



Refer to police Report

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/D card)

SKETCH PLANIMPORTANT NOTICE

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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.

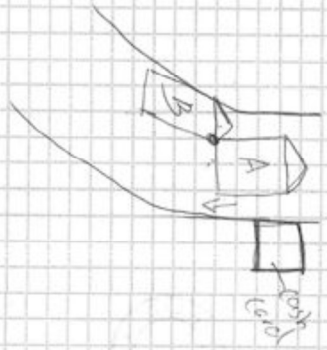

Policyholder's Signature / Date & Time


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


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

Sketch Plan

A: SMH 4411A
B: SMV 5590K
DoA: 09/5/2023
Date: 12.15pm





























**SINGAPORE
POLICE FORCE**



T/20230510/7003

1 of 3

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

Report No. T/20230510/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2023 08:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GAN KAI CHEN	Address: 158C RIVERVALE CRESCENT #17-675 SINGAPORE 543158		
ID Type / ID No.: NRIC NO / S9082145H	Contact No.:	Mobile: 93283024	
Nationality: SINGAPORE CITIZEN	Email:	GAN7235@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 09/11/1990	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: PROJECT MANAGER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2023 12:15	Type of Location: Car Park
Location: INTERNATIONAL BUSINESS PARK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH4411A	Car					0
SMV5590K	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230510/7003

2 of 3

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

Report No. T/20230510/7003

CONTINUATION OF REPORT

Driver			
Name	GAN KAI CHEN		ID No. S9082145H
Related Vehicle	SMH4411A (Car)		Contact No. 93283024
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	JOSEPH GOH HEE KOON		ID No. S1802171D
Related Vehicle	NIL		Contact No. 97731670
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

WHEN I WAS PAYING MY CASH CARD THROUGH THE CAR WHILE EXITING THE CAR PARK, I WAS NOT ABLE TO REACH THE CASH CARD PAYING MACHINE. HENCE, AFTER CHECKING ON THE REAR MIRROR AND SIDE MIRROR, I REVERSED THE CAR SLIGHTLY SO THAT I CAN INSERT THE CASH CARD. DURING THE TIME OF REVERSING, A MOVING CAR APPEARS AND HENCE BOTH OF THE CAR CAME INTO A SLIGHT COLLISION. THE INVOLVED CAR PLATE ARE SMV5590K. THE DRIVING OWNER WAS JOSEPH GOH HEE KOON WITH IDENTITY CARD NO: S1802171D. THERE WERE NO SAFE DISTANCE MAINTAIN BETWEEN BOTH OF THE CAR. AS A RESULT, MY CAR WAS SLIGHTLY SCARTCHES AT THE LEFT BUMPER SIDE AND HIS CAR WAS SLIGHT DENTED ON THE RIGHT SIDE OF BUMPER. THERE WERE NO PERSONAL DAMAGES OR INJURY DURING THE ACCIDENT. HENCE, MAKING THE REPORT, JUST FOR A RECORDING PURPOSES.



**SINGAPORE
POLICE FORCE**



T/20230510/7003

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

3 of 3

Report No. T/20230510/7003

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
10/05/2023 08:05

Classification Of Case:

NP168









