

## 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	02/05/2023 22:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/04/2023 15:15 (SGT)
Exact Location of Accident	Jurong Gateway Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5240D
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHER SOON HUA
NRIC No	S8104037J
Email Address	soonhuacher@gmail.com
Mobile Phone No	(Phone) +65-98633426
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00163932202

#### DRIVER

Name of Driver	CHER SOON HUA
NRIC No	S8104037J
Date Of Birth	27/01/1981
Occupation	Indoor

Date Of Driving Pass	03/04/2007
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-98633426
Alt. Phone Number	-
Email Address	soonhuacher@gmail.com
Address	BLK 57 TEBAN GARDENS ROAD #34-471
Address complement	-
Postcode	600057
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Opening Door of Vehicle
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	NARUEMON LERTMAHASAP
Gender	Female

#### PASSENGER 2

Name	DYLAN CHER RUN JUN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

#### ATTACHMENT(S)

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

Reasons for not uploading a video of the accident

The video is with the owner.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9966P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	CHER SOON HUA
Gender	Male
Phone No	(Phone) +65-98633426
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR5240D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN****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 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:

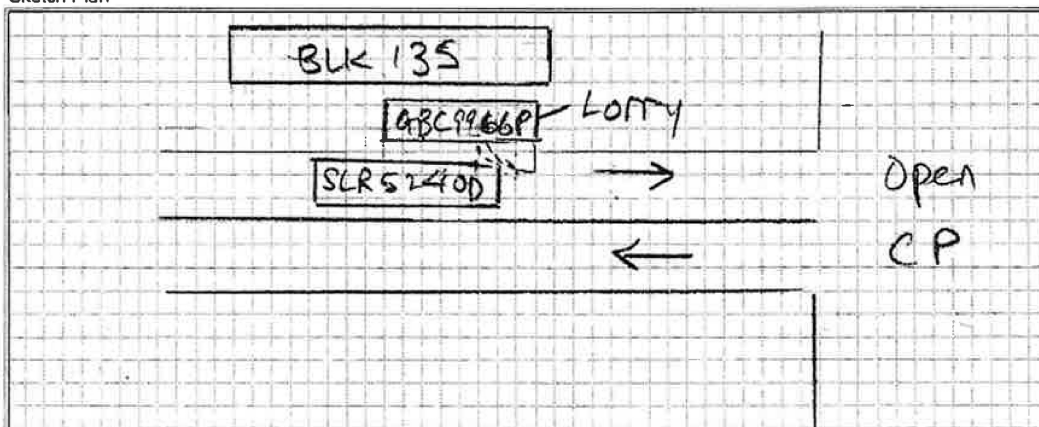
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

1505 hrs  
020523

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) **SOH JIT HOON**

**Sketch Plan**

v.2 Jun 2022




Describe Circumstance of the Accident

Refer to Police Report No T/20230429/2094.

Declaration

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

 020523 1505hrs

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)

BOH JIT HOON



**SINGAPORE  
POLICE FORCE**



T/20230429/2094

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20230429/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2023 21:46	Vide Report No.:	Station Diary No.: 94
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHER SOON HUA			Address: APT BLK 57 TEBAN GARDENS ROAD #34-471 SINGAPORE 600057		
ID Type / ID No.: NRIC NO / S8104037J			Contact No.: Home/Office: Mobile: 98633426		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 27/01/1981	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2023 15:15	Type of Location: Car Park
Location:  JURONG GATEWAY ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9966P	Lorry				No Damage	0
SLR5240D	Car	HONDA	VEZEL 1.5X CVT	Black	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLR5240D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001639 32202	17/08/2022	16/08/2023



**SINGAPORE  
POLICE FORCE**



T/20230429/2094

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No. T/20230429/2094

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHER SOON HUA	ID No.	S8104037J
Related Vehicle	SLR5240D (Car)	Contact No.	98633426
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (JURONG EAST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/04/2023	Date Discharge	29/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29/04/2023 at about 1515hrs, I had just entered a surface carpark opposite of Blk 135 Jurong Gateway Rd with 2 passengers onboard. I observed a lorry on my left illegally parked along a slope behind Blk 135 Jurong Gateway Rd (i-Tea). While I was proceeding towards the lorry, the driver had just boarded the lorry and closed the driver's seat door. As my front bumper passed the driver's seat door, the door suddenly re-opened, colliding against my vehicle's front bumper and left head light. I then stepped on the break to fully come to a stop. I alight my vehicle to make a check and observed that the lorry's driver's seat door was stuck on my front bumper. I then proceeded to reverse my vehicle.

I observed that my front left bumper is crushed, and the left headlight is cracked. I tried to exchange particulars with the driver, but he refused. I took photos of the accident and took note of the company stated on the lorry, "New Tsingyi Pte Ltd, 23 Sungei Kadut St 3". Due the collision, I felt a strain on my neck and back and proceeded to Unihealth 24-hr clinic (Jurong East). I received 3-days of MC from 29/04/2023 to 01/05/2023. I wish to state that there is an in-car camera installed in my vehicle that recorded the incident.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20230429/2094

3 of 3

Report No. T/20230429/2094

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
D /  
SGT 2 SAIYIDAH BINTE ABDUL  
WAHID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

Date/Time:  
29/04/2023 21:46

Classification Of Case:

NP168